

FK Regulation 608-2

Program Management

**Fort Knox
Family
Advocacy
Program**

**Headquarters
US Army Garrison Command
Fort Knox, Kentucky 40121-5719
1 November 2014**

UNCLASSIFIED

SUMMARY of CHANGE

FK Reg 608-2
Fort Knox Family Advocacy Program

This is a major revision, dated 1 November 2014—

- o Changed the title of the regulation from Personal Affairs to Program Management.
- o Added Distribution paragraph to the introduction, along with the Fort Knox Homepage website.
- o Updated the references, chapter 1.
- o Added the Reporting Procedures on Fort Knox, chapter 2.
- o Added Restricted Reporting, chapter 3-3.
- o Added DoD Operated/Sanctioned Activities, chapter 4.
- o Expanded the detail of Restricted Reporting Guidance, chapter 5.
- o Expanded information on Emergency Shelter, chapter 6.
- o Added Explanation of Foster Care Placement by DCBS, chapter 6.
- o Added Installation Strategy Team, chapter 8.
- o Added FAC/FRC Committee, chapters 9 and 10.
- o Expanded explanation of CRC, chapter 11.
- o Added Background, chapter 12.
- o Administrative changes throughout this major revision.

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Chapter 1

Introduction

1-1. Purpose

To prescribe procedures for the implementation of the Fort Knox Family Advocacy Program (FAP).

1-2. References

Required and related publications and prescribed and referenced forms are listed in appendix A.

1-3. Applicability

The procedures and responsibilities in this regulation apply to the Fort Knox community personnel and their Family members to include active duty Soldiers, retired Soldiers, Department of Defense (DoD) and Department of the Army (DA) Civilian employees and contractors, and Family members authorized treatment at the local Medical Treatment Facility (MTF).

1-4. Mission

To reduce Family incidents of child abuse/neglect and domestic violence and promote effective Family functioning by establishing information and education programs and rehabilitative services which support strong, self-reliant Soldiers and Families. To provide services to at-risk Families; ensuring prompt reporting, assessment, and investigation of instances of abuse; and providing treatment to all affected Family members.

1-5. Coordinated Community Response

Communication among and within agencies involved with the FAP is critical. A multidisciplinary approach will be emphasized and information shared to the greatest extent possible among those having a need to know. The safety of Families assigned to the Fort Knox community is a top priority. All agencies will work together to ensure there is no duplication of services and appropriate measures are taken when gaps are identified.

Chapter 2

Installation Staff Responsibilities

2-1. General

Unit Commanders/First Sergeants/ Senior Enlisted Advisors; the Director of Family and Morale, Welfare and Recreation (DFMWR); the Army Community Service (ACS) Director; the Installation FAP Manager (FAPM); the Medical Treatment Facility (MTF) Commander/Chief, Family Advocacy Program (FAP); the Dental Activity Commander, Chief of Dental Services; the Officer in Charge (OIC), Personnel Service Battalion (PSB); the Staff Judge Advocate (SJA); the Installation Chaplain; the Public Affairs Officer (PAO); the Clinical Director, Army Substance Abuse Program (ASAP); the local US Army Criminal Investigation Command (USACID); the Director of Emergency Services (DES); and the Chief, Child Youth and School Services (CYSS) will read and comply with all requirements outlined in AR 608-18.

2-2. Directorate of Emergency Services

a. Serve as the Reporting Point of Contact (RPOC) for all reports of domestic violence and child abuse. The DES will ensure that the RPOC is available to the Fort Knox community on a 24 hours basis.

b. Coordinate with Social Work Service (SWS), Hardin County Department of Community based Services (DCBS), and Criminal Investigation Division (CID) to conduct preliminary inquiries or investigations involving allegations of domestic violence or child abuse.

c. Provide victims of domestic violence with the Victim Advocate (VA) contact information when responding to an alleged incident of domestic violence. Printed resource materials will be provided by ACS FAP.

d. Coordinate with civilian law enforcement regarding allegations of abuse that occur off the military installation or when the assistance of civilian law enforcement is required to conclude an investigation. Law enforcement will work collaterally or jointly to investigate situations of child abuse and domestic violence.

e. Fort Knox Installation Operations Center (IOC) will forward a copy of the Military Police Serious Incident Report (SIR) filed in any domestic and child abuse case to the Director of Family, Morale, Welfare and Recreation (DFMWR) and the Director of ACS. The ACS Director will forward SIRs to Family Advocacy personnel as warranted.

f. Ensure Family violence prevention training is provided for all military police personnel performing law enforcement duties. Training will be conducted in coordination with the FAPM and will cover the physical and emotional trauma associated with domestic violence and child abuse.

g. Support the prevention and awareness efforts conducted by the FAPM.

h. Conduct a check of law enforcement records upon a request from the Case Review Committee (CRC) to determine if alleged domestic and child abuse offenders have a record of past incidents of behavior requiring military police intervention.

i. Transport children suspected of having been abused to the MTF for medical assessments upon request.

j. Ensure that MP investigator personnel attend domestic violence intervention training, Child Abuse Prevention Intervention Training (CAPIT) courses, and other specialized training on child abuse and domestic violence.

2-3. Army Public Health Nurse (APHN) will:

a. Serve or provide a representative to serve as a member of the Family Advocacy Committee (FAC).

b. Assist with identification of high risk Families and provide appropriate community health care services.

c. Serve as a nursing consultant to the MTF staff in the identification of suspected abuse cases.

d. Refer cases to the Reporting Point of Contact (RPOC), (Military Police Desk Sergeant, (502-624-2111) when domestic violence or child abuse and neglect are suspected.

2-4. FAPM

The FAPM will provide and coordinate community –wide efforts regarding Family violence. This includes, but is not limited to, education classes and briefings for Soldiers and commanders; briefings and information for the public at large; education or special service programs for high risk groups; child safety education; and professional training for staff involved in FAP or child care activities. Members of the community may contact the FAPM to organize and implement prevention and education events for units, specific groups, organizations or activities. All new civilian employees and contractors in ACS FAP must receive training on identification and reporting procedures for suspected child abuse and domestic violence, and reporting options within sixty days of beginning employment.

2-5. Victim Advocate (VA)

a. Inform victims of domestic violence of their reporting options, to include the benefits and limitations of restricted and unrestricted reporting.

b. Assist victims in implementing short term and long term safety plans.

c. Provide victims with information to access medical care, emergency shelter, available resources both on and off the installation, and orders of protection.

d. Accompany victims as they seek services, if requested and approved by the Victim Advocate supervisor.

2-6. Commanders

a. Attend domestic violence and child abuse commander briefing designed for unit commanders within 45 days of assuming command and ensure Soldiers attend an annual troop awareness briefing presented by FAP personnel.

b. Be familiar with rehabilitative, administrative, and disciplinary procedures relating to domestic and child abuse and neglect.

c. Report suspected domestic and child abuse to the RPOC and provide all relevant information to those investigating the report, to include law enforcement agencies and DCBS.

d. Direct the Soldier to participate in assessment by SWS FAP; as well as, comply with Case Review Committee (CRC) treatment recommendations. The Soldiers' place of duty will include scheduled appointments until treatment is completed. It is important to have the participation of father/stepfathers when ACS/FAP New Parent Support Program (NSPS) home visitation is recommended.

e. Attend CRC case presentations, chaired by SWS, pertaining to Soldiers in their command. Support and comply with CRC treatment recommendations to the maximum extent possible. Provide non-concurrence with CRC treatment recommendations in writing through the Chain-of-Command to the MTF Commander within 30 days following CRC.

f. Ensure Soldiers involved in allegations of child and/or domestic abuse, after properly being advised of their Article 31, Uniform Code of Military Justice (UCMJ) rights with the use of DA Form 3881 (Rights Warning Procedure/Waiver Certificate) against self incrimination, are encouraged to cooperate with FAP personnel to the maximum extent possible for initial report to case closure, to include participation in individual and Family interviews or examinations by appropriate Social Services, medical, and law enforcement personnel.

g. Provide written no-contact orders on DD Form 2873 (Military Protective Order (MPO)) (see Appendix B), as appropriate; counsel Soldiers; and take other actions, as appropriate, regarding compliance with civilian orders of protection for victims of domestic abuse utilizing the Fort Knox Form 5067-E (Emergency Protective Order (EPO) Checklist) (see Appendix C). The commander should provide a written copy of the MPO to law enforcement within 24 hours of its issuance.

h. Normally, a “cooling off” period or protection of a victimized partner can be accomplished by the removal of the offender from the residence. If an active duty Soldier is identified as the alleged offender, commanders can order the offender into government furnished billeting (not to return to the quarters) and to have no contact with the victim for a minimum of 72 hours (commanders may permit officers and senior noncommissioned officers, E-8 and above, to reside at an approved site at their own expense).

i. Mandated treatment does not preclude disciplinary and administrative actions against offenders in appropriate cases. Commanders should consult with their assigned judge advocate (Trial Counsel) regarding applicability of the Lautenberg Amendment when considering administrative and disciplinary action.

2-7. Criminal Investigation Command (CID)

a. CID agents will receive training to investigate cases of child sexual and physical abuse.

b. Establish guidance and policy pertaining to the investigation of child sexual abuse.

c. Ensure special agents specifically trained in interviewing victims of child sexual abuse are available and used.

d. Investigate cases of child physical and sexual abuse and domestic abuse, which fall within the investigative responsibility of CID as established in AR 195-2, Criminal Investigation Activities.

e. Provide a representative to the FAC and FRC.

Chapter 3 RPOC and Notifications

3-1. Community Members

Every Soldier, employee, and member of the military community is encouraged to report information about known or suspected cases of domestic violence and/or child abuse to the RPOC or the appropriate law enforcement agency as soon as the information is received.

3-2. Suspected Case Reporting

Suspected cases of domestic violence and/or child abuse will be reported to the installation RPOC, the Military Police Desk Sergeant at 502-624-2111. The military police will immediately call the on-call social worker at 502-626-6170 during duty hours or 502-310-9351 after duty hours, on weekends and holidays. The military police will also notify the Hardin County Department of Community Based Services (DCBS) at 502-766-5088, for all child abuse and neglect reports. Law enforcement (MP or CID, depending on purview) will jointly assess/investigate whenever practical. DES will provide the Family Advocacy Case Manager and Family Advocacy Program Manager a copy of the blotters immediately. The Family Advocacy Case Manager is responsible for notifying the Soldier's commander within 24 hours of receiving the initial report, reporting the case to the CRC, and case documentation/ management.

3-3. Installation Personnel

a. All installation law enforcement personnel, physicians, nurses, social workers, school personnel, FAP and CYSS personnel, psychologists, and other medical personnel will report information about known or suspected cases of domestic violence and/or child abuse to the RPOC or appropriate military law enforcement agency as soon as the information is received. **Domestic violence reported to a victim advocate (VA), VA supervisor, or healthcare providers will only be reported if the victim has elected unrestricted reporting and it meets the Army Restricted reporting policy.**

b. Commanders will promptly report allegation of abuse involving their Soldiers to the RPOC at 502-624-2111.

Chapter 4 DoD Operated/Sanctioned Activities

4-1. Responsibilities

a. Installation activities that supervise or sponsor activities in which children are involved, including individuals hired with appropriated and non-appropriated funds, contractors, persons providing gratuitous services, volunteers, and child care providers will:

(1) Screen all paid employees and volunteers IAW the requirements outlined in AR 608-18, paras 8-5 and 8-6.

(2) Provide adequate supervision of staff and volunteers. New volunteers will be assigned to an experienced/screened supervisor or employee within the DoD operated or sanctioned activity.

(3) Observe children for evidence of abuse or neglect.

(4) Train staff and volunteers.

(a) The FAPM and the activity director will provide written and verbal guidance on topics outlined in AR 608-18, para 8-3, within the first three months of employment, prior to Family Child Care (FCC) certification, or as part of volunteer orientation.

(b) An update of the abovementioned subjects will be included as part of ongoing annual in-service training requirements.

(c) The coordinator or CYSS Training Curriculum Specialist or designee is responsible for planning and organizing all training. The FAPM will provide or serve as a resource person for all training.

(5) Prepare child abuse identification, reporting and responding SOP in coordination with the FAPM, which includes procedures taken to prevent and respond to child abuse situations addressing the following:

(a) Child supervision.

(b) Discipline/touch policy.

(c) Child abuse training.

(d) Child abuse identification and internal reporting procedures.

(6) Develop employee, volunteer and parent handbooks that contain information on child abuse identification and reporting, and acceptable discipline policies. Ensure all activity employees and volunteers sign a statement acknowledging their awareness of program policies.

(7) Provide safety education.

(a) The FAPM is responsible for the overall child abuse safety education program for children ages 6-18 years in CYSS, as well as, in schools operated on US Army controlled property.

(b) Activity directors will coordinate all child abuse safety efforts with the FAPM to ensure staff is aware of reporting procedures.

(c) All child abuse safety education will be developmentally appropriate for the age group. Activity managers will notify parents in writing in advance of all trainings and child classes.

4-2. Reporting, Notification and Investigation of Child Abuse Alleged to Have Occurred in a DoD Operated or Sanctioned Activity

a. All child abuse alleged to have occurred in a DoD operated or sanctioned activity will be reported immediately, either by activity staff or outside person, to the installation RPOC (Military Police 502-624-2111).

b. The MP will immediately notify the, FAPM, Family Advocacy Case Manager and the DCBS. The activity coordinator/director will remove the staff member(s) alleged in the report from access to children, if the identity of the staff member is known. Notification and timeliness are critical due to the safety of the other children, possible need to preserve evidence, and potential seriousness and requirements to notify DA.

c. Whenever possible, the initial on-site assessment/investigation will be conducted jointly by law enforcement and the DCBS. If the DCBS worker does not accompany law enforcement to the activity, the investigators will notify the Chief of SWS, after observing the child, if available, and initiate consultation with activity personnel. The DCBS will arrange for medical examination/treatment as required. The DCBS will take the child into protective custody and will transport the child to the local MTF. Car seat and seat belt requirements will be followed when transporting children. The activity director or designee will notify the parent(s) their child has been taken by the MP/CID/DCBS and the parent(s) need to call the DCBS at the number left by the investigator or Family Advocacy Case Manager. A joint decision allows for criminal, legal and social consideration; complies with the required team approach; minimizes trauma to the victim; and protects everyone involved.

d. If the report is determined to be a regulatory violation rather than abuse, the CRC chairperson or designee, will inform the activity coordinator/director by telephone (within 24 hours of report), followed by a formal memorandum. The activity coordinator/director will take appropriate action according to activity policy and will inform the CRC chairperson of action taken by return memorandum (within 40 duty hours of receiving memorandum).

e. If the report is determined credible, a complete child abuse investigation will proceed. Law enforcement, the Family Advocacy Case Manager, and the Staff Judge Advocate (SJA) will work together during the assessment/investigation. Results of the investigation will determine if abuse occurred. The FAPM will be kept informed of case status. The FAPM will follow notification procedures outlined in AR 608-18, paras 8-10.

f. The activity coordinator/director will be notified by the CRC chairperson or designee as soon as the investigation is complete. If the report did not meet FAP criteria for abuse, the employee may have access to children as deemed appropriate by the program manager.

g. Fort Knox IOC will forward a copy of the Military Police Serious Incident Report (SIR) (AR190-45) filed in any domestic and/or child abuse case to the Director of Family, Morale, Welfare and Recreation (DFMWR) and the Director of ACS. The ACS Director will forward SIRs to Family Advocacy personnel as warranted.

h. When multiple victims are indicated, the FAPM will recommend to the Garrison Commander activation of the Installation Strategy Team.

4-3. Identifying/Reporting/Responding/Preventing Child Abuse in Child, Youth & School Services Facilities on Fort Knox

a. Identifying Child Abuse and Neglect. Use definition outlined in AR 608-18.

b. Reporting Child Abuse and Neglect.

(1) Immediately call Military Police: 502-624-2111

(2) Immediately call DCBS: 270-766-5088 (during duty hours) or 877-597-2331 (after duty hours).

(3) The individual making the report must **ALWAYS** ask for the **DCBS Referral Intake Number** to document the report. This number entitles the individual making the report to receive confirmation of the action to the extent permitted by the Privacy Act of 1974.

(4) CYSS staff will immediately inform a program director immediately after making the above reports, who will then inform the CYSS Coordinator.

(a) Reports of creditable domestic violence, child abuse or neglect must include the following information: the child's name, parent's name and address, reasons abuse is suspected, a description and location of any injuries, where the child is now, whether the child needs medical attention, and any spontaneous statements made by the child.

(b) Both the FAPM and the CYSS Chief will submit a report to the Installation Management Command.

c. Responding to allegations of child/domestic abuse or neglect.

(1) When an allegation of domestic violence, child abuse or neglect is made against a CYSS staff member, Family Child Care (FCC) provider, volunteer, or contractor, they will be removed from any position that includes child contact. If the accusation is against a FCC provider, the home will be closed. If the accusation is against a CYSS worker in a facility, they will be reassigned to a position outside of CYSS facilities with duties that does not include child contact.

(2) If during the initial assessment, usually within 24 hours, it is concluded that the alleged behavior is an infraction of CYSS policy, the program director has the responsibility to take appropriate disciplinary actions. At a minimum, the director will coordinate remedial training and observations with the training and curriculum specialists (TACS). If in a FCC home, the director will also perform more frequent home visits. Both the FCC provider and CYSS staff member may return to duty as determined appropriate by the program director.

(3) When an allegation of abuse is made against a CYSS staff member or FCC provider that results in an investigation by the Family Advocacy Program, DCBS, or military/civilian law enforcement authorities, the CYSS staff member or FCC provider will continue working with reassigned duties outside of CYSS until a determination is made by the CRC. In a FCC home, the home will remain closed until a determination is made by the CRC. The FCC staff will assist parents of children in the home to find alternative child care. The CYSS Coordinator will report these instances to the Region CYSS within 24 hours.

(4) The CYSS Coordinator will consult with the Public Affairs Office (PAO) and the Garrison Commander to determine the appropriate public response, on a case-by-

case basis. The CYSS Coordinator will be readily available to talk to parents in accordance with this guidance.

d. Preventing child/domestic abuse or neglect.

(1) Post the child/domestic abuse hotline poster in all CYSS facilities.

(2) Ensure articles regarding child/domestic abuse prevention are included in quarterly newsletters at least twice a year.

(3) Include the CYSS Guidance/Touch policy and Fort Knox Home Alone policy in the staff handbook, parent handbook, the FCC certification handbook, and the FCC certification training class.

(4) Ensure the CYSS program management staff performs care screening/training/oversight of all applicants and employees/FCC providers by:

(a) Pre-screen FCC applicants and their Family members during the Family home interviews and carefully interview applicants.

(b) Ensure all background checks are cleared prior to employment and home opening. In a FCC home, background checks will be cleared prior to provisional certification and repeated annually, to include all Family members over the age of 12. In the facility programs local background checks will be repeated every five years.

(c) Check at least three personal references on FCC providers and at least two professional references on facility staff.

(d) Ensure there is appropriate supervision of rooms and/or FCC homes by the CYSS program manager to minimize the risks of child/domestic abuse to include the following: unannounced, documented staff observations and FCC home visits will be conducted by management personnel during the first six weeks of provisional/employment certification and at least once quarterly thereafter; and appropriate disciplinary action must be taken by management when a child's well-being is jeopardized by actions that are an infraction of CYSS policies.

(e) Maintain adult/child ratio and group sizes at all times IAW AR 608-10.

(f) Ensure management staff conducts the Child/Domestic Abuse Risk Assessment Tool (CARAT) prior to full certification in FCC homes and every three years thereafter. CARAT inspections will be conducted once every three years or when an allegation of abuse/neglect has been made in the Child Development Centers (CDC). Findings will be discussed with program directors and steps taken to implement a plan for improvement.

(g) Ensure management makes parents feel welcome in the facility and/or FCC provider's home. The staff and/or provider will present regular opportunities for parent participation in the daily activity plans.

(h) Ensure management coordination with FAP personnel to schedule parent training on child/domestic abuse and neglect annually.

(i) Provide written reports to parents of all accidents/injuries and incidents that occur in CYSS facilities and FCC homes. In CYSS facilities, the report will be reviewed and signed by the facility director prior to the parent's signature. The parent will be given the signed, original report and a copy will be retained in the child's file.

(j) All accidents and injuries requiring medical treatment must be reported in writing to both the CYSS Chief and the Safety Officer.

(k) Require the CYSS management team to review accident reports periodically and screen them for patterns of potential abuse or neglect. Recurring incidents may indicate a need for closer supervision and/or additional training.

Chapter 5

Domestic Violence and Restricted Reporting

5-1. Report Options

Domestic Violence and Restricted Reporting Options. Restricted reporting is limited to adult victims of domestic violence who have attained the age of 18 or are married. The policy pertains to: Intimate partners of Active Duty (current or former) to include non-military beneficiaries, Family member spouses, and active duty victims, all have the option of receiving victim advocacy and other supportive services without making a formal report, thus triggering the investigative processes. This allows a victim to come forward and receive the appropriate care and services while providing them the opportunity to make an informed decision about reporting the abuse to law enforcement or the chain of command.

5-2. Restricted Report Limits

a. Accepting restricted reports of domestic violence is limited to specified individuals. Those individuals include:

- (1) VA,
- (2) FAPM,
- (3) Military Health Care Providers (including FAP clinical social workers and their supervisors).

b. If the victim discloses the domestic abuse incident in the presence of anyone other than the specified individuals listed above, or a military chaplain, this negates the restricted reporting option. Although a report to a chaplain is not a restricted report, it is communication that may be protected under Military Rules of Evidence (MRE) or applicable statutes and regulations. The restricted reporting process does not affect any privilege recognized under the MRE.

c. If the victim discloses a domestic abuse incident in the presence of an offender, this negates the restricted reporting option.

5-3. Victims Accepting Restricted Reporting Option

a. Written documentation of informed consent and election of a reporting option by the victim (signed and dated) is required using DD Form 2967 (Victim Reporting Preference Statement (VRPS)), (see Appendix C).

b. The following minimum requirements must be explained to the victim before restricted reporting can be received:

- (1) Benefits and limitations of restricted and unrestricted reporting.
- (2) Department of Defense (DoD) preference and reason for unrestricted reporting.
- (3) Understanding of exceptions.
- (4) A victims' refusal to sign a written acknowledgement will result in unrestricted reporting.

5-4. Converting a Restricted Report to an Unrestricted Report

Victims' must sign and date the VRPS indicating the change from restricted reporting to unrestricted reporting, if this change is desired. The victim must indicate in writing what restricted reporting information may be disclosed and to whom, (for example, just the restricted reporting incident informant and/or the entire history, and/or any medical evidence, and etcetera). The victim should also indicate to whom the information can be forwarded, (for example, alleged offender's commander, law enforcement, case review committee (CRC), and etcetera).

5-5. Reporting and Case Presentations of Restricted Reports

a. Both the FAPM and Chief, Social Work Service, will be informed of every restricted report. The Chief of SWS will ensure the incident is captured on the electronic DA Form 7517, (DA Child/Domestic Abuse Incident Report), with only TAB 1 completed on the form.

b. Restricted reports for which an electronic DA 7517 are prepared will not be individually presented to the CRC. Only the aggregate number of new restricted reports will be briefed to the CRC and included in the minutes on a monthly basis and to the FAC on a quarterly basis.

5-6. Unrestricted Reporting Option

If a victim discloses a domestic abuse incident to anyone other than the specified individuals listed above, in the presence of the offender, if pregnant, or if one of the exceptions apply, or by the victims' choice, unrestricted reporting will be initiated.

Chapter 6 Emergency Shelter

6-1. Domestic Violence Shelter

a. Anytime during the management of a domestic abuse case there may be a need for a victim to be placed in an emergency shelter. Placement in a shelter is temporary and voluntary and can be coordinated by any FAP personnel.

b. Normally, a "cooling off" period or protection of a victimized partner can be accomplished by the removal of the offender from the residence. If an active duty Soldier is identified as the alleged offender, Commanders can order the offender into

government furnished billeting (not to return to the quarters) and to have no contact with the victim for a minimum of 72 hours (Commanders may permit officers and senior noncommissioned officers (E-8 and above) to reside at an approved site at their own expense).

c. If the offender is a civilian, they will be removed from the residence and be personally responsible for all housing and living expenses incurred for the period of removal. Soldiers identified as victims will not be forced to pay the offender's expenses. A resource listing of area shelters for non-Soldier offenders unable to afford incurred expense is available through SWS or ACS. In cases where a Soldier is the victim of a domestic abuse by a non-Soldier partner, a staff officer involved in the case may pursue a bar letter, FK Form 5096-E (Installation Barment Request) (see Appendix C) by presenting the facts of the case to the PMO. The PMO will process the request for a bar from post for the individual from the installation Commander.

6-2. Foster Care

a. Anytime during the management of a case, DCBS may recommend placement of a child in temporary foster care due to abuse, parental illness/injury, or any other reason that prevents the parent(s) from caring for their own child(ren). If a military child is removed from their parent(s), DCBS will notify the FAPM immediately upon removal. The FAPM will notify SWS and the Garrison Commander within 24 hours of removal.

b. The treating physician may place a child in medical protective custody without parental consent, if the circumstances or condition of the child are such that allowing the child to remain in the care or custody of the parent(s) presents imminent danger to the child's life or health.

Chapter 7 Responsibilities

a. The Family Advocacy Case Manager is responsible for assessment and treatment of domestic and/or child abuse. The Family Advocacy Case Manager will coordinate installation support needed in treatment efforts such as drug and/or alcohol assessments, parenting classes, psychological examinations, and etcetera.

b. Protection of the alleged victim and at-risk child(ren) is given first priority in providing treatment, beginning in assessment and intervention stages. Each case will include a risk assessment of the abused partner or abused child and any siblings.

c. The multidisciplinary CRC will, based on information from the Family Advocacy Case Manager and any other key player, determine by two-thirds quorum vote if incidents of reported abuse meet criteria; approve a treatment plan for each case; and review cases at least quarterly until closed. Committee members, appointed on orders by the Garrison Commander include the following: Chief, SWS; Chairperson; Installation Chaplain or designee; CID; ASAP Clinical Director or designee; Directorate of DES or designee; SJA; FAPM; and the Family Advocacy Case Manager.

d. The FAPM will keep the Garrison Commander advised of any high risk cases involving Soldiers and Family members. Unit commanders or Army operated or sanctioned activity directors will be informed of abuse involving their Soldiers or

employees within 24 hours after receiving a credible report by the Family Advocacy Social Worker. The Family Advocacy Case Manager will inform the commander of scheduled CRC case presentations pertaining to Soldier's within their command to attend the CRC meeting and participate in the discussion.

e. The Family Advocacy Case Manager will manage case files IAW AR 608-18.

f. The Family Advocacy clerk will submit information to the Army Central Registry for statistical and tracking purposes.

Chapter 8

Installation Strategy Team

8-1. Mission

The installation strategy team will meet within eight working hours of a credible report of child abuse alleged to have occurred, where multiple victims are suspected or there is potential for alarm in the community, for the purpose of guiding the installation's response.

8-2. Membership

Members of the strategy team should include: Director, DFMWR CID, PAO, CPAC, Provost Marshall (PM), FAPM, Chief of SWS, pediatrician, SJA, CYSS Coordinator, and civilian members of the team deemed appropriate by the installation commander.

8-3. Member Responsibilities

a. Develop a response plan that addresses:

(1) Corrective action within the facility.

(2) Safety of children.

(3) Identification of lead investigative agency/agencies who will coordinate interviewing, identifying potential victims, and assigning responsibilities.

(4) To ensure a team approach for all actions taken (investigation through treatment).

(5) Installation communication plan for information release to parents, staff, media and victims.

(6) Assignment of a Family liaison officer to keep Families informed of how the investigation is proceeding, and provide information on available resources.

8-4. Team Deployment

If local resources are not sufficient to adequately manage an investigation of abuse in a DoD operated or sanctioned activity, the local strategy team may recommend that the Garrison Commander request the assistance of a DA Regional Response Team or DoD Family Advocacy Regional Response Team. Specially trained social worker, criminal investigators and pediatricians can deploy to the installation within 48 hours of notification. Team size varies from five to seven individuals based on the needs of the

installation. Deployments range from 7 to 10 days. If the situation warrants, the team may deploy without preferred request. The local installation assumes financial cost and logistical support.

Chapter 9 Family Advocacy Committee (FAC)

9-1. Mission

The FAC shall advise on installation FAP programs and procedures, training, and administrative details; recommend needed resources and programs; identify needs and indicate action for implementation.

9-2. Membership

a. The membership of the FAC, appointed on orders to serve a minimum of one year by the Garrison Commander, should have supervisory or functional responsibility for prevention, diagnosis, and treatment of domestic and/or child abuse. In addition to the chairperson, the membership will include the following: FAPM; Chief of SWS; CRC Chairperson; APHN; CYSS Chief, Director of Dental services; DES; CID; SJA; ASAP Clinical Director; installation chaplain; and Post Command Sergeant Major.

b. The Garrison Commander will chair the FAC.

9-3. Member Responsibilities

a. Provide recommendations for FAP programs, policies, and procedures.

b. Facilitate an integrated community approach to addressing Family violence.

c. Recommend new resources and programs. Identify gaps and duplications in service delivery.

d. Identify long-range, intermediate, and immediate FAP needs, and initiate action for the implementation to include addressing corrective action plans and comply with DoD quality assurance standards.

e. Implement and maintain Family Advocacy outcome measures.

Chapter 10 Fatality Review Committee (FRC)

10-1. Mission

The FRC shall meet quarterly to review all known or suspected domestic violence or child abuse related homicides and/or suicides. This includes all infant and child deaths in which the manner of death is undetermined at autopsy involving any of the following:

a. A member of the Army on active duty;

b. A current or former dependent of a member of the army on active duty;

c. A current or former intimate partner who has a child in common or has shared a common domicile with a member of the Army on active duty.

10-2. Membership

a. Core members of the FRC are appointed on orders to serve a minimum of one year, by the Garrison Commander and have supervisory or functional responsibilities. The minimum number of members necessary to conduct a review include: FAPM; Chief of SWS; CRC chairperson; pediatrician or Family practitioner; Medical Examiner (if available); DES; CID; SJA; ASAP clinical director; and the Installation Command Sergeant Major.

b. The Garrison Commander will chair the FRC.

10-3. Member Responsibilities

a. Facilitate quarterly meeting to review all fatalities known or suspect as a result of domestic violence, child abuse or suicide.

b. Review and evaluate the involvement of each military, local/state agency providing service to the Family (spouse/intimate partner and/or child) prior to his/her death.

c. Conduct a thorough review of the law enforcement information and compare this information with other records in review, (for example, FAP and medical records, autopsy records, and etcetera).

d. Safeguard and maintain all records, data, training records, and minutes.

e. Analyze outcomes of the review process as well as identify trends and patterns that aid in developing policy recommendations for earlier and more effective intervention.

Chapter 11

Case Review Committee (CRC)

11-1. Mission

The CRC shall coordinate medical, legal, law enforcement, and social work assessment, identification, command intervention, and investigation and treatment functions from the initial report of domestic or child abuse to case closure.

11-2. Membership

a. The CRC is a multidisciplinary team appointed on orders, for a minimum of one year, by the installation commander and supervised by the MTF commander. The CRC is not a public meeting and membership is limited to those members identified IAW AR 608-18. Members must have a supervisory or functional responsibility for prevention, identification, reporting investigation, diagnosis, and treatment of domestic and/or child abuse and will include: a physician, installation chaplain, CID, ASAP clinical director, Provost Marshall, SJA, FAPM, and SWS case manager. The chair may invite professional consultants to the CRC on an individual case basis. Consultants may

provide information but will not vote on case determinations. A two-thirds quorum of membership is required for CRC to convene.

b. The Chief of SWS serves as the chair of the CRC.

11-3. Member Responsibilities

a. Present all cases of domestic and child abuse and/or neglect within thirty working days of the initial report to SWS.

b. Review case summary and vote to determine whether abuse or neglect occurred IAW MEDCOM Decision Tree Algorithm (DTA), 3 May 2012.

c. Provide treatment recommendations.

d. Members will attend Family Advocacy Staff Training (FAST) within the first year of assignment and apply to attend FAST – Advanced trainings following FAST completion.

e. Participate in continuing education regarding spouse and/or child abuse once every 12 months.

Chapter 12

Background Checks

a. FAP personnel are required to have an Installation Records Check (IRC) and CID check. The IRC, at a minimum, should include checks conducted by Provost Marshall's Office (PMO), ASAP, local civilian police, and MTF to include the Family Advocacy System of Records (FASOR) and mental health records checks. FAPM will assist activity directors whom operate or sanction DoD activities in developing record screening procedures to be used in hiring employees.

b. The CRC Chairperson is responsible for submitting the names of FAP personnel who are to be given access to FASOR. The FAP clerk will have access to FASOR to input CRC data and complete background checks. The FAP clerk is the POC for background checks for all FAP personnel, installation volunteers, and CYSS staff.

Appendix A

References

Section I Required Publications

AR 195-2

Criminal Investigation Activities, 15 May 2009 (RAR 002, September 6, 2011).

AR190-45

Law Enforcement Reporting, 30 March 2007.

AR 608-1

Army Community Service, 12 March 2013

AR 608-10

Child Development Services, 15 July 1997.

AR 608-18

The Army Family Advocacy Program, 30 October 2007 (RAR 001, September 13, 2011).

Child Youth and School Services (CYSS) Operations Manual, March 2014

DoD Directive 6400.1

Family Advocacy Program, 23 August 2004.

DoDI 6400.6

Domestic Abuse Involving DoD Military and Certain Affiliated Personnel, 21 August 2007.

DoDI 6400.5

New Parent Support Program, 13 June 2012.

DoDI 1432.22

Family Centers, 3 July 2012.

Kentucky Revised Statutes (KRS) 600 to 645.

Memorandum of Understanding (MOU) Kentucky Cabinet for Health and Family Services, 18 December 2013.

US Army Medical Command (MEDCOM) Decision Tree Algorithm (DTA), 3 May 2012.

Section II

Related Publications

DODDD 1030.1

Victim And Witness Assistance

DODI 1010.13

Provision of Medically Related Services to Children Receiving Special Education in DOD Dependent Schools Outside the United States (Available at [http://www.dodea.edu/foia/iod/pdf/i1010_13.pdf/.](http://www.dodea.edu/foia/iod/pdf/i1010_13.pdf/))

DODI 1342.24

Transitional Compensation for Abused Dependents

DODI 1402.5

Criminal History Background Checks on Individuals in Child Care Services

DODI 6400.3

Family Advocacy Assistance Team

DODI 6400.5

New Parent Support Program

P.L. 97-291

Victim and Witness Protection Act of 1982 (Available at: <http://thomas.loc.gov/>).

5 USC 552a

Records Maintained on Individuals

5 USC 552b

Open Meetings

5 USC 3111

Acceptance of Volunteer Service

10 USC 10801 through 10 USC 940

Uniform Code of Military Justice

10 USC 1059

Dependents of Members Separated for Dependent Abuse: Transitional Compensation; Commissary and Exchange Benefits

USC 1588

Authority of Accept Certain Voluntary Services

10 USC 1788(b)

Additional Family Assistance

10 USC 1794

Child Abuse Prevention and Safety at Facilities

10 USC 2164

Department of Defense Domestic Dependent Elementary and Secondary Schools

20 USC 921

Defense Dependents' Education System

28 USC 2671 through 28 USC 2680

Definitions/Exceptions

31 USC 1342

Limitation on Volunteer Services

42 USC 5101

Office on Child Abuse and Neglect

42 USC 5102

Advisory Board on Child Abuse and Neglect

Section III

Referenced Forms

DA Form 2028

Recommended Changes to Publications and Blank Forms

DA Form 3881

Rights Warning Procedure/Waiver Certificate

DA Form 5897

Army Community Service Client Case Record (Prescribed in paras. 2-27, and 4-2*h*.)

DA Form 7517

Child/Spouse Abuse Incident Report

DD Form 2967

Victim Reporting Preference Statement

DD Form 2873

Military Protective Order

FK Form 5067-E

Emergency Protective Order (EPO) Checklist

FK Form 5096-E

Installation Barment Request

Glossary

ACS

Army Community Service

APHN

Army Public Health Nurse

AR

Army Regulation

ASAP

Army Substance Abuse Program

CARAT

Child Abuse Risk Assessment Tool

CDC

Child Development Center

CID

Criminal Investigation Division

CPAC

Civilian Personnel Advisory Office

CRC

Case Review Committee

CSAPIT

Child Abuse Prevention Intervention Training

CYSS

Child Youth and School Age Services

DA

Department of the Army

DCBS

Department of Community Based Services

DES

Department of Emergency Services

DFMWR

Directorate Family Moral Welfare and Recreation

DoD

Department of Defense

DoDI

Department of Defense Instructions

EPO

Emergency Protective Order

FAC

Family Advocacy Committee

FAP

Family Advocacy Program

FAPM

Family Advocacy Program Manager

FAST

Family Advocacy Staff Training

FCC

Family Child Care

FK

Fort Knox

FRC

Fatality Review Committee

IAW

In Accordance With

IOC

Installation Operations Center

NSPS

New Parent Support Program

MFT

Medical Treatment Facility

MOU

Memorandum of Understanding

MP

Military Police

MRE

Military Rules of Evidence

OIC

Officer in Charge

PAO

Public Affairs Office

PMO

Provost Marshall Office

PSB

Personnel Service Battalion

RPOC

Reporting Point of Contact

SJA

Staff Judge Advocate

SWS

Social Work Service

UCMJ

United Code of Military Justice

USACID

US Army Criminal Investigation Command

VA

Victim Advocate

VRPS

Victim Reporting Preference Statement