



Fort Gordon, Georgia

2014

Issue Book

Updated June 2017

**Army Family Action Plan (AFAP) Issues
Sorted by Subject Area**

ISSUE #	ISSUE TITLE	STATUS	SUBJECT AREA	ENTERED AFAP	FINAL ACTION
1413	Post 9/11 GI Bill Active Duty Service Obligation	Unattainable	Benefits & Entitlements	05/14	06/14
1418	Thrift Savings Plan Rollover Options	Active	Benefits & Entitlements	09/14	
1410	Wells Fargo Bank Branch On-post Will Not Make Change for Non-Account Holders	Completed	Consumer	05/14	03/17
1401	Active Duty Spouses Employment Preference 2 Year Exception	Elevated/Completed	Employment	12/13	09/14
1402	Enrolling Non-Custodial Children in CYSS	Completed	Family Support	02/14	04/17
1408	Child, Youth and School Service (CYSS) Hours vs. Soldier Missions	Combined	Family Support	02/14	06/17
1409	Enrichment Activities for Military Families	Completed	Family Support	02/14	09/16
1416	Lack of DA Master Training Courses	Completed	Family Support	09/14	04/17
1405	180 Day Waiver for Initial Entry Soldiers to be Flagged Should be Eliminated in Accordance With AR 600-9	Unattainable	Force Support	01/14	03/14
1407	Financial Responsibility Classes Added to Assist all Soldiers	Active	Force Support	02/14	
1412	Free Veterinary Care for Retired Military Working Dogs	Elevated/Completed	Force Support	05/14	06/14
1415	Debit Card Usage at Unit Fund Raiser	Completed	Force Support	09/14	04/17
1404	Fort Gordon Housing Quality	Completed	Housing	01/14	03/15
1417	Increase Housing Allowance for Fort Gordon	Completed	Housing	09/14	09/14
1406	Dwight David Eisenhower Army Medical Center (DDEAMC) Allergy Clinic Hours of Operation	Completed	Medical	01/14	03/14
1411	TRICARE Does Not Provide Coverage for Breast Pumps	Completed	Medical	05/14	04/17
1414	Active Duty Specialty Clinic Appointment Wait Time	Completed	Medical	05/14	03/15
1419	Sick Call for Service Members Assigned to TMC 4	Completed	Medical	09/14	03/15
1420	Medical Care for Families and Service Members	Active	Medical	09/14	
1403	Relocation Education for Military Families	Unattainable	Relocation	01/14	03/14

ISSUE #	ISSUE TITLE	STATUS	SUBJECT AREA	ENTERED AFAP	FINAL ACTION
T-1401	Teen Collaboration on Developing a Variety of Meals at the Middle School/Teen (MST) Program	Completed	Youth	07/14	12/14
T-1402	Creating More Activities to Partake in During the Middle School/Teen (MST) Program Lock-ins	Completed	Youth	07/14	12/14
T-1403	Re-establish the Hired! Program	Unattainable	Youth	07/14	12/15
T-1404	Re-establish Incentives for Youth of the Year	Completed	Youth	07/14	12/14
T-1405	Authorizing Dining Restaurant Contracts	Completed	Youth	07/14	06/17
T-1406	Provide More Sporting Events at the Middle School/Teen (MST) Program	Completed	Youth	07/14	12/14
T-1407	Develop Incentives for Youth to Partake in Variety of Activities at the Middle School/Teen (MST) Program	Completed	Youth	07/14	12/14
T-1408	Shortage of Outdoor Activities at the Middle School/Teen Program	Completed	Youth	07/14	12/14
T-1409	Parents and Teens Don't Know the Consequences at the Middle School/Teen Program	Completed	Youth	07/14	12/14
T-1410	Interaction with other Teen camps	Completed	Youth	07/14	03/17
T-1411	Money Management Classes for Teens	Completed	Youth	07/14	12/14
T-1412	Overnight Summer Activities for Middle School/Teen (MST) Program	Completed	Youth	07/14	12/15
T-1413	Tutoring/Mentoring Program to School Age Services (SAS) Kids	Completed	Youth	07/14	12/15
T-1414	Middle School/Teen (MST) Program Open Door Policy	Completed	Youth	07/14	12/14

Issue 1401: Active Duty Spouses Employment Preference 2 Year Exception

- a. **Status:** Elevated/Completed.
- b. **Entered:** November 2013.
- c. **Final action:** September 2014.
- d. **Subject area:** Employment.
- e. **Scope:** Active Duty (AD) spouses are losing eligibility prior to finding and securing employment within the 2 year maximum eligibility time period. Executive Order (EO) 13473 does not take into consideration government shut down or hiring freezes. AD spouses have similar extenuating circumstances as spouses of certain deceased Servicemembers (SM) and 100% disabled veterans where the elimination of the time period has already been made. Providing extensions reduces risk factors (ie financial hardship, stress, domestic violence, substance abuse and suicide) for SM and Family, while adjusting to the Army's Vision of 20/20.

f. Recommendation:

- 1. Authorize exceptions for AD spouses actively looking for employment beyond the 2 year maximum eligibility.
- 2. Provide indefinite eligibility for AD spouses not prepared to enter the workforce due to school/training programs, dependent care and other extenuating circumstances.

g. Progress:

Subject Matter Expert Response:

- 1. References:
 - a. The Office of Personnel Management (OPM), 5 Code of Federal Register (CFR) 315.612(d)(1)- Noncompetitive Appointment of Certain Military Spouses.
 - b. Executive Order 13473
 - c. Federal Register, Vol. 76, No. 169, Wednesday, August 31, 2011.
- 2. Response to the questions presented are as follows:
 - a. Why is the date of the orders the date the 2 years begins? In accordance with EO 13473, the Office of Personnel Management has determined the intent of this hiring authority is to provide employment access for certain individuals negatively impacted by their military spouses' relocation, incapacitation, or death. They believe 2 years is a reasonable time period for affected individuals to obtain Federal employment via this authority.
 - b. Why not use the report date? In accordance with EO 13473, the Office of Personnel Management has determined a 2 year period from the date the orders are issued provides consistency and equitable treatment of affected individuals because individuals' reporting times may vary.
 - c. Is there a possibility of getting a waiver/extension to the date in the event of unforeseen circumstances (see statements below in regards to circumstances)? In accordance with EO 13473, the Office of Personnel Management has determined the 2 year time limit is consistent with other noncompetitive appointing authorities.
 - d. Who determined the requirement of only two years? The Office of Personnel Management.
- 3. IAW reference 1c above, the Office of Personnel Management (OPM) issued final regulations eliminating the 2-year eligibility limitation for noncompetitive appointment for spouses of certain deceased or 100 percent disabled veterans. EO 13473 is the source of this authority and limits eligibility for noncompetitive appointment to the spouses of service members killed while serving on active duty. This change provides indefinite eligibility for spouses not prepared to enter the workforce within that period due to bereavement, school/training programs, dependent care, and/or convalescent care of the military member. The rule was effective 30 Sep 11. The 2-year limitation remains for active duty spouses. OPM has determined that 2 years is a reasonable period for spouses authorized to relocate on permanent change of station (PCS) orders to obtain Federal employment using this hiring authority. To view the final rule visit:

<http://www.gpo.gov/fdsys/pkg/FR-2011-08-31/pdf/2011-22268.pdf>

Steering Committee Meeting 22 September 2014: Elevate to IMCOM G9 for further review.

h. Lead agency: CPAC.

Issue 1402: Enrolling Non-Custodial Children in CYSS

- a. **Status:** Elevated/Completed.
- b. **Entered:** February 2014.
- c. **Final action:** March 2014.
- d. **Subject area:** Family Support.
- e. **Scope:** Divorce is common in the military. Many families with children try their hardest to share custody after a divorce, however since Service Members deploy and frequently move, they often end up with custody limited to holidays and summer vacations. Non-custodial parents may have extreme difficulty obtaining most of the paperwork that CYSS requires for enrollment. Birth certificates, vaccination records, social security cards, and especially health assessments can be nearly impossible to obtain without assistance from the custodial parent. Difficulty enrolling in CYSS prompts non-custodial parents to take significant amount of leave, limit their time with their children, or look to off post providers for school aged child care services.
- f. **Recommendation:** As long as a child is enrolled in DEERS, limit the amount of paperwork required from parents. Much of the paperwork seems excessive. Also, possibly allow school liaisons to work with the non-custodial parent to obtain immunization records from the school that the child is enrolled in (preventing the custodial parent from withholding that information). Also, maintain flexibility. It can be extraordinarily difficult to obtain paperwork that you don't have in your possession, Allow parents to sign up for childcare services, which can fill up very quickly, while they are still obtaining all the paperwork needed for CYSS enrollment. Also, allow parents to enroll their children and provide you with a health assessment just one day before they are to begin utilizing CYSS services so that the non-custodial parent can make an appointment on Fort Gordon to get it done while the child is visiting. Overall, just simplify the process of enrolling children in CYSS, especially school aged children. Most schools have the information that CYSS requests, and most non-custodial parents have difficulty obtaining the information.

g. Progress:

Subject Matter Expert Response:

- a. Documentation needed to register your child with CYSS: Proof of Eligibility (Military, Civilian or Contractor ID Card or legal documentation for legal guardianship); Proof of immunizations – up to age 13 (we do need these to be on a form verified by the doctor/hospital, can be a copy); Child's Social Security Card (we do not keep on file); Birth Certificate OR Passport OR Dependant ID Card LES/Pay Voucher for parents (total family income); Names/numbers of 2 emergency contacts (one mUST be local and be able to pick up if an emergency occurs); Sports Physical ONLY if registering for a Sport.
- b. At time of registration sponsor will complete: Child Care Fee Application; CACFP (Meals) Enrollment Form (State of GA); DA Form 7625-1 (Special Needs Form)
- c. Within 30 days after registration with CYSS the sponsor must provide: Health Assessment; Family Care Plan for ALL Single and Dual Military Service Members; 3rd Emergency contact Name/Phone Number
- d. Pre-Registration is available on WebTrac so parents can have some of this information completed before they get to the Parent Central Services Office. They also are aware of what to bring and what to expect (if any additional forms or information will be needed). Once at Parent Central Services, they can "import" the information from WebTrac and the process is easier for the parent.

This information (above) is on both WebTrac and on www.fortgordon.com webpage.

Steering Committee Meeting held 24 March 2014:

Elevate this issue.

Elevated issue response from HQDA on April 4th, 2017:

Returned to IMCOM as a program execution issue that can be addressed at the IMCOM level.

h. Lead Agency: CYSS.

Issue 1403: Relocation Education for Military Families

a. Status: Unattainable.

b. Entered: January 2014.

c. Final action: March 2014.

d. Subject area: Relocation.

e. Scope: The responsibilities of a Permanent Change of Station (PCS) move are overwhelming for the Soldier as well as the Family. Lack of education and spousal participation creates undue stress for military families. This stress negatively affects the resiliency of our Soldiers and their Families.

f. Recommendation:

1. Increase Revise Department of the Army (DA) Form 5434, under item #1, to include

a. I have been notified to attend a levy briefing on dd/mm/yy.

b. My spouse has been notified of upcoming levy briefing (Spouse is authorized to attend levy briefing).

2. Require Army Community Service Relocation Assistance Program Manager/Representative to participate in all levy briefings.

g. Progress:

Subject Matter Expert Response:

Army Community Service offers individual counseling and personal assistance in preparing for a PCS move. With a proper Power of Attorney, spouses already can accomplish many of the tasks associated with PCS moves. At Fort Gordon, we will personally walk the member or the spouse through the steps necessary to arrange household goods moves, request an advance of financial entitlements, and get information about the next duty station.

DHR: Soldier and their spouses are invited to levy briefings and each agency is present for questions/concerns. Unfortunately, we do not have a "one-stop" shop. If other agencies would gain access to ISM for pre-clearance that would help tremendously and prevent a lot of run around.

Steering Committee Meeting 20 November 2013:

ACS Relocation Program Manager actively participates in the levy briefings. There is no way to adequately enforce whether or not the sponsor will share information of levy briefings or other clearing information with their spouse. Marketing of upcoming levy briefings in all sources of media can be done to inform the community.

h. Lead Agency: DHR/ACS.

Issue 1404: Fort Gordon Housing Quality

a. Status: Completed.

b. Entered: January 2014.

c. Final action: March 2015.

d. Subject area: Housing.

e. Scope: The quality of housing at Fort Gordon is sub-standard. This is causing Service members to look for housing off post in order to receive quality housing. With most service members living off post, Fort Gordon housing communities are losing money.

f. Recommendation: Improve the standards of living in the Fort Gordon housing areas above the standards off post for the same price.

g. Progress:

Subject Matter Expert Response:

BBC and our RCI/Army partner do not have sub-standard housing on Ft. Gordon. All homes are either new construction, 2008, or have been renovated except for 181 homes. These 181 will all be renovated at a rate of about 36/year and all will be renovated by the end of 2018.

Steering Committee Meeting held 24 March 2014: Of the 770 homes that were constructed between 1942-1975, 193 are still pending renovation. There were 310 newly constructed homes in 2006-2008 that do not require renovation. Renovation of the remaining 193 homes to be completed between 2014-2018.

Steering Committee Meeting held 22 September 2014: There are 310 new homes that require no renovation, 507 homes that will undergo major renovations and 171 homes with minor interior renovations.

Steering Committee Meeting held 3 March 2015:

There is a two year project to finish renovating Fort Gordon homes. The renovations for the interior and exterior are in compliance with Army standards.

h. Lead agency: Balfour Beatty.

Issue 1405: 180 Day Waiver for Initial Entry Soldiers to be Flagged Should be Eliminated in Accordance with AR600-9

a. Status: Unattainable.

b. Entered: January 2014.

c. Final action: March 2014.

d. Subject area: Force Support.

e. Scope: Physical Fitness and military bearing is not the pure virtue of a soldier but it represents an aspect and standards in which we must abide by waving those standards to those initial entry soldiers sends a message and begins a thought pattern that it is tolerant to not meet those standards.

f. Recommendation: Eliminate the 180 day waiver in AR 600-9 for initial entry Soldiers, so commanders can flag those soldiers that are not within standards. This will eliminate soldiers who are unable to meet requirements to PCS to the follow on unit until the soldier meets standards or is removed from service.

g. Progress:

Subject Matter Expert Response:

a. If a Soldier PCS to a unit that have not meet the height and weight standards can be chaptered, entry level separation (ELS) within 180 days. If the Soldier stay in the Military more than 180 days they also can be chaptered. The Army gives them 6 months to get acclimated to the Army new standards. You don't see a lot of ELS chapters in PP.

b. New recruits. These recruits, regardless of component, will have 180 days from entry to active service to meet the retention body fat standards established in this regulation. Failure to achieve retention body fat standards at 180 days will result in Soldiers being flagged in accordance with AR 600-8-2 and enrolled in the ABCP.

Steering Committee Meeting held 24 March 2014: 180 day standard was designed to allow new Soldiers the time to acclimate themselves to the military and physical standards required of them.

h. Lead agency: Garrison.

Issue 1406: Dwight David Eisenhower Army Medical Center (DDEAMC) Allergy Clinic Hours of Operation

a. Status: Completed.

b. Entered: January 2014.

c. Final action: March 2014.

d. Subject area: Medical.

e. Scope: The hours of operation at the DDEAMC Allergy Clinic are not supportive of the schedules for working parents and school aged children. There is currently one "late" appointment day on

Thursdays, with the last appointment available to be scheduled is 1555. Patients are required to get allergy shots weekly for many months to years, depending on their allergy severity. The time required to take leave from work can create not only a financial hardship for hours lost in work but also a deficit in leave time available when/if a real emergency would occur.

f. Recommendations:

1. Create a day that extends appointments to 1800.
2. Create a Saturday allergy clinic.

g. Progress:

Subject Matter Expert Response:

EAMC has over 300 patients actively receiving allergen/venom immunotherapy. This includes several school-aged children with working parents. I understand there is interest in evening and/or weekend hours.

Unfortunately, with 2 physicians and 3 nurses we do not have the manpower to offer this option. Our nurses not only give allergy shots but assist with skin testing and other tests for new and follow-up patients, which is why allergy shots are normally given during normal clinic hours (0730-1100 and 1300 to 1530). We also offer shots up to 1555 on Thursday. The reason for the end-time is that patients must be observed for a minimum of 30 minutes after an allergy injection (1530 patients must remain until 1600 and 1555 patients must remain until 1625). Unlike many MTF allergy clinics, the EAMC does not require appointments for allergy shots; patients can walk-in anytime during these hours.

We are willing to work with patients if the concern is brought to our attention. There are other options, including cluster build-up schedules which would generally get the buildup (weekly) doses completed over summer break. In that case, only monthly injections would be needed during the school year.

Steering Committee Meeting held 24 March 2014:

At this time, there is no high demand for extended hours in the clinic. If a patient has an issue with the times available, he/she may request to speak with the chief of the clinic for appointments.

h. Lead agency: DDEAMC.

Issue 1407: Financial Responsibility Classes Added to Assist all Soldiers

a. Status: Active.

b. Entered: February 2014.

c. Final action:

d. Subject area: Force Support.

e. Scope: Reduce or eliminate financial hardships.

f. Recommendations: Quarterly training for company level by a qualified representative

g. Progress:

Subject Matter Expert Response:

a. Financial training on a variety of financial and consumer topics such as obtaining and reading credit reports, understanding credit scoring, developing a budget, investments and TSP, large purchases (cars or homes), creditor negotiation and debt repayment strategies may be scheduled for units by request.

b. Requests should be emailed to Jolane.williams.civ@mail.mil or teresa.d.sarber.civ@mail.mil. The opportunity to request financial training on line will be coming soon to the Army Community Service web page (www.gordon.army.mil/acs)

Steering Committee Meeting held 24 March 2014: ACS offers a weekly money matters class with 12 seats available per session.

Current staffing shortages have limited the one financial counselor to provide AER services and financial readiness to the entire military community. When the program is fully staffed, they will be able to offer a more responsive schedule of classes. Financial class requests can be made for before/after the duty day, with enough advance notice.

Steering Committee Meeting held 22 September 2014: ACS offers a weekly money matters class with 12 seats available per session. When the program is fully staffed, they will be able to offer a more responsive schedule of classes. Financial class requests can be made for before/after the duty day, with enough advance notice.

h. Lead agency: ACS.

Issue 1408: Child, Youth and School Services (CYSS) Hours vs. Soldier Missions

a. Status: Active.

b. Entered: February 2014.

c. Final action:

d. Subject area: Family Support.

e. Scope: Child, Youth and School Services (CYSS) hours of operation are not conducive to mission requirements. Soldiers are forced to bring their children to an unsafe environment and violate Army Regulation (AR) 600-20. CYSS hours do not accommodate Soldier's special mission requirements.

f. Recommendations:

1. Provide a minimum of one 24 hour CYSS facility per installation.
2. Broaden the CYSS hours of operation to open at 0430 and close at 1830.

g. Progress:

Subject Matter Expert Response:

CYSS conducts surveys across the installation annually regarding "hot" topics and items requested from Service members and their families. In 2012, our survey was regarding CYSS facility opening and closing times and times that care was needed. The survey was posted for a month, reached the entire installation, and covered one of the major PCS times. The results showed that not only were our facilities open hours that covered what the majority of the installation population needed, but we were actually open slightly longer hours.

If a family is in need of care before a facility opens at 0515 hours, Family Child Care homes on and off the installation are open before (and after) the hours that the facilities are open, and can provide the care for the few families that desire the additional care. Our facilities do open at 0500 quarterly on post run days, at no additional charge, to all of those enrolled in services so they can be on time for the post run.

Steering Committee Meeting held 24 March 2014: CYSS will conduct a survey to determine if there is a need to open up an extended hour facility. We will continue to track this issue locally.

Steering Committee Meeting held 3 March 2015:

We will continue to track this issue locally.

Steering Committee Meeting held 15 December 2015:

The following issue was determined to remain active and continue to be tracked locally for possible resolution.

Steering Committee Meeting held 26 Sept 2016: SME Ms. Davis provided historical data concerning extended hours. In 2014 a survey was sent out to the parent's enrolled requesting information on their preferred hours and if they would be interested in utilizing extended hours. Twenty-two percent said if the option were available they might use it. At this point in time there are currently sixteen Family Child Care (FCC) homes available as alternate choices. Ms. Davis was asked by Mr. Curry to conduct a new needs assessment survey and get a better idea of the populations needs for extended care.

Steering Committee Meeting held 7 June 2017: Committee voted to combine issue with Issue 1602: Improved support for Soldiers and Civilians working shifts

h. Lead agency: DFMWR.

Issue 1409: Enrichment Activities for Military Families

a. Status: Completed.

b. Entered: February 2014.

c. Final action: September 2016

d. Subject area: Family Support.

e. Scope: Funding has been trimmed for Fiscal Year (FY) 2014, making Strong Bonds events fewer. Fewer Families are able to receive counseling. This contributes to the degradation of Families in our Army organizations.

f. Recommendations:

1. Organize Family activities equivalent to Strong Bonds.
2. Establish more military family focused team building activities (Morale, Welfare and Recreation (MWR) trips; off sites; Army Community Service (ACS)).
3. Utilize the Military Family Life Consultants (MFLC) to provide marriage enrichment seminars to Army organizations.

g. Progress:

Subject Matter Expert Response:

a. Strong Bonds training is the Chaplain Corps' primary avenue for Unit Ministry Teams (UMTs) to provide family oriented marriage seminars. Funding for Strong Bonds has been trimmed for FY14, making Strong Bond events fewer.

b. At the unit level (BDE/BN), each BDE and BN have their respective Unit Ministry Teams (UMTs), one chaplain and one chaplain assistant.

c. Instructors of Strong Bonds materials are required to attend Strong Bond Training Conferences where trainers become qualified trainers of the Strong Bond curricula; trainers may include the chaplains, chaplain assistants or spouses of the UMT members. Trainers are permitted to train only those curricula in which they have received training.

d. The Title states "Need more instructors to teach more family oriented marriage counseling seminars at the unit level". Addressing the need for more trainers, there are only so many trainers who might be available to provide training through Strong Bonds. Also, the "number of instructors", being chaplains and chaplain assistants, are limited per MTOE/TDA.

e. Under "Recommendations", the suggestion is to have "More seminars at the unit level". This is viable per unit leadership and UMT coordination.

STAFF RECOMMENDATION:

UMTs at unit level coordinate with respective unit commands (to include BDE/BN Command, G-3s/S-3s and Company Commands) to place training on unit training calendars and perform/provide marriage seminars to Soldiers and spouses. Strong Bonds is an avenue of training but is not the only mandatory form of training. UMTs may perform/provide marriage enrichment training on post during duty day or after duty day for Soldiers and families.

Steering Committee Meeting held 24 March 2014: Within the last 60 days, MWR has introduced new programs, i.e. free bowling for children. More initiatives are being developed that will impact community and family quality of life/enrichment. We will continue to track this issue.

Steering Committee Meeting held 26 Sept 2016: The steering committee decided that based on current budgets and resources Fort Gordon is doing the best it can to provide activities to the military Families and cannot provide more than they are resourced to provide.

h. Lead agency: RSO/DFMWR.

Issue 1410: Wells Fargo Bank Branch on post Will Not Make Change for Non-account Holders

a. Status: Completed.

b. Entered: May 2014.

c. Final action:

d. Subject area: Consumer Support.

e. Scope: Military family member withdrew money from the Wells Fargo ATM on post (thus incurring the non-account holder fee), then requested change for the Laundromat. She was told that change couldn't be made for non-account holders.

f. Recommendations: Wells Fargo modify current policy and provide change to those with ATM receipt.

g. Progress:

Subject Matter Expert Response: The bank has to pay for the rolls of change that we have on hand. That charge is passed down to the customer requesting rolls of change. Without a bank account here, there is no way we could charge the customer.

Steering Committee Meeting held 22 September 2014:

Continue to track this issue while Wells Fargo determines if they can make a change in procedures.

Steering Committee Meeting held 26 Sept 2016: Wells Fargo Bank Branch on Post Will Not Make Change for Non-Account Holders. Ms. Kight has been tasked with following up with Wells Fargo to determine the validity of this statement and do fact finding to bring to the next steering committee.

SME Update on 24 March 2017: The exchange between the customer and Wells Fargo happened in 2014 (almost 3 years ago). Management has changed since that time so staff is unable to verify the incident or the reason the bank may or may not have responded to the situation.

The current policy is that Wells Fargo does not charge their own customers for rolled coins.

They do provide rolled coins free as a courtesy to non-customers on an occasional basis.

If a non-customer needs rolled coins on a recurring basis Wells Fargo has a process in place for that contingency.

The services received from bank personnel in 2014 would not occur under the current Wells Fargo Policies Recommend this issue be closed with no further action.

h. Lead agency: Wells Fargo.

Issue 1411: TRICARE Does Not Provide Coverage for Breast Pumps

a. Status: Complete.

b. Entered: May 2014.

c. Final action: September 2014.

d. Subject area: Medical.

e. Scope: According to healthcare.gov, under the new Affordable Care Act "health insurance plans must provide breastfeeding support, counseling, and equipment for the duration of breast feeding." Currently Tricare "may cover electric hospital-grade breast pumps from premature infants who meet certain criteria." Tricare is not governed or subject to provisions under the Affordable Care Act and therefore not required to provide the same coverage for breast pumps.

f. Recommendations: TRICARE offer same coverage as the Affordable Health Care Act.

g. Progress:

Subject Matter Expert Response: The slide states it correctly.

The ACA and the DOD's TRICARE programs are completely separate benefit programs established by separate legislation. The TRICARE Management Activity The Defense Health Agency (formerly the TRICARE Management Activity) establishes the scope of benefits provided under TRICARE programs, including Durable Medical Equipment (DME) and hospital grade electric pumps. albeit only for premature infants. We will forward this issue to the regional TRICARE office, but I do not think any action will take place for many years to make this a covered benefit for other than premature kids.

Steering Committee Meeting held 22 September 2014: Elevate to IMCOM G9 for further review.

Updated response from HQDA in April 2017: TRICARE covers breast pumps and breast pump supplies at no cost for new mothers, including mothers who adopt an infant and plan to breastfeed. This coverage is retroactive to December 19, 2014. If you paid out-of-pocket, you can send a claim for reimbursement. Additional information is available at <http://www.tricare.mil/CoveredServices/IsItCovered/BreastPumpsSupplies>.

h. Lead agency: TRICARE.

Issue 1412: Free Veterinary Care for Retired Military Working Dogs

a. Status: Elevated/Completed.

b. Entered: May 2014.

c. Final action: June 2014.

d. Subject area: Force Support.

e. Scope: Military working dogs receive no entitlement to continued veterinary care upon retirement from service. In accordance with Army Regulation 190-12, Appendix D, the United States is not liable for veterinary expenses for retired military working dogs. Military working dogs perform duties along side Soldiers under dangerous conditions and austere environments. The nature of duties while serving results in many of them requiring access to medical treatment that exceeds that of an average dog. Providing access to free veterinary care will improve the quality of life for these heroes and minimize economic hardship to adoptive families.

f. Recommendations: Authorize free veterinary care for the life span of retired military working dogs at any military veterinary treatment facility, to include but not limited to, preventive, diagnostic, medical, medication, dental, euthanasia, and cremation / burial.

g. Progress:

Subject Matter Expert Response: The finding is correct, we are currently not authorized to give care free-of-charge to retired Military Working Dogs. AR 40-905 Chapter 3 gives us, as members of the Public Health Command, the guidance on which animals are considered DOD owned and eligible for care through the use of appropriated funds, and which privately owned animals we are authorized to see. Upon retirement, a Military Working Dog (MWD) becomes a privately owned animal and the access to our military veterinary clinics is determined by the DOD status of the new owner. At this time, any such care is at the cost of the new owner.

I do agree that our MWDs leave service with a significant wear and tear burden on their bodies, and often incur health issues that require long-term veterinary treatment which can be a burden to the new owner. Adopting owners are made aware of any medical issues prior to adoption, but this does not lessen the impact on the family nor lessen the contribution of the MWD during their service. MWDs with health concerns that cannot be managed medically and would result in pain and suffering are not considered candidates for adoption.

Unless there is a change in regulation, or a Federal law such as Robby's Law governing the adoption of MWDs is passed, those of us in charge of military veterinary facilities will not be permitted to change our current level of care of retired MWDs. Furthermore, it should be added that many veterinary treatment facilities on military installations are limited in scope, and may not be able to provide the full spectrum of veterinary care that is needed or desired by the new owners. Very few facilities can provide the expensive emergency care that is often most draining at end of life.

Commander's Steering Committee Meeting held 4 June 2014:

This issue has been determined to be beyond the scope of the installation and needs to be elevated.

h. Lead agency: Vet Services.

Issue 1413: Post 9/11 GI Bill Active Duty Service Obligation

a. Status: Unattainable.

b. Entered: May 2014.

c. Final action: June 2014.

d. Subject area: Benefits and Entitlements.

e. Scope: All Soldiers eligible for the Post 9/11 GI Bill who transfer their education benefits to a dependant incur a four year additional Active Duty Service Obligation (ADSO), regardless of time in service. Soldiers who have ten years in service are considered Career Soldiers and have invested significant time in service to the Nation. This ADSO requires Soldiers to extend their service time past their desired or natural end of service timeframe. The requirement of this additional four year ADSO is contrary to the ongoing reduction of forces.

f. Recommendations: Eliminate the four year ADSO for Career Soldiers.

g. Progress:

Steering Committee Meeting held 4 June 2014: The transfer of the Post 9/11 GI Bill is a benefit, not an entitlement. If a Soldier chooses to transfer benefits, they are choosing to incur the additional years of duty.

h. Lead agency: Education Services.

Issue 1414: Active Duty Specialty Clinic Appointment Wait Time

a. Status: Completed.

b. Entered: May 2014.

c. Final action: March 2015.

d. Subject area: Medical.

e. Scope: Military Health System Guide to Access Success, Appendix R, Mandates beneficiaries wait no longer than 28 days for a specialty appointment. Soldiers referred to specialty clinics at Dwight David Eisenhower Army Medical Center (DDEAMC) frequently wait in excess of 28 days for an appointment. This increases treatment time and adversely impacts Soldier readiness and support to military operations.

f. Recommendations: Require DDEAMC to adhere to the 28 day policy or outsource care to civilian specialty clinics.

g. Progress:

Subject Matter Expert Response:

1. The access standard is 28 days for an initial specialty care appointment (excluding MH, that is 7 days) and this is Eisenhower's enforced policy standard. If we don't have an appointment within the 28 day access standard, the beneficiary should be deferred to the network for care or, if they choose, they can waive their access standard and be booked into an appointment beyond that standard if it is medically appropriate. The part of the story that we are probably not getting..... and I think this is where the problem arises..... is when the patient "refuses" the offered appointment(s) within the standards and then expect to be deferred. If we offer them an appointment within the 28 days we met the requirement.

2. This is a question that has come up in the past: ----"2. Can a patient refuse an available MTF appointment within access standards so he/she can obtain care in the contractor's network?"

The old HA Policy: 02-018 (which has been rescinded) stated that the MTF needs only to offer one MTF appointment within the access to care standards to fulfill its duty to provide care within the access standards. However, if multiple and convenient appointment choices are available, whenever possible the patient should be offered more than one option that meets the ATC standard. Moreover, if the patient is unable to accept the initial appointment offered, the patient should be offered the next available appointment thereafter. Appointing staff should be trained to use

ATC measurement features of CHCS to accurately document timeliness of services and patient refusals of appointments within access standards. Once offered an MTF appointment within standards, the patient may choose to exercise their point of service option should civilian care still be desired. The standards are meant to require certain conduct of MTFs and MCSCs for the benefit of the beneficiary."

[FYI: Military do not have the POS option, so I believe they would have to pay the entire bill if we do not authorize their care in the network.]

Steering Committee Meeting held 4 June 2014: DDEAMC will assess possible solutions to address this issue. We will continue to track this issue locally.

Steering Committee Meeting held 3 March 2015:

Patients are now advised to either go directly to the Consult Referral Management Center to schedule the referral appointment or given the office contact information in order to call at a later date to schedule their referral. Consult Referral Management Center phones now have the capability to roll over to another phone line not in use.

h. Lead agency: DDEAMC.

Issue 1415: Debit Card Usage at Unit Fund Raiser

a. Status: Elevate/Completed.

b. Entered: September 2014.

c. Final action: September 2014.

d. Subject area: Force Support.

e. Scope: The current trend is for most people to conduct monetary transactions with credit or debit cards. It is rare for some people to ever have any cash in their possession. During fund raising events such as bake sales, car washes, etc. a lot of would be customers can not support the event due to not having any cash.

f. Recommendations: For the Army to approve the purchase of card readers by Family Readiness Groups to support their fund raising events.

g. Progress:

Steering Committee Meeting held 22 September 2014: Elevate to IMCOM G9 for further review.

HQDA Response April 2017: Authorizing the FRG informal fund custodian the ability to accept credit card payments for fundraising events is a command decision that should be contained in the command informal fund standard operating procedure (SOP) since the FRG is a command program. Local commanders should receive advice from their servicing legal advisor (e.g., the local Office of the Staff Judge Advocate or Brigade Judge Advocate) as part of the informal fund SOP development.

h. Lead agency: JAG.

Issue 1416: Lack of Department of the Army (DA) Master Training Courses

a. Status: Completed.

b. Entered: September 2014.

c. Final action: September 2014.

d. Subject area: Family Support.

e. Scope: In an effort to support the Chief of Staff of the Army's (CSA) priority of promoting the Army Family Covenant's promise to offer standardized training to ACS personnel, paid or volunteer, Army-wide, training at the DA level for Master Trainers needs to be scheduled. DA must provide Master Training, at least annually, to support AR 608-1.

f. Recommendations: Require DA to fund and schedule the ACS Master Training course annually.

g. Progress:

Steering Committee Meeting held 22 September 2014: Elevate to IMCOM G9 for further review.

Updated Response from HQDA April 2017: Returned to IMCOM as a Program execution issue that can be addressed at the IMCOM level

h. Lead agency: Army Community Service.

Issue 1417: Increase Housing Allowance for Fort Gordon

a. Status: Completed.

b. Entered: September 2014.

c. Final action: September 2014.

d. Subject area: Housing.

e. Scope: The cost of living (rent/mortgage) for the same quality of product is greater than most other posts I have been to. Example: Fort Campbell (E-7) BAH is \$1500 a month; Fort Gordon (E-7) BAH is \$1300 a month.

f. Recommendations: Request DFAS conduct a review of current BAH rates of this area. The boost of employment has raised cost of living compared to several years ago.

g. Progress:

Subject Matter Expert Response:

DFAS does not make this determination. The Per Diem Travel and Transportation Allowance Committee (PDTATAC) determines this. The decision making process is centered around the median housing costs and is paid without regards to member's actual housing costs. The PDTATAC reviews this annually and makes the determination based upon the reasonable costs of adequate rental housing for civilians with comparable income levels in the same geographical area.

Steering Committee Meeting held 22 September 2014:

The Per Diem Travel and Transportation Allowance Committee reviews BAH annually and makes the determination based upon the reasonable costs of adequate rental housing comparable with income levels in the same geographical area.

h. Lead agency: DFAS.

Issue 1418: Thrift Savings Plan Rollover Options

a. Status: Active.

b. Entered: September 2014.

c. Final action:

d. Subject area: Benefits and Entitlements.

e. Scope: TSP contributors do not have the ability to rollover into an IRA. They only have access to money upon separation, reducing investment options.

f. Recommendations: Allow TSP contributors to have the option of rolling their allocations into an IRA every five years of service.

g. Progress:

Subject Matter Expert Response:

Steering Committee Meeting held 2 December 2014:

More information is required from SME. Continue to track locally.

h. Lead agency: Finance.

Issue 1419: Sick Call for Service Members Assigned to TMC 4

a. Status: Completed.

b. Entered: September 2014.

c. Final action: March 2015.

d. Subject area: Medical.

e. Scope: Six tenant units utilize TMC 4. Lack of PCM for the amount of Service Members. As a result, there is a lack of adherence to dignity and timely/compassionate care.

f. Recommendations:

1. Provide self help for minor issues (ex. vomiting, diarrhea, aches and pains).

2. Empower the PCM to make referrals through My Relay Health.

3. Establish more TMCs.

4. Allocate medics at BDE level to triage serious issues.

g. Progress:

Subject Matter Expert Response:

1. A select number of OTC-strength medications for common, uncomfortable, but non-serious conditions are available for DDEAMC beneficiaries (Active Duty and civilian) to use in lieu of a medical appointment. These medications are available to be picked up (without provider prescription or appointment) at the Outpatient and Connelly Clinic pharmacies during duty hours. All interested individuals will be required to visit <http://www.ddeamc.amedd.army.mil/pharmacy/> and view an educational slide set (select Over the Counter Self Care Course) and pass a quiz before being able to use the service.
2. Relay Health is a valuable tool/method to address certain medical issues/complaints as well as to help with the medical administrative issues that require attention (medication refills, lab results, etc.). Provider templates have recently been altered to provide more opportunity for these appointment types. The low enrollment of permanent party Soldiers in Relay Health makes robust implementation of this service difficult. This is being addressed at the Hospital and Garrison levels. As for the particular services available through Relay Health, PCMs will continue to provide care without compromising quality or patient safety. If a provider is able to safely care for a Soldier (i.e. enough information to make a safe and competent decision about an escalation of care - referral) through Relay Health, then any service available to a patient seeing a provider face-to-face would be available via Relay Health. There are, however, many situations where it is not medically appropriate to make a referral without being able to perform a full and thorough History and Physical exam in person. These cases require a clinic appointment.
3. The physical space available for the provision of care at TMC #4 is inadequate. TMC#4 has been approved and funded for renovation/expansion which is set to begin in the Fall/Winter of 2015. Architectural planning is to begin the week of 13Nov214. A consolidated troop clinic is still waiting to be funded.
4. There are not enough medics in DDEAMC to cover all of the required/desired missions across the hospital footprint. Allocation of medics to the many DDEAMC missions is scrutinized at the highest command levels. When available, medics are often asked to cross-cover between departments and missions. As the medic strength increases in DDEAMC, there will be more Soldiers available to staff all of the required missions.

Steering Committee Meeting held 2 December 2014: More information is required from SME. Continue to track locally.

Steering Committee Meeting held 3 March 2015: TMC 4 is currently undergoing renovations to restructure the available products and services provided. Once renovations are complete, there will be 2 nurses per provider, two rooms per provider, and a pharmacy

h. Lead agency: DDEAMC

Issue 1420: Medical Care for Families and Service Members

- a. Status:** Active.
- b. Entered:** September 2014.
- c. Final action:**
- d. Subject area:** Medical.
- e. Scope:** The lack of medical providers has created the inability of Service Members and Family Members to receive timely and professional medical treatment (i.e. for same day appointments). The impact of these inefficiencies is contradictory to the DDEAMC mission of providing, "World Class comprehensive and compassionate care ... to our nations Warriors, their families, and retirees."
- f. Recommendations:** Reassess prioritization to hire or re-allocate providers to clinics that have more appointment demands.
- g. Progress:**

Subject Matter Expert Response:

1. There was reduced access over the summer months. Operational tempo and delays in hiring actions have left us short on primary care providers in recent months. Implementation of the PCMH model, renovation of existing clinics, and EBV training have further reduced appointments at times.

2. Improvements in access are ahead: Multiple providers are scheduled to return from deployments between now and the New Year. Several hiring actions are pending. The leadership at CHC is working to streamline the PHA process into a one-stop experience. Additionally, the primary care lanes have begun to explore various types of "virtual appointments" that will allow access to health care for minor issues without using face-to-face visits. These virtual appointments will free up clinic time for those patients that need to be seen. All of this should lead to a better healthcare experience for all beneficiaries.

Steering Committee Meeting held 2 December 2014: More information is required from SME. Continue to track locally.

Steering Committee Meeting held 3 March 2015: Continue to track this issue locally while hiring actions are being done.

Steering Committee Meeting held 15 December 2015: The following issue was determined to remain active and continue to be tracked locally for possible resolution.

h. Lead agency: DDEAMC

Issue T-1401: Teen Collaboration on Developing a Variety of Meals at the Middle School/Teen (MST) Program

- a. Status:** Completed.
- b. Entered:** July 2014.
- c. Final action:** December 2014.
- d. Subject area:** Youth.
- e. Scope:** There is a lack of variety of food choices at the MS/T Program. The foods are bland, colorless, dull, plain, tasteless, bouncy and soggy. Teens also have no input in developing the menus. Majority of teens are not eating the meals provided, causing them to purchase food elsewhere, or go without.

- f. Recommendations:**
 1. Provide a more diverse variety of food options that are tasteful and appealing.
 2. Create a nutrition club that assists in planning and developing the food menu.

- g. Progress:**
- Subject Matter Expert Response:**
 1. Survey youth to receive suggestions on a variety of food choices (salad bar, potato bar, ice cream sundaes, etc.).
 2. Have youth tour new youth center to get an ideal on how to utilize the demo kitchen and café area.
 3. Receive Teen menus from other Youth Centers.

- Staff Recommendation:**
 1. Survey will be conducted 18-29 August 2014. Feedback first week of Sept.
 2. Meet with youth to keep them up to date on Youth Center move to new location. Tour with youth center TBD.

Steering Committee Meeting held 2 December 2014: A survey was conducted in August 2014 in order to receive suggestions of a variety of food choices. There have been new additions to the menu available to the teens.

h. Lead agency: DFMWR.

Issue T-1402: Creating More Activities to Partake in During the Middle School/Teen (MST) Program Lock-ins

- a. Status:** Completed.
- b. Entered:** July 2014.
- c. Final action:** December 2014.
- d. Subject area:** Youth.

e. Scope: There is a lack of different activities during the MS/T Program lock-ins. A lack of activities causes teens to not participate, therefore, causing the teens to find other, potentially less desirable, activities elsewhere.

f. Recommendations:

1. Authorize lock-ins at other locations (i.e. Dave and Busters, Aquarium)
2. Provide more sports activities within the lock-ins (i.e. dodgeball, Off the Hizzy)
3. Provide more life skills courses during the lock-ins (i.e. cooking demonstrations, social awkwardness skills training, advocacy)

g. Progress:

Subject Matter Expert Response:

1. Lock-ins will only be held at the Youth Center to protect staff and youth.
2. Create more diverse activities for lock ins, a month prior to lock In.
3. Conduct a teen meeting to have youth help set up Lock in itinerary and activities.

Steering Committee Meeting held 2 December 2014:

The new teen facility will aide in the variety of activities available during the lock-ins. Plans are to conduct teen meetings to have them help set-up lock-in itineraries and activities.

h. Lead agency: DFMWR.

Issue T-1403: Re-establish the Hired! Program

a. Status: Unattainable.

b. Entered: July 2014.

c. Final action: December 2015

d. Subject area: Youth.

e. Scope: This summer, there was not a Hired! Program, which meant teens could not earn funds during the summer. Child, Youth and School Services (CYSS) staff indicated that there was a shortage of funds to run the Hired! Program. Teens were unable to benefit from the Hired! Program, meaning that they could not earn money, develop job skills and personal development.

f. Recommendations:

1. Authorize a Hired! Program year round.
2. Provide the necessary funds to ensure a Hired! Program is available.

g. Progress:

Subject Matter Expert Response: Issue is at the Higher Headquarters level.

Steering Committee Meeting held 2 December 2014:

More information from SME required. Continue to track.

Steering Committee Meeting held 15 December 2015

The following issue has been determined unattainable.

h. Lead agency: DFMWR.

Issue T-1404: Re-establish Incentives for Youth of the Year

a. Status: Completed.

b. Entered: July 2014.

c. Final action: December 2014.

d. Subject area: Youth.

e. Scope: Due to lack of incentives for youth of the year, teens are no longer assisting the staff or being respectful. Middle School/Teen (MST) staff have indicated that teens are using foul language and being rude. Good incentives causes teens to achieve a feeling of accomplishment and also cause school age center kids to set personal goals to achieve.

f. Recommendations: Provide funds for plaque and special recognition.

g. Progress:

Subject Matter Expert Response:

1. Train staff on YOY program.

2. Have teens and staff select a youth of the month. Display a plaque with the winners and special recognition.

3. Design an incentive and reward program.

Steering Committee Meeting held 2 December 2014:

Youth of the Year is a Boys and Girls Club of America initiative with guidelines already established. Youth of the Month has been re-established with incentives for the teens to gain, i.e. more tokens on a field trip and their name on a plaque displayed in the center. Program will publicize what is available to the teens.

h. Lead agency: DFMWR.

Issue T-1405: Authorizing Dining Restaurant Contracts

a. Status: Active.

b. Entered: July 2014.

c. Final action:

d. Subject area: Youth.

e. Scope: Due to lack of dining facility or family time, teens are beginning to become depressed. Military Family Life Consultants indicate many youth are beginning to get active in illegal activities. Families are consistently on the go more, reducing time to spend with each other.

f. Recommendations: Develop more sit down, family style restaurants, like Olive Garden.

g. Progress:

Subject Matter Expert Response:

1. Create family night where youth and family can sit down and dine together.
2. Host family events such as karaoke, family dinners, and family game night.
3. Have events quarterly to create a bond with families and showcase Youth Centers events/clubs.

Steering Committee Meeting held 2 December 2014:

More information from SME required. Continue to track. **Steering Committee Meeting 22 April 2016:** Change lead agency to Bus. Ops and continue to track.

Updated SME response 24 March 2017: CYS Teen Center is currently under a new Director, Selena Doctor-Smith. Mrs. Smith has wonderful ideas she is bringing forth for our youth and families. Her objective is to put these new ideas together soon so we can have a more cohesive bond amongst the teens and their families

Steering Committee Meeting held 7 June 2017: Committee voted that issue was completed due to new dining contracts being authorized on Fort Gordon

h. Lead agency: DFMWR.

Issue T-1406: Provide More Sporting Events at the Middle School/Teen (MST) Program

a. Status: Completed.

b. Entered: July 2014.

c. Final action: December 2014.

d. Subject area: Youth.

e. Scope: Basketball is the only sport currently available at the MS/T Program. Most teens don't play it. There is no real interaction. Most of the teens just sit around, watch the game and don't try to join in or get involved.

f. Recommendations:

1. Authorize more games in or outside the gym.
2. Provide more fun activities to do.

g. Progress:

Subject Matter Expert Response:

The Youth Center offers a variety of sports to the youth. Often times many of our youth are the ones who elect to play basketball but, as staff we should get better at promoting other sports besides just basketball.

Staff Recommendations:

1. CYSS Sports and Fitness Program will conduct sports and fitness activities at the youth center (at least 3 days a week).
2. CYSS Sports and Fitness Program will provide CYSS Coordinator Monthly Activity Plans that should include BGCA/4-H initiatives.

Steering Committee Meeting held 2 December 2014:

Sports and fitness have been incorporated into the programs lesson plans. There will be more sports and fitness opportunities with the new facility (rock climbing, volleyball, softball)

h. Lead agency: DFMWR.

Issue T-1407: Develop Incentives for Youth to Partake in Variety of Activities at the Middle School/Teen (MST) Program

- a. Status:** Completed.
- b. Entered:** July 2014.
- c. Final action:** December 2014.
- d. Subject area:** Youth.
- e. Scope:** Current MS/T Program students only partake in one activity at the facility, such as basketball. Not many kids have an incentive to join other activities. Program does not try to provide a lot of different activities/sports for the youth to partake in.
- f. Recommendations:** Close the gym for a few days so teens will participate in other activities the program has to offer.

g. Progress:

Subject Matter Expert Response:

Monthly activity plans staff will meet with teens to ask what type of outdoor activities they are interested.

Staff Recommendations:

1. Train staff on BGCA and 4-H curriculum.
2. Trainer will ensure Activity Plans meets the needs of youth.
3. Ensure Youth Program is meeting Army requirements in all service areas to include clubs (Passport to Manhood, Smart Girls, 4-H, etc.)
4. Contact BGCA and setup staff development training.

Steering Committee Meeting held 2 December 2014:

More staff has been placed within the program. This has aided in the addition of more programming/clubs, i.e. Keystone Club and the Torch Club. The teens participated in a food drive during Thanksgiving and plan on other volunteer opportunities during the winter break.

h. Lead agency: DFMWR.

Issue T-1408: Shortage of Outdoor Activities at the Middle School/Teen (MST) Program

- a. Status:** Completed.
- b. Entered:** July 2014.
- c. Final action:** December 2014.
- d. Subject area:** Youth.
- e. Scope:** The teen programs are not offering much outdoor activities like scavenger hunts, dodgeball; things other than basketball. Sometimes it doesn't have to be all paid for activities. We just need to get more interactive. The impact of this is that it makes kids lazy and not socially active as they need to be.
- f. Recommendations:** Provide more outdoor activities.

g. Progress:

Subject Matter Expert Response:

Monthly activity plans staff will meet with teens to ask what type of outdoor activities they are interested.

Staff Recommendations:

1. CYSS Sports and Fitness Program will conduct sports and fitness activities at the youth center (at least 3 days a week).
2. CYSS Sports and Fitness Program will provide CYSS Coordinator Monthly Activity Plans that should include BGCA/4-H initiatives.

Steering Committee Meeting held 2 December 2014:

Sports and fitness have been incorporated into the programs lesson plans. There will be more sports and fitness opportunities with the new facility (rock climbing, volleyball, softball)

h. Lead agency: DFMWR.

Issue T-1409: Parents and Teens Don't Know the Consequences at the Middle School/Teen (MST) Program

- a. Status:** Completed.
- b. Entered:** July 2014.
- c. Final action:** December 2014.
- d. Subject area:** Youth.
- e. Scope:** Parents don't know the consequences of the mis-actions of the teens. There is no written list of rules and consequences at MS/T. Teens and parents don't know what is expected of them.
- f. Recommendations:** Establish a Code of Conduct that parents and teens are made aware of.

g. Progress:

Subject Matter Expert Response:

1. A code of conduct is already in place.
2. Rules and consequences form are signed by the youth and parent at orientation.
3. Make sure Passport to Manhood and Smart Girls clubs are in place.

Staff Recommendations:

1. CYSS Coordinator is reviewing Conduct and Discipline SOP.
2. Parents will receive a copy of the Final Conduct and Discipline SOP.

Steering Committee Meeting held 2 December 2014:

Every teen has an orientation to the program, with their parents, where the rules and consequences are handed out and discussed. Both the parent and teen sign the form, acknowledging receipt of the rules and consequences.

h. Lead agency: DFMWR.

Issue T-1410: Interaction with other Teen Camps

- a. Status:** Completed.
- b. Entered:** July 2014.
- c. Final action:**
- d. Subject area:** Youth.
- e. Scope:** Middle School/Teen (MS/T) Program does not interact with other camps in the Augusta area. Many teens are not good at interacting with teens off post. This causes social anxiety in a wide variety of settings.
- f. Recommendations:** Provide joint field trips with other camps so that teens can interact with a wider variety of kids.

g. Progress:

Subject Matter Expert Response:

1. Contact Fort Jackson to see if day trips can be arranged.
2. Look into partnering with local BGCA on activities and other events.

Staff Recommendations:

1. Contact Fort Jackson Youth Center and arrange day time events.
2. Arrange a meeting with area BGCA to setup activities and other events.

Steering Committee Meeting held 2 December 2014:

More information from SME required. Continue to track.

Updated SME response 24 March 17: CYS Middle School Teen is part of Boys and Girls Club (BGCA) of Augusta. They participate in a lot of activities which is part of BGCA i.e. 4-H, Gardening Club, Keystone, Passport to Manhood, Career Launch, and Smart Girl Moves. We will indeed look into taking a trip to Fort Jackson so our MST patrons can intermingle with other teens and form a friendship/bond.

h. Lead agency: DFMWR.

Issue T-1411: Money Management Classes for Teens

- a. **Status:** Completed.
- b. **Entered:** July 2014.
- c. **Final action:** December 2014.
- d. **Subject area:** Youth.
- e. **Scope:** There are no money management classes for teens. Teens who are making money do not know how to manage their money. We need classes so we can get smart on saving money, to buy things we want or save for college.
- f. **Recommendations:** Create money management classes for teens to help them manage their money in the future.

g. Progress:

Subject Matter Expert Response:

- 1. Create money management program using on area businesses.
- 2. Incorporate BGCA Money Matters Curriculum.

Staff Recommendation

1. Create series of classes/seminars to middle school students/teens through Wells Fargo and Fort Gordon Credit Union (FGCU) representatives

a. Contact has been made with Falon Hensley (Wells Fargo) to potentially offer "Money Management" classes. Falon Hensley - Personal Banker

(Falon.Hensley@wellsfargo.com; 706-771-5964) Mrs. Hensley is willing to speak with teens (ages 11 and up)

b. Contact has been made with Brooke Willis (FGCU) to offer classes for teens Brooke Willis - Marketing Director (bwillis@fgccu.org; 706.262.7927)

- 2. Work with current SAC Homework Lab instructor to ensure appropriate BGCA Money Matter curriculum is offered as a club.
- 3. Contact ACS for additional support in offering classes/seminars to teens.

Steering Committee Meeting held 2 December 2014:

Money Matters classes have been re-established on a weekly basis.

h. Lead agency: DFMWR.

Issue T-1412: Overnight Summer Activities for Middle School/Teen Program

- a. **Status:** Completed.
- b. **Entered:** July 2014.
- c. **Final action:** December 2015.
- d. **Subject area:** Youth.
- e. **Scope:** There are no overnight summer activities at MS/T. This results in a lack of teenagers coming to camp. Not having overnight summer activities (i.e Disney, Universal Studios) jeopardizes the number of teens showing up at the MS/T Program.
- f. **Recommendations:** Provide overnight summer activities for MS/T Program teens.

g. Progress:

Subject Matter Expert Response: Youth Center will look into Army and garrison policies on overnight activities.

Steering Committee Meeting held 2 December 2014:

More information from SME required. Continue to track.

Steering Committee Meeting held 15 December 2015:

The new Middle School Teen (MST) Center opened in January 2015. Overnight summer programs have been offered and will continue.

h. Lead agency: DFMWR.

Issue T-1413: Tutoring/Mentoring Program to School Age Services (SAS) Kids

- a. **Status:** Completed.
- b. **Entered:** July 2014.
- c. **Final action:** December 2015.
- d. **Subject area:** Youth.

e. Scope: Teens want a tutor and mentor program for the SAS kids. SAS kids are not getting the help they need, so teens should be able to help. Many young children cant read, make friends or just need help with something that they are not good at. This is important because some teens feel like they can help younger children.

f. Recommendations: What we want is to be able to feel like an older sibling or a role model for younger kids in SAS.

g. Progress:

Subject Matter Expert Response:

- 1. Create a program for teens to read to children at the centers (CDC Main)
- 2. Create a homework help station using teens as the tutors (SAS)
 - a. Use this homework help center as a means for teens to earn community service hours (Beta Club, Junior Honor Society)
 - 3. Create a Teen Panel that would allow teens to create and run a homework help center.

Steering Committee Meeting held 2 December 2014:

More information from SME required. Continue to track.

Steering Committee Meeting held 15 December 2015:

There is a Homework Lab at the SAS building has an employee there to help the kids with homework. In addition, youth from the MST Center have volunteer and mentoring programs that work with the SAS youth.

h. Lead agency: DFMWR.

Issue T-1414: Middle School/Teen (MST) Program Open Door Policy

- a. **Status:** Completed.
- b. **Entered:** July 2014.
- c. **Final action:** December 2014.
- d. **Subject area:** Youth.
- e. **Scope:** MS/T Program teens feel there is not really an open door policy in order to speak to the MS/T staff at the program. They feel that the staff is too busy and don't have the time. The Military Family Life Consultants that come to the MS/T Program stare at the kids and make them feel uncomfortable. This causes the teens to not have anyone they feel they can go to if they have an issue or just need to talk to someone.
- f. **Recommendations:** Establish a true open door policy and find time to talk to the kids to establish a communication system so they can feel more comfortable opening up to the MS/T Program staff.
- g. Progress:**
- Steering Committee Meeting held 2 December 2014:** There is already an open door policy in place, for both parents and teens. The program will post signs on wall outlining who they can go to if they need to talk or exercise the open door policy.
- h. Lead agency:** DFMWR.