



DEPARTMENT OF THE ARMY
UNITED STATES ARMY INSTALLATION MANAGEMENT COMMAND
HEADQUARTERS, U.S. ARMY GARRISON-YONGSAN
UNIT #15333
APO AP 96206-5333

IMYN-ZA

22 DEC 2016

UNITED STATES ARMY GARRISON YONGSAN POLICY LETTER # 20

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Standards of Child Supervision in Area II

1. REFERENCES:

- a. Department of Defense Instruction 6060.3 School-Age Care Program, 19 December 1996.
- b. Army Regulation (AR) 608-10, Child Development Services, 15 July 1997.
- c. AR 608-18, The Army Family Advocacy Program, 30 October 2007, Rapid Action Revision (RAR), 13 September 2011.
- d. AR 608-75, Exceptional Family Member Program, 22 November 2006, RAR, 24 February 2011.

2. PURPOSE: To establish minimum acceptable standards for children supervision residing in Area II. The definitions of key terms contained in this policy letter are contained in Appendix A of this policy letter.

3. APPLICABILITY: This policy applies to all Military and Department of Defense (DoD) Civilian employees and Invited Contractors residing in Area II (hereafter collectively referred to as "sponsors" and individually referred to as a "sponsor"). This policy also applies to sponsor's dependent(s) (including spouses and children) when they reside in Area II in either command sponsored or non-command sponsored status.

4. GENERAL:

a. Sponsors and parents are ultimately responsible for the health, welfare, and safety of their children at all times. Sponsors and parents use good judgment and consider the physical, emotional, and psychological maturity of their child when determining the level of supervision the child requires.

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b. Commanders are responsible to reduce potential command liability through risk management. Enforcement of parental responsibility and implementation of child supervision policy helps commanders:

- (1) Protect the safety of children by ensuring they are supervised.
- (2) Safeguard others from risks associated with unsupervised children in housing/common areas (e.g., playing with matches).
- (3) Minimize installation property damage (e.g., vandalism).
- (4) Reduce Soldier, Civilian, and Family Member lost duty time due to child misconduct through lack of supervision.

5. POLICY:

Minimum acceptable standards for the supervision of children residing in Area II are contained in Appendix B of this policy letter (hereafter referred to as "minimum acceptable supervisory standards for children"). These appendices cannot cover every possible situation involving the supervision of children. At no time will any child be left unattended under circumstances involving potential or actual risk to the child's health or safety.

a. When consistent with the minimum acceptable supervisory standards for children, the following personnel may supervise children: sponsor; parent; designated adult (18 years old or older); sibling (11 years old or older), or other family member (11 years old or older); Family Child Care Provider; Child Developmental Center, or School-Age Center (SAC) employee whose duty responsibilities include the supervision of children; and an in-home babysitter satisfying the criteria contained in paragraph 5, below.

b. Children who are 10 to 12 years old are eligible to stay home alone must complete Home Alone Self-Care Training provided in partnership through the Family Advocacy Program and Child and Youth Services (CYSS).

c. Children who are seven (7) to ten (10) years old and walks to or from school or bus stop will use the buddy system and walk with a friend or in a group.

d. Successful completion of either the American Red Cross Babysitter's Training Course or CYSS Babysitter Training Course is mandatory for any minor child supervising children who are not their immediate family members (i.e., siblings).

e. Children meet the criteria for the Exceptional Family Member Program as defined

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by AR 608-75 require special levels of supervision to supplement the minimum acceptable supervisory standards for children.

f. USAG-Y residents observe children in Area II to report if the minimum acceptable supervisory standards are not met will contact the following below:

(1) USAG-Y Military Police: DSN 724-3004 or 99-797-4096 (24 hours).

(2) Family Advocacy Hotline (24 hours): Dial 101 from any DSN telephone or 737-4101. From off post, dial 050-337-4101.

g. Actions law enforcement and other authorities will take when they observe children in Area II in conditions that are below the minimum acceptable supervisory standards for these children include (but are not limited to) the following:

(1) Immediately contact the sponsor, parent, or designated care provider for appropriate supervision. If this person is not located, Military Police is contacted for appropriate action. If child abuse/neglect is suspected, Family Advocacy is informed.

(2) The child is removed and placed in child care or emergency placement care (by command authority) when the requirements of the applicable regulation (for example, AR 608-18, paragraph 3-21) are satisfied.

(3) The sponsor, parent, or designated care provider is investigated in accordance with Uniform Code of Military Justice (UCMJ) and applicable regulations by Military Police and/or assessed by Social Work Services for suspected child neglect in violation of applicable regulations and/or this policy.

(4) A finding of child neglect is assessed against the sponsor, parent and/or designated care provider if a child is observed in conditions that satisfy the regulatory definition of "child neglect" contained in AR 608-18 (and as reprinted in Appendix A of this policy letter).

h. Soldiers who fail to comply with the provisions of this policy letter (to include appendices) are subject to punishment under UCMJ, as well as, to adverse administrative action and other adverse action authorized by applicable laws and regulations. Persons not subject to UCMJ who fail to comply with the provisions of this policy letter (to include its appendices) are subject to adverse administrative sanctions, including, but not limited to, revocation of privileges and/or an early return of dependents, as authorized by applicable laws and regulations.

i. This policy will be reviewed annually.

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6. PROPONENCY: The proponent for this policy is Army Community Service. The point of contact for this policy is the Family Advocacy Program Manager, DSN 315-738-7505.

Enclosures:
Appendix A:
 Definition of Key Terms
Appendix B:
 Matrix



J. SCOTT PETERSON
COL, CA
Commanding

DISTRIBUTION: A

Appendix A FAP Definitions

Army Central Registry

An Army-wide index of abuse reports.

Caregiver

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

- a. A Family member. An individual who is related by blood or law to the child, or to the incapacitated adult for whom care is provided.
- b. Extra-familial. An individual unrelated by blood, or law to the child, or to the incapacitated adult for whom care is provided.

Case Management

The process of coordinating health and social services to ensure the client receives the most appropriate care in a timely, efficient manner.

Child

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

Child Abuse

The physical or mental injury, sexual abuse, exploitation, or negligent treatment of a child. It does not include discipline administered by a parent, or legal guardian to his or her child provided it is reasonable in manner, and moderate in degree, and otherwise does not constitute cruelty.

Child Abuse/Physical Maltreatment

Physical harm, mistreatment, or injury of a child by a parent, guardian, foster parent, or caregiver, whether the caregiver is interfamilial, or extra familial, under circumstances indicating that the child's welfare is harmed, or threatened. Such acts by a sibling, other family member, or other person will be deemed to be abuse or maltreatment only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent.

Child Emotional Maltreatment

Acts, or a pattern of acts, omissions, or a pattern of omissions, or passive, or passive-aggressive inattention to a child's emotional needs resulting in an adverse effect upon the child's psychological well-being. Maltreatment includes intentional berating, disparaging, or other verbally-abusive behavior toward the child, and violent acts that may not cause observable injury. An emotionally maltreated child manifests low self-esteem, chronic fear, or anxiety, conduct disorders, affective disorders, or other cognitive or mental impairment.

Child Neglect

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

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

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

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

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

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

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

Child Physical Maltreatment

Acts such as grabbing, pushing, holding, slapping, choking, punching, kicking, sitting upon; standing upon, lifting, throwing, burning, immersing in hot liquids, pouring hot liquids upon, hitting with an object (such as a belt or electrical cord), assaulting with a knife, firearm, or other weapon that caused, or may cause bodily injuries. Such injuries include brain damage, or skull fracture, subdural hemorrhage, or hematoma, bone fracture, dislocations, sprains, internal injury, poisoning, burns, or scalds, severe cuts, lacerations, bruises, or welts. In infants, and toddlers, abusive acts include shaking, or twisting, which may cause brain damage, subdural hemorrhage, and hematoma. An injury does not have to be visible for physical maltreatment to be present.

Child Sexual Maltreatment

Sexual activity with a child for the purpose of sexual gratification of the alleged offender, or some other individual.

- a. **Exploitation.** A type of sexual maltreatment in which the victim is made to participate in the sexual gratification of another person without direct physical contact between them. Exploitation includes forcing, encouraging a child to do any of the following: expose the child's genitals, or (if female) breasts, look at another individual's genitals, or (if female) breasts, observe another's masturbatory activities, view pornographic photographs, read pornographic literature, hear sexually explicit speech, participate in sexual activity with another person, such as in pornography or prostitution, in which the alleged offender does not have direct physical contact with the child.
- b. **Molestation.** Fondling, or stroking a child's breasts, or genitals, oral sex, or attempted penetration of the child's vagina, or rectum.
- c. **Rape/Intercourse.** Sexual intercourse between an alleged offender, and a child that involves the penetration of the vagina, or rectum, however slight, by means of physical force. The penetration may result from emotionally manipulating the child, or by taking advantage of a child's naiveté rather than physical force.
- d. **Other sexual maltreatment.** All other types of child sexual abuse or maltreatment are included in the definitions of exploitation, molestation, or rape/intercourse.

Domestic Violence

An offense that has as its factual basis, the use, or attempted use of physical force, or threatened use of a deadly weapon committed by a current, or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with, or has cohabitated with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent or guardian of the victim(s).

Emergency Placement Care

A voluntary or court-mandated placement to provide 24-hour care, and supportive services in an EPC family home, or group facility for eligible children who cannot be properly cared for by their own families.

Emergency Placement Care (EPC) Child

A child other than the sponsor's child residing in the sponsor's home, and whose care, comfort, education, and upbringing have been entrusted to the sponsor by either a court, a civilian agency, or a parent of the child on a temporary or permanent basis. An EPC child also includes a sponsor's child who has been placed in EPC by a local civilian authority.

Emotional or Psychological Harm

Involves impairment of emotional and psychological functioning.

a. Minor emotional harm is transient, limited in scope, and impact. Examples include temporary changes in mood, or temporary detriment to an individual's self-esteem.

b. Significant emotional harm involves lasting impact that is limited in scope. Examples include prolonged depression, anxiety disorders, acute reactions to trauma, or detriment to an individual's self-esteem that affecting behavior.

c. Serious emotional harm involves lasting impact that is pervasive in scope, and/or results in behaviors destructive to self, and/or others. Examples include prolonged serious depression, lasting detriment to self-esteem, impaired capacity to form mature intimate relationships, unwillingness to take action on one's own behalf in emotionally challenging situations, or severe destructive behaviors such as self-mutilation, attempted suicide, or attempted homicide.

Exceptional Family Member

A Family member with any physical, emotional, developmental, or intellectual disorder that requires special treatment, therapy, education, training, or counseling.

Exceptional Family Member Program (EFMP)

The EFMP, working in concert with other military and civilian agencies is designed to provide a comprehensive, coordinated, multiagency approach for medical, educational, community support, housing, and personnel services to families with special needs.

Extra-Familial

An individual unrelated by blood or law to the child, or incapacitated adult for whom care is provided.

Family Member

An individual whose relationship to the sponsor authorizes entitlement to treatment in a medical facility of the military services.

Home Visitor

A nurse, or social worker who visits families with children, prenatal to three years of age, at their home to assess for risk of child maltreatment, and/or family violence, to provide information, to provide support with pregnancy, to provide parenting education, and to build on family strengths. There are two experience levels for home visitation service providers:

a. Home visitor. A licensed master's-level social worker or bachelor-level registered nurse (RN). The licensed social workers functioning as home visitors must have two years of direct experience in child abuse prevention. RNs must have two years of direct experience in maternal/child health, community health, or mental health.

b. Home visitor supervisors. Licensed master's-level social workers, and bachelor-level, masters preferred, RNs with five years of direct experience in child abuse prevention, or a closely related field. They may serve as the supervisor of other home visitors at larger installations.

Installation

A grouping of facilities located in the same vicinity that supports particular functions. Land, and improvements permanently affixed there are under the control of the Department of the Army, and used by Army organizations. A military community in foreign countries may be equivalent to an installation.

Medical Protective Custody

Emergency medical care or custody of a child without parental consent that is approved by a Medical Treatment Facility (MTF) Commander in cases where the circumstances or condition of the child are such that continuing to allow the child to be in the care or custody of the parents presents imminent danger to the child's life or health.

New Parent Support Programs (NPSP)

Programs to support families through a comprehensive combination of services offered before, and after the child's birth may include parent education classes, home visits, support groups, information, and referral to military, and to civilian resources. There are two levels of service:

a. NPSP-Standard services are low-intensity general services available to all expectant and new families, whether they live on, or off the installation. NPSP-Standard provides information, and referral to military, and to civilian programs, and may include activities such as parenting programs, respite care for children, and supervised playtime for children.

b. NPSP-Plus services begin with screening, assessing, and identifying families with children, prenatal to three years of age, who can benefit from additional, more-intensive support. This component denotes the additional intensive services that should be provided to families at risk for child maltreatment, and/or Family violence. Services may be offered for up to three years. Services are delivered using intensive home

visiting, and may include role modeling, and/or mentoring, pregnancy education, parenting education, and referral to military, and to civilian agencies.

Offender

A person who abuses children while in a caretaker role, or who abuses his or her spouse.

Out-of-Home Child Abuse

Child abuse that occurs in a DOD-operated, or DOD-sanctioned activity. The abuser has a caretaking responsibility, or is another adult, or child who is commonly present in that environment (for example, custodial staff).

Parent

The father, or mother of a child related by blood, a father, or mother by marriage (stepparent), a father, or mother of an adopted child (adoptive parent), a guardian, or any other person charged with parent's rights, duties, or responsibilities.

Physical Injury

An injury to the skin, tissue, bone, or internal organs of the body.

a. Minor injury. This injury does not compromise the welfare, or life of the individual. Examples include minor cut(s), bruise(s), scratch(es), first-degree burn(s), or an injury not requiring immediate medical attention.

b. Significant injury. This injury may compromise the welfare but not the life of the injured individual. Examples include multiple cuts, and/or bruises, or other injuries in various stages of healing, loss of consciousness, second-degree burn(s), or an injury requiring immediate medical attention or medical evaluation in a treatment facility within a short period of time.

c. Serious injury. An injury that is life threatening, or results in serious impairment. Examples include respiratory compromise, any third-degree burn, a limb fracture, skull fracture, gunshot wound, stab wound, injury to a pregnant spouse/partner that could affect the fetus, or an injury requiring immediate emergency services, and possible hospitalization to prevent death, or serious impairment.

Primary Aggressor

In the instance of spouse maltreatment, the primary aggressor is the person who maintains the power, and control in an abusive incident regardless of which party started the physical or verbal action, the party who continued the dispute, or the party who "provoked" the event. This eliminates the terms co-battering, mutual battering, or mutual domestic abuse in most cases.

Respite Care

A program providing a temporary rest period for Family members responsible for regular care of children who are at risk for abuse, neglect, or regular care of persons with

disabilities. Care may be provided either in the respite care user's home, or a caregiver's home.

Risk

The likelihood of another maltreatment incident occurring. The risk of reoccurrence is based on a complete risk assessment using a DA-approved instrument.

Soldier

The term Soldier includes current active duty, or former active duty members of the U.S. Army.

Sponsor

An active duty military member or employee of the DOD authorized treatment in a medical facility of the military services.

Spouse

The word "spouse" is a dependent adult of an active duty Army member. The word "spouse" includes a former "spouse(s)".

Spouse/Partner Maltreatment

An incident or incidents indicating an emerging pattern of risk, or further victimization of the spouse/partner. Excluded are behaviors indicative of marital discord with the absence of abusive acts (for example, arguments, or disagreements regarding child rearing, financial management, and so on). Spouse/partner maltreatment incident indicators may include one, or more of the following:

- a. A pattern of intentional acts of berating, disparaging, or other verbally abusive behavior adversely affecting the psychological well-being of the spouse, or partner.
- b. Coercive control, and/or threatening behavior including terrorizing behavior (for example, threats to children, pets, or property).
- c. A pattern of restricting, or withholding economic resources for the purpose of controlling the spouse/partner.
- d. A pattern of intentional intimidation for the purpose of controlling the spouse/partner. AR 608-18 • 30 October 2007 incorporating Rapid Action Revision of 13 September 2012.
- e. Isolation of a partner from family, friends, or social support resources.
- f. Chronic intentional interference with cultural adaptation.
- g. Physical assault(s), or threat(s) of physical violence with, or without a weapon.
- h. An act which by itself or in conjunction with other conduct constitutes stalking.

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

j. Obstructing a partner from receiving medical services.

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

Staff Judge Advocate

A judge advocate so designated in the Army, Air Force, or Marine Corps; the principal legal advisor of a command in the Navy, and Coast Guard who is a judge advocate. The Staff Judge Advocate (SJA) advises the commander on laws, and regulations affecting the command. Not included are attorneys assigned to the U.S. Army Trial Defense Service. (See R.C.M. 103(17).)

Stalking

Actions of a person performed in a repeatedly harassing manner, including following another person in a manner to induce, in a reasonable person, fear of sexual battery, bodily injury, or death of that person, a family member, or that person's immediate family.

Substantiated

An incident has been assessed by the Case Review Committee (CRC) a preponderance of available information indicates maltreatment occurred.

Threat-to-Life Cases

These cases involve victims of abuse at risk of death, or serious (in other words, life threatening) physical injury requiring, or will require immediate civilian foster care, EPC, or emergency measures (for example, medical protective custody) to protect their lives.

Transitional Compensation

Monthly payments not to exceed 36 months to dependent spouses, and children pursuant to 10 USC 1059 when a courts-martial, or administrative separation is based upon an active duty member's separation from the Army due to spouse abuse, and/ or child abuse. Payment amounts are based on the current Dependency, and Indemnity Compensation rates. Other benefits include Commissary, and Exchange privileges, Family member identification cards, and medical care as a TRICARE beneficiary.

Unit Commander

The immediate officer-in-charge or individual in a position of command with control over any person subject to military law.

Unsubstantiated- Did Not Occur

An incident assessed by the CRC to be without merit, or foundation. The available information that indicates that abuse or maltreatment did not occur is of greater weight,

or is more convincing clinically than the information that indicates that abuse or maltreatment occurred.

Unsubstantiated-Unresolved

CRC assessment of available information is insufficient to support a determination of either substantiated, or unsubstantiated - did not occur; and/or an incident that has been assessed where the preponderance of indicators determine low risk of reoccurrence, has a low severity of risk, and for which voluntary services are offered.

Victim Advocate

Individual who is paid or a volunteer who acts as a liaison to, and for victims of domestic abuse. The victim advocate ensures victim safety, autonomy, and integrity within the intervention system.

Withholding Medically Indicated Treatment

Failure to respond to the child's life-threatening conditions by providing treatment (including appropriate nutrition, hydration, and medication) which, in the treating physician's reasonable medical judgment, most likely will be effective in ameliorating, or correcting all such conditions. The term does not include the failure to provide treatment (other than appropriate nutrition, hydration, or medication) to a child when, in the treating physician's reasonable medical judgment:

- a. The child is chronically and irreversibly comatose.
- b. The provision of such treatment would-
 - (1) Merely prolong dying.
 - (2) Not be effective in ameliorating, or correcting all of the child's life-threatening conditions.
 - (3) Otherwise be futile in terms of the survival of the child.
- c. The provision of such treatment would be virtually futile in terms of the survival of the child, and the treatment itself under such circumstances would be inhumane.

CHILD SUPERVISION AGE MATRIX

Sponsors and parents are responsible for the welfare and safety of children in the military community. Each child is unique. Personality, environment, developmental progress and maturity level are factors used to determine when children are ready to accomplish activities with little or no supervision. *Sponsors and parents are responsible for making this decision.* The following are minimum community standards. These guidelines apply to all Military, DOD and Invited Contractors personnel living on or off post.

Age of Child	Required Supervision	Left Alone in Quarters	Left Alone Overnight	Play Outside Unattended	Left in Car Unattended	Child Sit Siblings	Child Sit Others
Newborn - 5 yrs old	Requires close supervision at all times.	NO	NO	NO	NO	NO	NO
6-7 years old	Direct Supervision Required	NO	NO	YES With immediate access (visual sight and hearing distance) to adult supervision. Children six years old may not walk alone to and from school or school bus stop. Children seven years old are exempt from "outside unattended" rule when walking to and from school or school bus stop. They may not walk alone & must be accompanied by a buddy or sibling so the child is not alone.	NO	NO	NO
8-9 years old	Direct Supervision Required	NO	NO	YES With ready access to an adult who is in the immediate area in case of an emergency and the Sponsor and/or parent knowing the location and activity of the child. May walk unaccompanied to and from school or school bus stop with a buddy. Parents need to buddy partner or use siblings so child is not alone.	NO	NO	NO
10-11 years old	Indirect Supervision Required This is a transitional time and children are accepting more responsibility, however they continue to require indirect supervision. Sponsor should know child's location and activities. Emergency contact available.	YES Ten year olds for up to 1 hour. Eleven year olds up to 3 hours (occasionally, not on a daily basis). Must have access to indirect supervision (neighbor, checking with Sponsor by phone).*	NO	YES With ready access to adult supervision. Sponsor checks on the child or has the child check in with sponsor, parent or caregiver hourly. Ready access can be accomplished with cell phone. Must be 30 minutes or less to respond to the child in crisis.	YES Not more than ten minutes and the keys MUST be removed and parking brake applied.	YES Eleven year olds may sit siblings 6 years and older for up to 1 hour. Ten year olds may not sit siblings.	NO
12-13 years old	Indirect Supervision required Children are approaching the adolescent years when there is need for increased responsibility. The amount of responsibility should be carefully evaluated	YES For up to six hours with ready access to adult supervision and intermittent contact with a supervisor.*	NO	YES With access to adult supervision. Sponsor checks on the child or has the child check in person or by phone every 2 hours. Parent must know child's location and activity and respond to the child within 1 hour.	YES	YES Up to 6 hours during daylight hours	YES Limit up to 6 hours. Not overnight Babysitter Course Required
14-16 years old	Children continue to need to know how to access Sponsor and guidance for emergency situations. Sponsors are responsible for their children and their actions.	YES No longer than 9 hours with ready access to adult supervision.	NO	YES With access to adult supervision by phone or a designated caregiver within 2 hours. Contact must be made every 3 hours.	YES	YES	YES May sit up to 9 hours, not overnight. Babysitter Course Required.
17-18 years old	Sponsors are responsible for their children and their actions as long as Family Member status is maintained.	YES No more than two consecutive overnight periods with access to adult supervision.	YES Indirect Supervision	YES Time is left up to the Sponsor's discretion.	YES	YES	YES Babysitter course required.

American Red Cross Babysitter's Training Course: POC 738-3670 and/or CYS Services Babysitter Training: POC 736-8122 is required to care for any minor child sitting children other than immediate Family members. Home Alone Self Care: POC 736-8122.
To report violations of this policy that may constitute child neglect, please call the U.S. Army Military Police 724-3004 or Abuse Hotline 737-4101.
*Unless there is a pattern of behavioral misconduct indicating otherwise.