

DEPARTMENT OF THE ARMY
U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL
AND FORT SAM HOUSTON
Fort Sam Houston, Texas 78234-5014

FSH Regulation
No. 608-18

15 May 1997

Personal Affairs
THE MANAGEMENT OF INSTITUTIONAL CHILD ABUSE

Issue of supplements to this regulation by subordinate commanders is prohibited, unless specifically approved by the Commander, U.S. Army Medical Department Center and School and Fort Sam Houston.

1. **PURPOSE.** To establish procedures for the formation and operation of an Institutional Child Abuse (ICA) team at Fort Sam Houston (FSH), and to assist children who are the victims of child abuse (sexual and/or physical) at Army Operated Activities (AOA) or Army Regulated Activities (ARA).
2. **APPLICABILITY.** This regulation is applicable to all commands and units assigned to FSH.
3. **REFERENCES.**
 - a. Appendix A, Related and required publications and forms.
 - b. Appendix B, Letter to Parents from the Installation Commander.
 - c. Appendix C, Letter to Parents from the Command.
 - d. Appendix D, Sample Public Affairs Office packet
 - e. Appendix E, Proposed Reports of Child Abuse in Army Operated and Regulated Activities.
4. **RESPONSIBILITIES.**
 - a. The Family Advocacy Program Manager (FAPM) has the responsibility to serve as the action officer, and serve as consultant to the strategy team. The FAPM will coordinate the overall installation response plan, to include community

*This regulation supersedes FSH Reg 608-18, 1 Sep 94.

awareness, information, and services for parents and the support staffs of the affected program, and the installation.

b. The FAPM has the responsibility to report all out-of-home child abuse cases to the local command, to investigating authorities, major Army commands (MACOMs), and to the Department of the Army (HQDA). These requirements are as follows:

(1) The installation FAPM will be notified of all reports of child abuse incidents which occur in out-of-home settings.

(2) The FAPM will telephonically notify the MACOM FAPM and the HQDA FAPM within 48 hours of receiving a report.

(3) The FAPM will mail a written report to the MACOM and HQDA within 5 working days following the initial telephonic report.

c. In the following cases the FAPM will provide HQDA with follow-up reports:

(1) Significant changes in the status of the case; e.g., arrest of a suspect, firing of an employee, and the dismissal of pending criminal charges.

(2) Significant changes develop resulting in increased community sensitivity; e.g., a victim is suspected of being exposed to a sexually transmittable disease.

(3) A follow-up report is required by MACOM or HQDA.

d. The FAPM will submit a written close-out report after all investigations have been completed.

e. The FAPM has the responsibility for coordinating and staffing command letters written to parents and staff.

f. The FAPM will provide information to the public on prevention and identification of child abuse (what abuse looks like and how to get help). The Public Affairs Office (PAO) is responsible for providing information on the alleged incident to the media.

g. The FAPM will work with the command to obtain additional resources needed, as a result of the increased services and administrative requirements. An overall budget will be developed for the following elements of resources:

(1) Training (e.g., contracted in-service training for installation staff).

Direct services personnel.

Prevention/public awareness.

(4) Administration

h. If local resources cannot be identified, an out-of-cycle budget request will be submitted to the next higher headquarters.

i. The medical treatment facility (MTF) will:

(1) Provide evaluation and screening services for potential victims, in accordance with (IAW) medical emergency procedures.

(2) Provide counseling services through the Department of Social Work (DSW).

(3) Operate a 24-hour child abuse help-line, to answer questions/screen potential victims.

j. The responsible AOA or ARA director of the program will develop and implement measures to ensure the safety of children.

5. POLICY. In accordance with AR 608-18, The Army Family Advocacy Program, ICA, within a military setting, that involves multiple victims, requires immediate evaluation and treatment, or access to treatment resources within the military or civilian community for the identified victims and their families. When the number of children and families constitutes a mass casualty, an ICA team will be established. If required, the Department of Defense, Family Advocacy Command Assistance Team, or The Army Regional Rapid Response Team, an HQDA multilevel disciplinary team of specially trained social workers, criminal investigators, and pediatricians, may be requested by the installation commander as an additional resource to the ICA team.

a. The following listed three categories describe what constitutes HQDA reportable out-of-home child abuse:

(1) Sexual abuse. Child sexual abuse, regardless of the nature of the injury, if any, e.g., rape, molestation, prostitution, talking to a child in a sexually explicit manner, or pornography.

(2) Major physical abuse. Child abuse resulting in the death or, which causes major physical injury to a child, e.g., brain damage, bone fracture, burn, severe cut, or any combination thereof, which constitutes a substantial risk to the life or well being of a child.

(3) Neglect. Child abuse involving the deprivation of necessities, which is determined to be chronic, widespread, or potentially life threatening.

b. The family advocacy case review committee will preselect an ICA team. The ICA team manager must be a child-trained psychiatrist (board certified). A social worker or psychologist may function as interim manager. All members of the ICA team will have child evaluation and treatment experience; and all evaluation and treatment will be under the supervision of the ICA manager. The ICA team manager will designate the site of all evaluations. The ICA team membership will include, but is not limited to the following:

- Child Psychiatrist
- Social Worker, Department of Human Services (DHS)
- Social Worker, Department of Social Work (DSW)
- Social Worker, Exceptional Family Member Program (EFMP),
Pediatrics
- Pediatrician
- Child Psychologist and Technician
- FAPM
- Chaplain, Family Life Center
- Representative, Staff Judge Advocate (SJA)
- Representative, Criminal Investigation Division (CID)
- Representative, Patient Administrative Division (PAD),
Brooke Army Medical Center (BAMC)

c. A centralized child evaluation and treatment plan, under the management of a child psychiatrist or child-trained professional, makes case management easier because both are aware of individual therapy, community consultation, and forensic/legal issues. The ICA team is designed to respond to individual and family concerns, legitimate community concerns and legal issues. The ICA team does not replace the case review committee. The ICA team will perform three separate tasks. These tasks are as follows:

(1) Psychiatric evaluation and treatment of the child and family involved in the ICA. Abused children will be evaluated by appropriately trained child mental health professionals. The DHS will videotape the child as part of the overall evaluation. When the number of children and families constitutes a mass casualty scenario, and the Family Advocacy Section, and Adolescent/Child Psychiatry Service, Department of Psychiatry, do not have enough staff to meet the requirements, all child-trained mental health professionals, assigned to these services, will be attached to the ICA team to provide effective, efficient evaluation and treatment of ICA cases.

(2) It is important that all evaluations be provided through one clinic, to provide consistency and reduce confusion. The direct and indirect effects of community involvement by families on a military post have significant impact on ICA referrals, evaluation, and treatment. Because military families tend to live close together on military posts, rumors and other information can shape family responses. These types of communication, accurate or inaccurate, have significant impact on the number of referrals, time in seeking evaluation, and familial attitude in receiving help, especially if the family's child has suffered abuse.

(3) An important legal issue is coordination between the ICA team and the CID, and the Federal Bureau of Investigation (FBI), concerning information which should be reported to the case review committee, to avoid interference with legal investigations. Compounding the ICA team function is the legal requirement of the forensic evaluation. A child forensic evaluation has many aspects. It requires proper and adequate evaluation procedures, combining child mental health issues and legal criteria. All ICA team members must be credentialed because the evaluators may have to appear as witnesses in civilian and/or military courts.

d. If a case has the potential for creating alarm within the military community, or adverse and extensive media coverage, the installation commander will consider the appointment of a strategy team with a chairperson, normally the Director of Community Activities (DCA), who will report directly to the installation commander. Suggested strategy team composition is as follows:

DCA, Chairman
C, Department of Social Work
C, Case Review Committee
PAO
U.S. Attorney
Pediatrician
Chaplain

Provost Marshal Office (PMO)
C, Child Development Services
Civilian Personnel Advisory Center (CPAC)
Inspector General (IG)
FAPM
CID
FBI
SJA
Child Development Services Coordinator

e. The major functions of the strategy team are to develop plans in response to:

(1) The nature and extent of the suspected abuse. (See appendix B, letter to parents from the installation commander, along with a symptoms and fact sheet for families.)

(2) Measures or corrective actions the installation is taking to protect children (e.g., name tags for all children while in the center, two caregivers in every room, etc.).

(3) Indicators or signs of abuse (outlined in appendix C).

(4) Where to get help (address, a single central telephone number to be called), normally at the MTF.

(5) The status of pending investigations (e.g., command initiated, grand jury).

(6) Develop a plan and procedures to support and inform staff

(7) Appoint a family liaison officer in order to minimize rumors. A designated individual will serve as liaison for the families to keep them informed about the progress of the investigation(s), and to provide information on installation staff actions and available resources. This person will not be closely involved with the case. The victim liaison program is outlined in AR 27-10, Military Justice.

f. Actions to support parents include:

(1) An information and referral/support-line to answer parent's concerns, and to refer them to professionals for screening.

(2) A parent support group

(3) An assistance officer, a parent partner or other advocate to communicate with the family.

6. PROCEDURES.

a. Referral

(1) The overall referral and follow-up of cases of suspected institutional child sexual abuse will be conducted within the guidelines of AR 608-18.

(2) Suspected cases of ICA, (either sexual or physical), will be reported to the Chief, Family Advocacy Section. If the number of referrals expands beyond the resources of the family advocacy section, a special hot-line for referrals will be set up.

(3) An emergency case review committee meeting will be held, and a child psychiatric mass casualty situation will be declared, if the number of cases so warrants.

(4) The case review committee will designate a child psychiatrist as the ICA team manager. If one is not assigned to the military treatment facility, the Chief, Family Advocacy Section, will become the ICA interim manager.

b. Allegation.

(1) All allegations of child abuse in AOAs and ARAs will be reported to the Report Point of Contact at the DSW, telephone number 916-3020. The case review committee chairperson will ensure a DD Form 2486, Child/Spouse Abuse Incident Report, is submitted to the Army Central Registry.

(2) Reporting procedures and telephone numbers will be posted in each AOA and ARA.

(3) Assistance from the FSH PAO will be immediately obtained in preparing a possible statement for release to the public, in any instance of reported child abuse, which may arouse community concern, and is alleged to have occurred in an AOA. If appropriate, such assistance should also be obtained with regard to alleged child abuse in an ARA. (Appendix D, is a proposed PAO packet.)

(4) Each AOA and ARA will develop internal reporting procedures for all suspected instances of child abuse or infractions of rules relating to the care of children. (See appendix E for proposed reports.)

c. Evaluation of allegation.

(1) The report point of contact will notify the military police of every report of child abuse, as soon as the report is received. The case review committee chairperson will also be notified, and will work with the military police to promptly determine whether a report of abuse is credible, after consulting with personnel in the AOA or ARA involved, and the FSH SJA.

(2) All credible reports of child abuse occurring in AOAs and ARAs, whether or not reportable to HQDA, will be referred to the appropriate law enforcement agency, the DHS, and the installation case review committee for resolution. The activity manager will take appropriate action in those alleged abuse cases which are considered a policy violation. The activity manager will submit a plan of corrective or disciplinary action to the case review committee. The case review committee's responsibility includes classifying the abuse as suspected, substantiated or unsubstantiated and, in appropriate cases, submitting DD Form 2486, making recommendations to the activity relative to treatment needs, and monitoring the activity's action plan.

(3) Department of the Army reportable child abuse occurring in AOAs and ARAs requires the submission of a Military Police Serious Incident Report (SIR), IAW paragraph 3-3, figure 3-1, AR 190-40, Serious Incident. The FAPM will forward a copy of the SIR to the MACOM and HQDA FAPMs.

d. Regulatory violations not constituting child abuse

(1) If the allegation is not specifically related to child abuse, but merely alleges an infraction of child development services, foster care, or other regulatory standard (such as a prohibition regarding corporal punishment), the case review committee chairperson will make a record of the information, and send this in writing to the supervisor of the appropriate AOA or ARA. Unless the infraction constitutes child abuse, it will not be referred to the full case review committee for consideration, nor will it be reported to the Army Central Registry.

(2) Below are those supervisory officials responsible in various child care or child-oriented activities:

(a) Child Development Centers - CDS Coordinator

(b) Family Child Care (FCC) Provider Homes - CDS Coordinator.

- (c) CDS Supplemental Programs - CDS Coordinator
- (d) School Age/Latch Key Program - Youth Services
- (e) Chapel Activities - Chaplain
- (f) Other Army Activities Program - Director.

e. Investigation.

(1) The procedures for coordinating the investigation of a child abuse case on the installation, including those alleged to have occurred in AOAs or ARAs, will be addressed in an internal Memorandum of Agreement (MOA). See chapter 2, section II, AR 608-18.

(2) When the responsible law enforcement agency and/or case review committee receives a credible report of child abuse, the FAPM will notify the commander responsible for the AOA or ARA, utilizing FSH Form 38*#, Institutional Child Abuse. The following issues have to be addressed in the response plan: correction or measure that has been taken within the family to assure the safety of the children; communicating procedures with the press and the public; services provided to the victims and the parents; services provided to the staff.

f. Medical examination. A physical examination should be performed for every child if sexual abuse is suspected, in order to identify trauma or other conditions, collect evidence, and/or reassure the child and parent. The case review committee, when appropriate, will assist in the investigation, and will check with the Army Central Registry for prior reports on any identified suspect.

g. The AOA or ARA director. Directors will provide access to administrative files, attendance sheets, work schedules and client lists (e.g., parents, children, addresses, and phone numbers) to investigators, and other Army personnel who have an official need to know; and provide access to staff for investigative interviews. To aid in collecting facts during the investigative process, directors will take notes, observe facts, and be alert to signs and symptoms of abuse exhibited by children. Provide information approved by the strategy team to the parents.

h. Other agencies. When another federal, state, or foreign law enforcement agency assumes primary responsibility for the investigation, the CID will work jointly with said agency whenever possible.

(1) The investigating CID agency, using information provided by the FAPM, AOA or ARA director and supporting DCP, will locate potential victims who have transferred from the local area. Leads will be forwarded to the CID unit nearest the victim's new address, requesting the potential victim and his/her parents be interviewed in regard to the investigation.

(2) The CID agency receiving such leads will coordinate with and request assistance from the local FAPM and, if appropriate, medical personnel, prior to interviewing potential victims and their parents.

7. ACTIONS RELATING TO ALLEGED PERPETRATORS

a. At AOAs, suspected employees will be detailed, placed on administrative leave, or suspended. Volunteers will be terminated or reassigned. Management personnel will make every effort to ensure the daily program operation is not interrupted, and the need for additional personnel will be assessed, to handle the added workload generated. After careful assessment, AOAs will develop a staffing plan which will ensure maximum safety of the children. The AOA director will:

- (1) Be available to talk with parents.
- (2) Keep a chronological log of events.

Keep the staff informed through staff meetings

b. In ARAs family child care providers, foster care parents, and special services programmer, will be prohibited from providing child care to children (other than their own children or legal dependents), until such time a credible allegation of child abuse has been determined by the case review committee to be unsubstantiated.

8. TREATMENT.

a. An alleged sexual assault shall be considered a medical emergency. Any person with a complaint of having been sexually assaulted in an AOA or an ARA is eligible for a medical evaluation/examination at the local Army MTF. If not otherwise eligible as a military dependent, the patient will be treated IAW policies and procedures governing a civilian emergency patient. Medical priorities are:

Physical/mental well-being of the victim(s)

(2) Collection, documentation, and control of medical/legal evidence IAW established MTF protocol, and photographs and laboratory work as necessary. Collection and documentation will be in conjunction with the investigative process.

(3) Follow-up care for patient(s) (victim(s)), to include medical and psychological care, case review committee referral, and support for the victim's family.

b. During duty hours any service or department within the MTF receiving a child patient alleging sexual assault will contact the chief, DSW, and pediatric clinic staff preceptor. During nonduty hours patients will be treated in the emergency room. Pediatrics will:

Examine the child (victim).

Care for the physical injury.

(3) Document the injury, collect evidence, as indicated by the injury and/or directed by the investigating officer.

Provide information to the investigating officer.

Report to the Chief, DSW (case review committee).

c. The DSW will

(1) Respond to the notification by sending a staff member to the victim (and family), to provide assistance, chaperon service, and counseling.

(2) Notify the CID.

(3) In conjunction with the investigative process interview the victim.

(4) Call an emergency meeting with DSW staff to determine the strategy.

(5) Provide short-term counseling for the child (with family, as appropriate).

(6) Report to the family advocacy section and assign case manager(s).

Schedule long-term follow-up for case(s).

(8) Make referrals (i.e., child psychiatry, private practitioners).

Document case(s)

(10) Prepare the child for court, if applicable (IAW legal authorities).

(11) Operate 24-hour help-line to answer questions/screen potential victims.

(12) Be an ongoing resource (the same ongoing support that is provided to a rape victim).

(13) Provide staff support to prevent burnout. Request staff reinforcement through medical command chain. Request additional financial resources to support community referrals.

d. Treatment for the family. Pediatrics will apprise the family of the child's medical status and obtain DSW support for the family. The DSW will:

Provide short-term counseling.

(2) Meet with the installation strategy team, if one has been formed.

(3) Coordinate with the family liaison (appointed by the installation strategy team).

(4) Provide family support groups at times convenient to the families.

e. Treatment for the staff. Treatment for the staff of the organization in which the abuse occurred is a joint FAPM/MTF responsibility. As appropriate, support groups will be provided to the staff of the organization in which child sexual abuse was alleged to have occurred. Support group services may be obtained from outside the military system through contracting with local community resources, or through the military system.

APPENDIX A

REFERENCES

1. Required Publications.
 - a. AR 608-18, The Army Family Advocacy Program.
 - b. AR 27-10, Military Justice.
 - c. AR 190-40, Serious Incident Report.
2. Related Publications
 - a. AR 40-216, Neuropsychiatry and Mental Health
 - b. AR 215-series, Morale, Welfare, and Recreation
 - c. AR 608-10, Child Development Services.
3. Required Forms
 - a. DD Form 2486, Child/Spouse Abuse Incident Report.
 - b. FSH Form 37*#-R, Institutional Child Abuse.
 - c. FSH Form 37*#-1-R, Institutional Child Abuse, Follow-Up Report.
- 4 Related Forms.
 - a. DA Form 7317-R, Child Abuse/Safety Violation Hotline Intake Information.
 - b. DA Form 7317-1-R, Child Abuse/Safety Violation Hotline 7-Day Follow-Up Information.
 - c. DA Form 7317-2-R, Child Abuse/Safety Violation Hotline 90-Day Follow-Up Information.
 - d. DA Form 7318-R, Initial Report of Child Abuse in DOD Operated or Sanctioned Activities.
 - e. DA Form 7318-1-R, Follow-Up/Interim Report of Child Abuse in DOD Operated or Sanctioned Activities.
 - f. DA Form 7318-2-R, Close-out Report for Reports of Child Abuse in DOD Operated or Sanctioned Activities.

APPENDIX B

LETTER TO PARENTS FROM THE INSTALLATION COMMANDER

Dear Parents:

The purpose of this letter is to inform you of a recent medical development concerning children who have attended the Child Development Center.

All parents who have requested professional assistance for their children have been seen, and treatment is ongoing for those parents and children who require it.

In the course of the ongoing pediatric treatment of two children, the primary physician has discovered evidence of a sexually transmitted disease.

We do not wish to alarm any parents unnecessarily; however, it is important that you be aware of the symptoms to observe and monitor your own child for symptoms. Attached is a list of symptoms of chlamydia infection. If those are not present, it is extremely unlikely your child has the infection. It is important, however, a professional be consulted if you have questions.

If you have any concerns whatsoever, I urge you to call the Department of Pediatrics between 9 a.m. and 11 a.m. at _____

The Federal Bureau of Investigation, Military Police, Central Intelligence Division, Office of Security Investigations (whatever law enforcement agency is investigating) continues to vigorously pursue this case. I am unable to comment on the status or provide details of the investigation, but I can assure you investigative leads are being explored thoroughly.

We will continue to keep you updated of further developments in this case as they occur, and encourage you to discuss any issues you have with us. We may be reached at _____.

Sincerely,

Installation Commander

Attachment

FSH Reg 608-18

SYMPTOMS OF CHLAMYDIA:

1. Vaginal discharge.
2. Urethral (penile) discharge.
3. Pain or burning with urination
4. Vaginal irritation

If your child has any one or more of these symptoms please contact the _____ at pediatrics.

APPENDIX C

LETTER TO PARENTS FROM THE COMMAND

Dear Sponsor

The Commander has been apprised of incident(s) of alleged child sexual abuse reported to have occurred at the Child Development Center. Immediately upon receipt of the report, proper law enforcement authorities were notified, and concurrently the child was provided a thorough physical examination by physicians trained to handle cases of this nature. Thereupon, the child and the parents began a professional program of treatment to deal with the situation. Also on the day notification was received, the employee believed responsible was removed from his position.

Our records reflect the employee implicated in this incident may have provided care to your child.

We have been in touch with health care professionals and experts in this area. Procedures have been developed which we believe will fully inform you of the facts, and provide full services to your children. Also, this process permits professionals the opportunity to elicit from any youngsters, who might have been exposed to this suspect, relevant information concerning any possible inappropriate contact without further traumatizing the youngster involved.

We have established a Child Abuse Help Line for parents to call with any questions they might have. The line is manned during regular duty hours by the Family Advocacy Committee. An answering service is provided, so parents can request a call back should they call after duty hours.

Our health care professionals have put together the enclosed checklist of the most often exhibited symptoms of child abuse. In the event your child or children exhibit any of these symptoms, we request you do not question them or conduct any kind of interrogation. You should contact a member of the committee at telephone number _____. We have arranged to have trained professionals, with your approval, interview your child. Improper questioning might well impede a child's ability to recall events, color his or her recollection and, in effect, make it difficult if not impossible to get a true reading of what really did happen.

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As a follow-up, we are committed to providing treatment, care and counseling for any of the patrons of the Child Development Center who may seek our assistance. We will, of course, continue working with law enforcement authorities to support any criminal prosecution which might be warranted.

Please call the Child Abuse Help Line if you have any questions.

Sincerely,

Director, Directorate of
Community Activities

Attachments

FACTS FOR FAMILIES:

According to the American Academy of Child Psychiatry the behavior of sexually abused children may include:

- * Unusual interest in or avoidance of all things of a sexual nature.
- * Sleep problems; nightmares.
- * Depression or withdrawal from friends or family.
- * Seductiveness.
- * Statements their bodies are dirty or damaged, or fear there is something wrong with them in the genital area.
- * Refusal to go to school, or delinquency.
- * Secretiveness.
- * Aspects of sexual molestation in drawings, games, or fantasies.
- * Unusual aggressiveness.
- * Other radical behavior changes.

Other authorities say the following behavior may also be considered:

- * Difficulty in walking or sitting.
 - * Torn, stained or bloody underclothing.
 - * Complaints of pain or itching in the genital area.
 - * Bruises or bleeding in external genitalia, vagina, or anal area.
 - * Displaying sophisticated or unusual sexual knowledge or behavior.
 - * Statements by the child he or she has been sexually assaulted by a caretaker.
- * Many children do not tell immediately or directly what has happened to them, but rather tell therapists trained to talk to children. We have learned children seldom "tell" immediately after an incident of abuse, it is more usual for a child to tell over the course of months, sometimes years.
- * A child may feel the abuse was his or her own fault, and may not tell for fear of "getting into trouble."
- * Children are often told by the abuser not to tell the "secret" with threats their parents or family members will be harmed or not love them anymore.

APPENDIX D

SAMPLE PUBLIC AFFAIRS OFFICE PACKET
ITEMS TO INCLUDE IN THE PAO PACKET IN THE FIELD

This package of sample questions, sample news articles, general policy guidelines, and media guidelines should enable a center director, program coordinator, or other involved installation personnel to work effectively with the media. The PAO should be involved from day one, and serve as the primary POC in dealing with the media. This package includes the following enclosures or requirements.

1. Sample questions concerning the incident to give PAO basic information for a press release, enclosure 1.
2. Sample news release, enclosure 2
3. General policy statement on dealing with the media, enclosure 3
4. Preliminary questions to be answered for PAO initial report enclosure 4.

QUESTIONS AND ANSWERS:

1. How could child abuse occur in our program?

Child abuse in Army operated and regulated activities is a concern to other military and civilian child care administrators. Particular issues are:

a. Physical punishment of young children.

Potential for sexual abuse

c. Damage to a child's well-being as a result of emotional, psychological abuse.

These abuses of young children occur in our society at every social and economic level. As child care employees are representatives of our society as a whole, it is essential they be screened as carefully as possible. This is being done throughout the country, on military installations, and in civilian programs, in order to minimize the possibility of child abuse.

2. What is the staffing ratio at child development centers?

The infant staff-child ratio is a maximum of 1:5; the toddler ratio is a maximum of 1:8, and the preschool-age ratio is a 10:1, or a maximum of 1:15 with a certified teacher. These maximum ratios are consistent with AR 608-10, Child Development Services requirements and DOD child care staff ratios.

3. Are there any outside agencies which inspect the child development center/CDS provisions?

All activity rooms in centers are checked at least twice daily by the center director. Fire inspectors and community health nurses inspect monthly. Safety inspections are done annually; engineers inspect annually and the IG inspects annually. Additionally, we have had a review by the management assistance team of the community and family support center. Army regulation 608-10 provides detailed guidance and implementation requirements for all child development centers throughout the U.S. Army. Facility design, core program requirements, and training requirements are standardized.

4. What assures the program is in compliance with the regulation and that deficiencies are corrected?

The Army has minimum standards which are checked and verified annually with inspections by the community health nurse, the fire department, the engineers, the safety inspector, and the program director. A report of these inspections is forwarded to MACOM and HQDA, for review. The MACOM and HQDA perform staff assistance visits to observe program sites, and to further verify compliance with Army standards. During the last 12 months, both the MACOM and HQDA have visited our child development services program.

5. What checks are made on employees who work at the center?

The CPAC requests a National Agency Check, a CID check, and an Army Central Registry check. A National Agency Check on the suspect in this case was requested on _____, and results were received _____. No negative background information was received.

6. What kind of training is provided for the staff at the child development center?

A training program for the staff has been developed for the FSH child development center and implemented IAW child development centers DA-wide. A minimum of 38 hours of training is provided. This training includes workshops, evaluations, observations, and reading assignments. A training session on child abuse prevention is required and provided to all staff members.

7. What sort of program is provided at the FSH Child Development Center?

The center is open from 0630-1730 daily. Fulltime, part-day, and hourly care programs are offered to children between the ages of 6 weeks to 12 years. The program is developmental and offers activities to stimulate the child cognitively, physically, and socially. We also offer a safety education program for children ages 4-12 years. Parents are requested to participate in program orientation before their child participates in this program.

8. Who reviews the performance of employees?

Probationary and annual performance evaluations are made by the employee's immediate supervisor, the child development center program director. This evaluation is approved by the second-line supervisor, the child development services coordinator, and finally the chief of the family support division.

9. How many staff members are employed at the child development center?

We have a staff of 45 center employees

10. Have any parents withdrawn their children as a result of this incident?

Our average daily attendance has increased by approximately 10 percent, since the incident which is consistent with our previous utilization rates this time of year.

11. How many children did the alleged perpetrator provide care for?

From September 1985 through May 1986, the suspect provided care to approximately ___ full-day children. From June 1986 through November 1986, the suspect provided care to approximately ___ children.

12. What sort of treatment is available to a child and the family at this time?

Treatment is provided by Brooke Army Medical Center on the installation, and from a local agency specializing in evaluating and treating families and children for sexual abuse.

13. What is being done to prevent this from happening again?

Background checks on all employees will continue to be made. The sexual abuse prevention curriculum will continue to be used with staff, parents, and children. Increased security measures have been established. Open door policy for parents will continue. Staff will continue to be trained on child abuse prevention. And, most important, the center management will continue to be responsive to parent's and children's needs for a high quality program in a safe environment. In addition, the Department of the Army convened a task force to address the issues of institutional child abuse. As a result, a plan was devised to implement a standardized broad-based program of prevention. Standard designs for the construction and renovation of child development centers incorporate numerous features to reduce the risk of abuse in our environments for children.

FOR IMMEDIATE RELEASE
RELEASE NO. 000

PAO RELEASE

The commander at FSH has been notified a case of alleged child sexual abuse has been reported at the post Child Development Center

Law enforcement officials have been brought in, and the alleged victim was examined by a specially trained physician.

The employee accused of the alleged abuse has been reassigned to another position on post, away from contact with children, pending a complete investigation.

Fort Sam Houston officials are cooperating fully with law enforcement authorities to determine all the particulars of the case, and are providing professional support to both the family and alleged victim.

Parents with questions should contact the Family Advocacy Program at FSH.

ARMY POLICY REGARDING THE MEDIA IN CASES OF ALLEGED SEXUAL ABUSE IN-
AND OUT-OF-HOME-SETTINGS

When an incident of sexual abuse is reported in an Army operated activity, it is the immediate responsibility of the child development services coordinator to appoint an employee to coordinate news releases with the installation public affairs officer. This liaison can be either the director or another senior staff person selected by the CDS coordinator for this purpose. The two staff offices with the primary responsibility for informing the PAO are the liaison staff from the activity where the abuse was reported and the family advocacy program manager.

Immediately after the case of sexual abuse is reported, the liaison or CDS coordinator should assemble all the information surrounding the case involving the center or FCC home and report it to the installation PAO. (See sample questions.) This information will not necessarily be released to the media, but will serve primarily to provide background information for the PAO.

The PAO will prepare a news release for members of the press which will detail the basic facts of the alleged incident. The CDS coordinator should be prepared to answer more in-depth questions as a follow up to what has already been written. It is the responsibility of the PAO to keep the liaison/CDS coordinator briefed as to what news is released, to which news medium, and when.

All interface with the local press must be arranged by and coordinated with the PAO. No member of the press should be allowed access to the CDS program site without authorization. When press members are allowed on site for filming purposes, they will be accompanied by PAO at all times.

The CDS personnel should be instructed to refer all queries to the PAO. At no time should any employee give interviews to members of the press without the clearance of the post PAO. The PAO should be present during all interviews.

PRELIMINARY QUESTIONS TO BE ANSWERED BY PROGRAM LIAISON FOR PUBLIC AFFAIRS OFFICER'S INITIAL REPORT

These are the initial questions the CDS coordinator, family advocacy program manager, or representative should have answers for when he/she contacts the post public affairs office.

1. What reportedly happened?
2. How many children were allegedly involved?
3. When did the incident(s) occur?
4. Will the program remain open?
5. Where can parents call for more information?
6. What is the status of the alleged perpetrator? Has he or she been reassigned?

APPENDIX E

PROPOSED
REPORTS OF CHILD ABUSE IN ARMY OPERATED AND REGULATED ACTIVITIES

1. Name of Installation: _____
2. Responsible MACOM: _____
3. Type of abuse (child sexual, child physical, child neglect, etc.):

- 4 Date and time alleged incident occurred: _____
5. Activity and particular location within the activity where the
alleged abuse occurred: _____

6. The position or relationship, if any, of the alleged offender
identified) within activity (e.g., CDS Center teacher, volunteer,
provider, FCC family member: _____
- 7 Age and sex of each victim: _____

8. The grade, rank or military/civilian status of each victim's
sponsor: _____

9. Date reported to military law enforcement: _____

10. Date case reported to installation RPOC: _____

11. Date reported to child protective services, if applicable:

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12. Date and nature of action taken with regard to alleged offender(s) (e.g., arrest, reassignment, suspension):

13. Date employee/provider involved in incident was hired/certified:

14. Brief description of alleged incident and a summary of evidence:

15. Name of agencies conducting investigations: _____

16. Current status of the investigation (e.g., closed, pending):

17. Date record background checks were conducted - results:

18. Corrective actions initiated: _____

19. Potential for publicity: _____

20. Name and telephone number of person to be contacted for additional information: _____

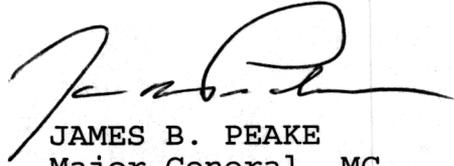
PROPOSED CLOSE-OUT REPORT
ABUSE IN ARMY OPERATED AND REGULATED ACTIVITIES

1. Name of Installation: _____
2. Responsible MACOM: _____
3. Type of abuse (child sexual, child physical, child neglect, etc.)

4. Summary of all investigative findings and recommendations:

5. The CRC determination of the alleged abuse reported:
 - A. Unsubstantiated: _____
 - B. Substantiated: _____
6. Summary of legal actions which have occurred (e.g., employee disciplinary measures, prosecution): _____
7. Lessons learned, including recommendations for changes in Army or MACOM policy: _____
8. Corrective actions completed and programmed: _____
9. Request relief from the requirement of two employees being present in all child care areas during hours of operation. This policy was instituted immediately following allegations of abuse.

The proponent of this regulation is the Directorate of Community Activities. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publication and Blank Forms) to the Commander, U.S. Army Medical Department Center and School and Fort Sam Houston, ATTN: MCGA-DCA-FA, Fort Sam Houston, TX 78234-5020.



JAMES B. PEAKE
Major General, MC
Installation Commander

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