DEPARTMENT OF THE ARMY
US ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, UNITED STATES ARMY GARRISON DAEGU
UNIT #15746
APO AP 96218-5746

REPLY TO
ATTENTION OF

IMDA-MWC

8 December 2012

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Standard Operating Procedures Child Abuse and Neglect/Spouse Abuse

1. REFERENCES:

a. AR 608-10, Child Development Services, 15 July 1997.

b. AR 608-18, Army Family Advocacy Program, 30 October 2007.

c. AR 215-1, Morale, Welfare, and Recreation Activities and Nonappropriated Fund Instrumentalities, 24 September 2010.

2. PURPOSE: To provide Child and Youth Services Division with appropriate standards, policies and procedures regarding child abuse and neglect.

3. SCOPE: This SOP applies to all personnel working in CYSS Center-based Child Development Centers (CDC) and quarters-based Family Child Care (FCC) homes, School-Age Services (SAS), Middle School and Teen Program (MST), and Youth Sports and Fitness.

4. DEFINITIONS:

a. DEFINITIONS OF CHILD ABUSE: Child abuse includes physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other maltreatment of a child by a parent, guardian, or any other person (including an employee of a residential facility or any staff person providing out-of-home care) who is responsible for the child's welfare on a temporary or permanent basis.

b. CHILD SEXUAL MALTREATMENT: A category of abusive behavior within the definition of child abuse that includes rape, molestation, prostitution, or other such forms of sexual exploitation of a child, or incest with a child, or the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in or assist in any sexually explicit act or conduct (or any simulation of such conduct).

c. CREDIBLE REPORT: Information which appears to be reliable and factual or an observation which appears to be accurate, either of which supports a tentative conclusion that child abuse or neglect occurred or that further investigation is warranted.

5. RESPONSIBILITIES:

a. Preventing, identifying, and reporting incidents of child abuse/neglect and spouse abuse are the combined responsibility of the CYS Services Coordinator, CDS Director, SAC Director,

Middle School/Teen Director, Youth Sports & Fitness Director, and all CYS Services staff in cooperation with the Family Advocacy Program (FAP) and Social Work Services (SWS)..

b. The CYS Services Coordinator is responsible for the management of CYS Services activities and for ensuring that the standards prescribed by this SOP is maintained. The CYS Services Coordinator also supervises and monitors all activities provided by Child Youth, and School Services including but not limited to:

(1) Reporting any suspected case of child abuse/neglect and/or spouse abuse to the Report Point of Contact (RPOC).

(2) Participating in the Family Advocacy education program as appropriate.

(3) Ensuring that the Garrison Commander, Deputy Commander and DFMR are immediately notified of incidents, injuries and unusual occurrences within CYSS programs,

(4) Reporting all incidents to all members of the assessing team- ie MP's, SWS and ACS/FAP, to ensure that there are no gaps in communication.

(5) The Serious Incident report is completed and filled out and submitted to both the Daegu Garrison Chain of Command and to the IMCOM Pacific region within 24 hours of the incident and all required supporting documentation is submitted.

c. The Army Community Service (ACS) Family Advocacy Program (FAP) is responsible for:

(1) Training of CYS Services personnel in child abuse prevention/identification.

(2) Providing consultation and referral as appropriate.

(3) Processing installation background checks including through the Army Central Registry for volunteers, interns, CYSS staff, coaches, contractors, FCC candidates, HIRED mentors and youth.

(4) Providing CYS Services Coordinator with recommendations and procedures to follow in case a staff member is involved in an alleged incident and serving on the committee to make a determination for suitability for hiring of applicants with findings on the background checks

d. The Civilian Personnel Advisory Center (CPAC) is responsible for:

(1) Obtaining signed Release of Information for background clearance checks and processing initial background checks for new employees and repeating background checks as required every five years for CYSS staff. Background checks must be completed in accordance to AR 608-10 and CPAC regulations and guidance.

(2) Advising CYS Services Coordinator on results of background checks.

(3) Providing CYS Services Coordinator with recommendations and procedures to follow in case a staff member is involved in an alleged incident and serving on the committee to make a determination for suitability for hiring of applicants with findings on the background checks.

e. CYSS Program Directors and Trainers will ensure the safety of all children in CYS Services programs. This includes, but is not limited to:

(1) Reporting any suspected case of child abuse/neglect to the RPOC and CYS Services Coordinator both verbally and in writing without delay.

(2) Providing the CYS Services Coordinator with follow-up information regarding the resolution of the report.

(3) Scheduling a child maltreatment identification/reporting training component to CDC/SAS/MS&T/FCC/S&F personnel.

(4) Ensuring that background checks are completed for staff/providers in their program.

(5) Ensuring compliance of CDC/FCC/SAS/MST/S&F personnel with this SOP.

(6) Implementing a personnel safety, age-appropriate curriculum component for children and youth.

(7) Ensuring parents are offered child abuse prevention training and parent education to reduce the likelihood of child abuse.

6. PROCEDURES:

a. TRAINING:

(1) All personnel assigned to CYS Services are required to read this SOP immediately upon employment and annually thereafter. Employees will sign statements that they have read, and understand this SOP. This record will be maintained in their personnel file by the CYS Services Program Director.

(2) All CYS Services employees will attend mandatory in-service training specifically related to the identification and prevention of child abuse and neglect annually.

b. Recognition of child abuse/neglect. All CYS Services personnel will be knowledgeable in the definition, recognition, and indication of possible child maltreatment.

(1) Staff will be alert to any physical indicators of child abuse/neglect.

(2) Staff will be alert to behavioral indicators of child abuse/neglect.

c. CYS Services Directors will:

(1) Ensure that a minimum of two CYS Services personnel are on duty in the facility regardless of the number of children present.

(2) Ensure that there is a qualified supervisory designee on duty during all hours of operation to include evening care and weekends.

(3) Program director or a qualified designee will tour child activity areas either in conjunction with hourly child/staff ratio checks or by irregular checks to ensure program quality. This will include unannounced visits by program director during evenings or weekends.

(4) Ensure that child/staff ratios are maintained IAW AR 608-10, paragraph 5-13. Special attention will be given to staff breaks, lunch periods, and periods when staffing may be reduced such as nap time, early morning, and near close of business. Establish procedures for "high risk" times. Staff will be advised and trained accordingly.

(5) Ensure that child activity areas are organized so as to support two personnel per group. In situations when this is not feasible, management walk through and video surveillance by the background cleared staff will be maintained.

(6) Identify "high risk" areas (i.e., toilets, diapering stations, and napping areas) and assure supervision via increased visibility.

(7) Instruct personnel not to completely darken rooms during nap time or evening hours.

(8) Establish procedures governing facility access which ensures an "open door" policy for parents, yet monitors and controls access to the center and child activity areas. Parents are encouraged to visit their child's/children's facility at any time during business hours. A copy of these procedures will be accessible to parents upon their request.

(9) Ensure that Accident/Incident Report forms are completed properly the day incidents occurs. Every attempt will be made to discuss incident with parent on the same day.

d. CYS Services professional staff and CYSS trainers will support prevention of child abuse/neglect through:

(1) Providing parent information/education through pamphlets and workshops offered in conjunction FAP. Army Community Service parenting classes include training on child abuse prevention. CYSS staff encourages attendance at ACS parenting classes through broad decimation of information. CYSS also provides and facilitates training on parenting topics such as toilet training, sleeping through the night, when to worry, parenting your teen.

(2) Training staff in positive methods of discipline and child guidance to enable staff to work with children in an appropriate manner.

(3) Initiating developmental program components which foster the development of a child's positive self-concept, self help skills and facilitate Child Abuse safety training for children 6-18 years of age.

e. The procedures for reporting child abuse/neglect and/or spouse abuse alleged to have occurred in a DOD-operated or sanctioned activity must be followed in this order by employees of the activity:

CYS Services staff must report any suspected incident of child abuse/neglect and/or spouse abuse to the installation RPOC, The Military Police at 764-4141 (off post Daegu 053-470-4141 or Carroll 053-470-8310). An alternative phone number is 911 (off post 053-470-5911 Daegu or 053-470-4911 Carroll) This includes reports of suspected abuse committed outside or within a CYS Services facility. Failure of the CYS Services employee to report suspected abuse may directly contribute to continued risk for the child, the employee will be held accountable for failure to report suspected abuse. If injuries appear severe, an ambulance will be called..

(1) The Military Police will initiate an investigation of all credible reports. CID, Social Work Services and the FAP program manager will be contacted and each component will assess the report, and investigate as required by their mandate. Based on the incident type, the MP/CID may transport or arrange for the parents to transport the child to the Camp Walker Medical Clinic, 121st CSH for a medical examination.

(2) The Military police will notify all parties, Social Work Services, ACS/FAP, CID and CYSS Coordinator if abuse occurred in a CYSS facility or if they are aware of a complaint filed against a CYSS employee outside of CYSS programs.

f. After an incident has been reported to the RPOC and when a report has been made against a CYSS employee the following actions will be taken.

(1) The manager on duty will immediately contact the CYSS chief. The CYSS chief will report the incident to the DFMWR and the CYSS region immediately, ensuring the Serious Incident Report (SIR) is submitted to command and region.

(2) The CYS Services Program Director will meet with the staff person to inform them of the allegation and the steps that will be taken. Once an allegation has been made, CYSS Management will not question the alleged staff member or any possible witnesses. Questioning may interfere with the Social Work Service and/or Law Enforcement Investigation. Full and factual cooperation with the authorities without interfering with the investigation will be encouraged and advised. Other employees may be required to complete a written report of their observations. Employees completing reports will be isolated from each other until all reports have been completed.

(3) The staff member involved will be removed from contact with children and youth. Employees will not be scheduled to work with children/youth until a determination has been made by the Case Review Committee (CRC) or SWS notifies the CYSS Coordinator that the case has been diverted from the Case Review committee (See Memorandum) and any required training has been completed . A Flex employee will not be scheduled to work, a regular part time employee will be scheduled to work 20 hours a week and a full time employee will be scheduled 40 hours a week. Full and Part time employees will be scheduled at a job site within MWR that does not require interaction with children/youth and will only return to work with IMDA-MWC

children after a determination by the CRC and any required training is complete. The Civilian Personnel Advisory Center (CPAC) must be notified of staff reassignments as soon as possible. If the abuse/neglect is substantiated, CPAC will be consulted for guidance on disciplinary action and separation of employee. A CRC finding that no abuse could be substantiated does not preclude steps being taken to discipline or remove an employee.

(4) At the CDC, the classroom in which the incident occurred will be staffed with 2 staff at all times while the case is under investigation and until a determination is made by the CRC. In the SAC and YC programs staff will work the program in pairs to ensure oversight until the CRC makes a determination.

(5) If the incident happened in the CDC, the Child Abuse Risk Assessment Tool will be completed by management staff on the classroom where the alleged abuse occurred. Managers in the SAC and YC programs are strongly encouraged to complete environmental rating scales to look for ways to improve the environment and reduce the possibility of abusive situations developing after a child abuse allegation.

(6) When the suspected child abuse/neglect is alleged to have been perpetrated by an FCC provider, the CYS Services Coordinator/CDS Director will ensure that the FCC certification is suspended and that childcare is not provided in the FCC home pending the outcome of the investigation. Every effort will be made to accommodate displaced families in other CYSS programs. If the abuse/neglect is substantiated, the FCC home will be closed permanently and the certification terminated.

(7) The CYS Services Directors will ensure that proper documentation of reports of child abuse or neglect is accomplished and maintained for three years.

g. Not every allegation needs to be reviewed by the full CRC . The Chief SWS in consultation with FAPM and SJA has some discretion to divert cases from a full CRC review where the allegation does not meet Child Abuse/Neglect criteria and should be addressed by management of the activity with administrative measures. A full review by the CRC is required for any case of child sexual abuse regardless of whether injury occurred, child abuse resulting in death or a major physical injury to the child and any child abuse involving the deprivation of necessities that is determined to be widespread, chronic or potentially life threatening.

7. Touch Policy, In an effort to recognize the importance of physical contact to child nurturance and guidance, a touch policy is established.

a. Appropriate touching is age appropriate and may include the following:

(1) Adult respect for personal privacy and personal space of children.

(2) Responses affecting the safety and well-being of the child (e.g., holding hand of the child when crossing the street or holding child gently but firmly during a temper tantrum).

(3) Examples of appropriate touching include hugs, lap sitting for younger children (Ages 0-6), reassuring touches on the shoulder, and nap time back rubs.

(4) Examples of appropriate touching for older children and youth include high-fives, pats on the back, reassuring touches on the shoulder, and assisting youth in instructional and sports programs that are consistent with the activity being taught. Youth may be touched to ensure their safety and well-being. Hugs or displays of affection should be initiated by the child/youth and should be brief. Lap sitting for children over the age of six is not permitted and is inappropriate.

(5) Adults play a vital socialization role with older children and youth. Warm, positive relationships with adults help older children and youth develop a sense of trust and emotional security. The following safety precautions will be followed when working with older children and youth:

(a) At least 2 adults will be present when children/youth may be dressing or undressing (i.e., locker rooms, pool dressing rooms, etc.).

(b) Staff will protect their own privacy.

(c) Staff will use discretion about what is shared with the youth and avoid details when discussing sensitive issues or discussing their private life.

(d) Staff will not use child/youth bathrooms in CYSS facilities,

(e) When away from the building and CYSS camera monitoring systems, CYSS staff will ensure that they are always within sight of other adults such as other staff, interns, volunteers and parents when interacting or working with children and youth.

(f) Staff will not allow children/ youth into restricted facility areas, i.e. storage rooms, staff areas.

(6) Inappropriate touching includes but is not limited to:

(a) Coercion or other forms of exploitation of the child's or youth's lack of knowledge.

(b) Coercive or forced touching.

(c) Satisfaction of adult needs at the expense of the child or youth.

(d) Violation of laws against sexual contact between adults and children/youth.

(e) Any attempt to change child/youth behavior with adult physical force, often applied in anger (i.e., corporal punishment, spanking, grabbing and yanking a body part, fondling, prolonged tickling, slapping, pinching, pushing, yelling, etc.).

IMDA-MWC
SUBJECT: Standard Operating Procedures Child Abuse and Neglect/Spouse Abuse

(f) The type and degree of physical contact between the staff and youth should not be against the desires of the child or youth.

(h) Violation of this policy could result in disciplinary action to include termination.

8. Point of contact is Chief, Child, Youth and School Services Division at 764-4016.

KATHLEEN BRENNAN
Chief, CYS Services

6 Encls
1. Physical Abuse
2. Abuse Description
3. Staff acknowledgement of child abuse and touch procedures
4. CYSS Serious Incident Report (SIR)
5. Guidance on reporting Child Abuse to the Region
6. Interim Change for Reporting Out-of-Home Child Abuse

DISTRIBUTION:
C & D

Family Advocacy Program (Concur) (Nonconcur) Date 7 Dec 12
J. J. STEWART
Chief, ACS

Social Work Services (Concur) (Nonconcur) Date 19 Dec 12
Daniel W. Gerstenfield
MAJ, MS
Chief, Social Work Service

APPENDIX A

PHYSICAL ABUSE

Physical Indicators:

Unexplained Bruises and Welts:

*On face, lips, mouth
*On torso, back, buttocks, thighs
*Clustered, forming regular patterns
*Reflecting shape of an article used to inflict injury (e.g., electric cord, belt buckle)
*On several different surface areas
*Regularly appears after absence, weekend, or vacation

Unexplained Burns:

*Cigar, cigarette burns, especially on soles, palms, back or buttocks
*Immersion burns (sock-like, glove-like, doughnut shaped on buttocks or genitalia)
*Patterned like electric burner, iron, etc.
*Rope burns on arms, legs, neck or torso

Unexplained Fractures:

*To skull, nose, facial structure
*In various stages of healing
*Multiple or spiral fractures
*Metaphysical fractures in non-walking infants

Unexplained Lacerations or Abrasions:

*To mouth, lips, gums, eyes
*To external genitalia

Abdominal Injuries:

Bruises of the abdominal wall
*Intramural hematoma or duodenum
*Intestinal perforation
*Ruptured liver or spleen

PHYSICAL ABUSE

*Ruptured blood vessels
*Kidney or bladder injuries
*Pancreatic injuries
*Unexplained blunt abdominal trauma

Central Nervous System Injuries:

*Subdural hemotoma (often reflective of blunt trauma or violent shaking.) (Blood clot occurs under the outer cover of the brain.)
*Retinal hemorrhage (capillaries behind the eyes bleed causing blood to pool towards the brain.)
*Subarachnoid hemorrhage (often reflective of shaking.) (Bleeding under the meninges.)

Signs & Symptoms:

*Severe headache
*Forgetfulness
*Slurred Speech
*Stuttering
*Blood shot eyes (Iris is red in color)
*Confusion – orientation level changes
*One side of face looks different (i.e., mouth droops).
*One or both pupils are pinpoint in size (and do not react to light)
*Sentences in a conversation do not make sense.

Dental Injuries:

*Scars of the lips (rarely scar)
*Fractures of maxilla or mandible
*Missing teeth
*Crown fractures
*Fractures of tooth roots
*Discolored teeth (suggestive of previous trauma with damage to dental pulp)
*Abnormal appearance and mobility of the tongue (suggests scarring from extreme trauma)
*Bruising or lacerations to the cheek and jaw mucosa

Behavioral Indicators:

*Wary of adult contacts
*Apprehensive when other children cry

PHYSICAL ABUSE

Behavioral Extremes:

*Aggressiveness (such as biting)
*Withdrawal
*Excessive or complete absence of anxiety about separation from parents
*Frightened of parents
*Afraid to go home
*Reports injury by parents
*Inappropriate care-taking behavior toward parents

PHYSICAL ABUSE

*Evidence of a variety of developmental delays (cognitive, language, fine and gross motor)
Physical Neglect Indicators:

*Consistent hunger, inappropriate dress
*Consistent lack of supervision, especially in dangerous activities or other long periods
*Unattended physical problems or medical needs
*Abandonment

Poor Hygiene:

*Unwashed
*Severe diaper rash
*Repeated episodes of pica

Conditions of the teeth and support structure such that:

*Routine eating is restricted
*Chronic pain is present
*Growth and development is delayed or retarded
*Performance of daily activities is hampered

Behavioral Indicators:

*Begging, stealing food/clothes
*Extended stays at school (early arrival and late departure)
*Constant fatigue listlessness or falling asleep in class
*Alcohol or drug abuse
*Delinquency (e.g., thefts)
*States there is no caretaker
*Role reversal in which the child becomes a parental caretaker

PHYSICAL ABUSE

Sexual Abuse:

Physical Indicators:

*Difficulty in walking or sitting
*Torn, stained or bloody underclothing

PHYSICAL ABUSE

*Pain or itching in genital area
*Thickening and/or hyperpigmentation of libial skin (especially when it resolves during out-of-home placement)
*Horizontal diameter of vaginal opening that exceeds 4mm in prepubescent girls
*Bruises or bleeding of the genitals, perineum, or perianal area
*Vaginal discharge and/or pruritus
*Recurrent urinary tract infections
*Gonoccoccal infection (especially in preteens) on the pharynx, urethra, rectum, and vagina
*Syphillis (especially in preteens)
*Genital herpes (especially in preteens)
*Trichomonas
*Veneral warts

Behavioral Indicators:

*Unwilling to change for gym or participate in Physical Education Class
*Withdrawal, fantasy or infantile behavior
*Bizarre, sophisticated, or unusual sexual behavior or knowledge
*Poor peer relationship
*Delinquent or run away
*Reports sexual assault by caretaker
*Becomes withdrawn and daydreams excessively
*Experiences poor self-esteem
*Seems frightened or phobic, especially of adults
*Experiences distortion of body images
*Expresses general feelings of shame or guilt
*Exhibits a sudden deterioration in academic performance
*Shows pseudomature personality development
*Attempts suicide
*Chlamydia infection when present beyond first six months of life (cylamydia may be present at birth and remain viable for up to six months)
*Lymphodraunloma venereum
*Nonspecific vaginitis

PHYSICAL ABUSE

*Candisiasis
*Pregnancy
*Sperm or acid phosphatase on body or cloths; sperm in the urine of a female child
*Lax rectal tone

PHYSICAL ABUSE
*Exhibits a positive relationship toward the offender
*Displays regressive behavior
*Displays enuresis and/or encopresis
*Engages in excessive masturbation
*Engages in highly sexualized play
*Becomes sexually promiscuous
*Has a sexually abused sibling
*Emotional maltreatment

Physical Indicators:

*Speech disorders
*Lags in physical development
*Failure-to-thrive

Behavioral Indicators:

*Habit disorders (sucking, biting, rocking, etc.)
*Conduct disorders (antisocial, destructive, etc.)
*Neurotic traits (sleep disorders, inhibition of play)
*Psychoneurotic reactions (hysteria, obsession, compulsion, phobias, hypochondria)

Behavioral Extremes:

*Compliant, passive
*Aggressive, demanding

Overly Adaptive Behavior:

*Inappropriately adult
*Inappropriately infant
*Developmental lags (mental, emotional)
*Attempted suicide

APPENDIX B

ABUSE DESCRIPTION, PARTICULAR FORMS OF ABUSE, NEGLECT AND INJURY

1. Definition of Spouse/Partner Maltreatment

a. An incident or incidents that indicate an emerging pattern or risk of further victimization of the spouse/partner.

b. Excluded are behaviors indicative of marital discord with the absence of abusive acts (for example, arguments or

c. Disagreements regarding child rearing, financial management, and so on). Spouse/partner maltreatment incident indicators

d. May include one or more of the following:

(1) A pattern of intentional acts of berating, disparaging or other verbally abusive behavior that adversely affects the psychological well-being of the spouse or partner.

(2) Coercive control and/or threatening behavior including terrorizing behavior (for example, threats to children, pets, or property).

(3) A pattern of restricting or withholding economic resources for the purpose of controlling the spouse/partner.

(4) A pattern of intentional intimidation for the purpose of controlling the spouse/partner.

(5) Isolation of a partner from family, friends, or social support resources.

(6) Chronic intentional interference with cultural adaptation.

(7) Physical assault(s) or threat(s) of physical violence with or without a weapon.

(8) An act which by itself or in conjunction with other conduct constitutes stalking.

(9) Sexual assault(s), threat(s) of sexual assault, or coercing a partner to engage in undesired sexual activity with alleged offender or other persons.

(10) Obstructing a partner from receiving medical services.

(11) Intentional neglect by refusing or obstructing a mentally/physically incapacitated spouse from receiving appropriate social, mental, or medical services.

ABUSE DESCRIPTION, PARTICULAR FORMS OF ABUSE, NEGLECT AND INJURY

2. Major Physical Injury: This includes brain damage, skull fracture, subdural hemorrhage or hematoma, bone fracture, dislocation, sprain, internal injury, poisoning, burn, scald, severe cut, laceration, bruise, welt, or any combination thereof, which constitutes a substantial risk to the life or well being of the individual. Kinds of injury are described below:

a. Brain Damage/Skull Fracture. The individual has experienced a severe injury resulting the fracture of the skull and/or damage to the brain.

b. Subdural Hemorrhage or Hematoma. Bleeding or a blood clot occurring under the outer covering of the brain.

c. Bone Fracture. Any breaking or cracking of a bone; does not include skull fracture. All bone fractures are considered major physical injuries.

d. Dislocation/Sprain. Displacement of bone at a joint; injury to tendons, ligaments, or muscles. All dislocation/sprains are considered major physical injuries.

e. Internal Injury. Injury to the organs within the body; does not include brain damage.

f. Poisoning. The willful oral administration of a substance that is known to cause harm, or ingestion of a poisonous substance due to negligence by a caretaker.

g. Burn/Scald. Injury or damage by excessive heat due to flame, steam, liquids, cigarettes, etc.

h. Severe Cut/Laceration/Bruise. Damage to the skin, including slashing of the skin, or damage to the blood vessels directly underneath the skin as a result of a blow or sharp instrument; involves excessive bleeding; includes stabbing.

i. Other Major Physical Injury. Any other physical injury not listed above that seriously impairs the health or physical well-being of an individual.

ABUSE DESCRIPTION, PARTICULAR FORMS OF ABUSE, NEGLECT AND INJURY

3. Minor Physical Injury. This includes twisting, shaking, minor cut, bruise, welt or any combination thereof, which does not constitute a substantial risk to the life or well-being of the individual. A variety of minor physical injuries are described below:

a. Minor Cut/Bruise/Welt. Minor damage to the skin or to the blood vessels directly underneath the skin caused by a blow or a cut; does not involve extensive bleeding.

b. Twisting/Shaking. Twisting of a limb or shaking of the individual, as by the shoulders, that does not result in any injury, such as sprains or fractures.

c. Other Minor Injury. Any other physical injury that does not pose serious risk to the health or physical well-being of the individual.

4. Sexual Maltreatment. A category of abusive behavior within the definition of child abuse that includes the rape, molestation, prostitution, or other such form of sexual exploitation of a child, or incest with a child, or the employment, use, persuasion, inducement, enticement, or coercion of a child to engage in, or have a child assist any other person to engage in, any sexually explicit conduct or act (or any simulation of such conduct).

a. Exploitation. Forcing a child to look at the offender's genitals, exposure of a child in a sexually explicit manner, peeping at a child while undressed, or involving a child in sexual or immoral activity such as pornography or prostitution; the offender does not have direct physical contact with child.

b. Rape/Intercourse. Sexual intercourse with a child involving physical force or emotional manipulation; taking advantage of a child's naiveté in encouraging and having sexual intercourse with the child.

c. Molestation. Fondling or stroking of breasts or genitals, oral sex or attempted penetration of the child's vagina or rectum.

d. Incest. Sexually explicit activity identified above between a child and a parent or an older sibling.

e. Other Sexual Maltreatment. Other sexual activity with a child not mentioned above.

5. Deprivation of Necessities. This category includes neglecting to provide the child with the following when able to do so: nourishment, clothing, shelter, health care, education, supervision, or causing a failure to thrive. Kinds of deprivation of necessities are described below:

a. Neglecting to Provide Nourishment. Failure to provide adequate or appropriate food, which results in a malnourished condition for the child.

b. Neglecting to Provide Shelter. Failure to provide protection against the elements, continual locking out, and unsanitary living facilities.

c. Neglecting to Provide Clothing. Failure to provide for appropriate clothing in terms of weather, cleanliness, or custom/culture of the area.

d. Neglecting to Provide Health Care. Failure to provide for appropriate medical or dental care which adversely affects or could adversely affect the physical well-being of the child.

e. Failure to Thrive. A condition of a child indicated by not meeting developmental milestones (i.e., height and weight or development retardation). The conditions are secondary to abuse and/or neglect.

f. Lack of Supervision. Inattention on the part of, or absence of, the caretaker which results in injury to the child or which leaves the child unable to care for him/herself, or have his/her behavior monitored so that the child avoids the possibility of injuring him/herself or others.

g. Educational Neglect. Allowing for extended or frequent absence from school for other than justified reasons (illness, inclement weather, etc.).

h. Abandonment. The absence of a caretaker when the caretaker does not intend to return or is away from home for an extended period without arranging for a surrogate caretaker.

6. Emotional Maltreatment. This includes both child and spouse emotional maltreatment.

a. Child emotional maltreatment includes behavior on the part of the caretaker which causes low self-esteem in the child, undue fear or anxiety, or other damage to the child's emotional well-being. It includes: Particular Forms of Abuse, Neglect and Injury

ABUSE DESCRIPTION, PARTICULAR FORMS OF ABUSE, NEGLECT AND INJURY

(1) Emotional Abuse. Active, intentional berating, disparaging, or other abusive behavior toward the individual which adversely affects the emotional well-being of the child.

(2) Emotional Neglect. Passive or passive/aggressive inattention to the child's emotional needs, nurturing or emotional well-being.

b. Spouse emotional maltreatment is conduct which, although not criminal, is so offensive to the victimized spouse that a reasonable person would find such conduct abhorrent within a marital relationship.

7. Fatality. The victim died as a result of the maltreatment.

STAFF ACKNOWLEDGEMENT OF CHILD ABUSE AND TOUCH PROCEDURES

I have read the Child Abuse Reporting SOP and the CYSS Daegu Touch policy. _____

I will ask for support and help from management, trainers, KIT resources and Family Life Consultants when I see a pattern of challenging behavior emerging._____

I understand the requirement to report all suspected Child Abuse- physical, sexual, emotional and neglect to the Child Abuse reporting point of contact. Reporting numbers can be found on posters in all CYSS facilities, and in the Child Abuse SOP's. Reporting suspected Child Abuse is my responsibility._____

After reporting suspected Child Abuse, it is my responsibility to notify my chain of command, which will usually be the facility director or manager on duty._____

I understand as a CYSS employee that when I work with children that interactions and touches are an important part of developing relationships with children and youth. I also recognize that as a child grows and develops that what is an appropriate touches changes. (for instance it may be appropriate to console a 2 year old in your lap, it would be inappropriate to have a 16 year old sit in your lap). The following guidelines and principles should guide all touches

(1) Appropriate touching involves the following:
(a) Physical and verbal communication contact is an important component of nurturing and guiding children and youth.
(b) Adult must respect personal privacy and personal space of children and youth.
(c) At times staff must touch children and youth to ensure their safety and well–being (e.g., holding hand of child when crossing the street; holding child gently but firmly during a temper tantrum).
(d) As a CYSS employee or FCC providers you must model appropriate touching for our children/youth as a learning tool.
(e) Examples of appropriate touching at the CDC include hugs, lap sitting, reassuring touches on the shoulder, and naptime backrubs. Examples of appropriate touches/interactions at a Youth Center could include, a high five, a pat on the back or a conversation about behavior and choices. Regardless of the age, none of the interactions should be forced or coerced.

(2) Inappropriate touching involves the following:
(a) Coercion or other forms of exploitation of the child's lack of knowledge.
(b) Satisfaction of adult needs at the expense of the child.
(c) Violation of laws against sexual contact between adults and children.
(d) An attempt to change child behavior with adult physical force, often applied in anger.
(e) Responding with physically with force to resolve a child/youth behavior issue..
(f) Examples of inappropriate touching include forced goodbye kisses, corporal punishment, slapping, striking or pinching, tickling for prolonged periods, fondling or molestation.)

I will abide by the preceding principles and guidelines when interacting or guiding children and youth.

_____ _____
Printed Name/Signature Date

Child, Youth & School Services Division
Serious Incident Report (SIR)
Out of Home Child Abuse/Neglect

CYS PROGRAM:

CYS STAFF PREPARING REPORT/TITLE:

GARRISON:

BUILDING:

TELEPHONE #:

DATE/TIME OF INCIDENT:
dd/mmm/yyyy /xxxx

AGE:
Of child

GENDER:
male or female

RANK OF SPONSOR:

UNIT:

PROVIDE A CHRONOLOGICAL LISTING OF EVENTS (as much information regarding the incident as is currently available. Use the back of the form if needed.)

PROVIDE ACTIONS TAKEN (date of contact)(EX. Caregiver reassigned pending outcome of investigation, VSS tapes reviewed by which manager, CID obtained copy of video, etc.), proponents contacted (FAP, SWS). A closeout report will be required if disciplinary/removal will take place.

ADDITIONAL DOCUMENTS: submit the following documents IDP and background clearance sheet for each CYSS staff involved.

Closeout Instructions: Once Social Work Services has reviewed the SIR and made a decision a closeout report needs to be submitted with the information on what disciplinary action has been taken: retraining of staff include the PIP , or separation of employee. If the SIR involved child, sexual, neglect or physical abuse a Child Abuse Risk Assessment (CARAT) must be completed and a plan of action submitted as part of the closeout process.

Guidance on reporting Child Abuse, Serious Injury or Incident to Region:

All Serious Incident reports are sent to the Region office. This includes any report that involves allegation of child, sexual, or neglect (unattended child) involving CYPA staff or volunteers as well as injuries due to playground or other types of equipment; and any child that is transported by ambulance. Any incident that could involve a RIMP claim must be reported. SIR incidents are due to the region the day of the incident.

Routing Chain:

1-Garrison CYSS submits a SIR report. This is the official report submitted to the RPOC/MPs/ IOC and is sent to the region

2-Region POC (JoAnn Ichimura/Karen Copeland/Joanna Pike) reviews and sends to the correct G9 office

3-HQ G9, POC for Child Abuse is Chris Welde. She receives all the reports and will ask for further information

a. Official SIR report that is submitted to the IOC/RPOC
b. Documents to be sent with the SIR
   - CYSS SIR form that is required by HQ G9
   - IDP's of each employee involved
   - Background Verification sheet for each employee involved

c. If the incident is reportable to NAEYC as a 72 hour reportable you will have to fill out the following forms: **DO NOT SUBMIT TO NAEYC UNTIL HQ G9 GWEN BOYD HAS APPROVED SEND TO JOANN AT THE REGION OFFICE**
   - NAEYC 72 hour reporting form download from the www.naeyc.org website
   - CYSS Summary of the Incident (sample to follow) (Chronological report of the incident without using names of the people (we use the NAEYC terminology-ex. Teacher or Assistant Teacher)
   - Supporting Documents for the 72 hour reporting form. If unattended child/injury due to playground equipment on the playground a digital photo of the playground.
   - SOPS or Policies that support the SIR report.
   - Who is involved these are the agencies ex. ACS, Social Work Services, Civilian Personnel
   - Copy of the last licensing report would be the excel spreadsheet of the ACYSE Corrective Action Report. This must be the final electronic version as I have to delete anything that does not pertain to the CDC in question.

DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2748 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCHO-CL-H

26 April 2012

MEMORANDUM FOR Commanders, MEDCOM MEDCENs/MEDDACs/RMCs

REF: Interim Change for Reporting Out-Of-Home Child Abuse

1. Reference Army Regulation (AR) 608-18, The Army Family Advocacy Program, 30 October 2007, paragraph 8-9, **Department of the Army reportable and non-reportable child abuse**. The current title verbiage could be interpreted as limiting the types of allegations that are accepted for determination by the Case Review Committee (CRC).

2. Paragraph 8-7a requires that "all allegations of child abuse in a DOD-operated or sanctioned activity will be reported to the RPOC, who in turn will notify CRC chairperson and the appropriate law enforcement agency".

3. Paragraph 8-8 allows for some discretion by the Chief, SWS in consultation with the FAPM and SJA to divert cases where the allegation does not meet Child Abuse/Neglect criteria and should be addressed by management of the activity with administrative remedies.

4. Paragraph 8-9 will reflect the following title and verbiage change in the future revision to AR 608-18, until that time use this memorandum as the interim change:

"8-9. Out-Of-Home Incidents/Allegations that Require Reporting Up-the-Chain of Command to the Department of the Army FAPM as a Serious Incident Report. They include the following:

a. Any child sexual abuse regardless of whether injury occurs.

b. Any child abuse resulting in the death of or major physical injury to the child.

c. Any child abuse involving the deprivation of necessities that is determined to be widespread, chronic or potentially life threatening."

5. POC for additional information, contact Dr. Rene Robichaux, U.S. Army Medical Command, Social Work Programs Manager, at (210)221-7046 or Rene.Robichaux@amedd.army.mil.

Rene J. Robichaux

RENÉ J. ROBICHAUX, Ph.D., LCSW
Social Work Program Manager