

INITIAL REPORT OF SUSPECTED CHILD SEXUAL ABUSE IN DOD OPERATED OR SPONSORED OUT-OF-HOME CARE ACTIVITIES	REPORT CONTROL SYMBOL DD-P&R(Q)2052
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SECTION A - ADMINISTRATIVE INFORMATION

1. NAME OF INSTALLATION	2. STATE/COUNTRY
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3. POINT OF CONTACT	
a. NAME <i>(Last, First, Middle Initial)</i>	b. POSITION

c. CONTACT INFORMATION		
(1) DSN TELEPHONE NUMBER	(2) COMMERCIAL TELEPHONE NUMBER <i>(Include Area Code)</i>	(3) FAX NUMBERS <i>(DSN and Commercial)</i>

(4) E-MAIL ADDRESS

4. ACTIVITY WHERE SUSPECTED ABUSE OCCURRED

5. DATE REPORTED TO <i>(Enter all dates as MM/DD/YYYY)</i>		
a. INSTALLATION FAP	b. SERVICE/DEFENSE AGENCY FAP HQ	c. DUSD(P&R)

6. AGENCIES INVOLVED <i>(X all that apply)</i>			
	a. MILITARY CRIMINAL INVESTIGATIVE ORGANIZATION:		d. INSTALLATION FAP
<input type="checkbox"/>	CID	<input type="checkbox"/>	NCIS
<input type="checkbox"/>	AFOSI	<input type="checkbox"/>	
	b. CIVILIAN LAW ENFORCEMENT OF:		e. ACTIVITY MAJCOM/HQ
<input type="checkbox"/>		<input type="checkbox"/>	
	c. CHILD PROTECTIVE SERVICES OF:		f. SERVICE FAP RESPONSE TEAM
<input type="checkbox"/>		<input type="checkbox"/>	

7. PUBLICITY <i>(X all that apply)</i>			
	a. RUMORS/DISCUSSION ON INSTALLATION		
<input type="checkbox"/>			
	b. INSTALLATION "TOWN MEETING"		
<input type="checkbox"/>	CONDUCTED	<input type="checkbox"/>	SCHEDULED
	c. INQUIRIES FROM CIVILIAN MEDIA		
<input type="checkbox"/>	LOCAL	<input type="checkbox"/>	NATIONAL
	d. REPORTED IN CIVILIAN MEDIA		
<input type="checkbox"/>	LOCAL	<input type="checkbox"/>	NATIONAL

SECTION B - INFORMATION ON PROBABLE AND POTENTIAL VICTIMS*(If additional information is needed, continue on separate sheet.)***8. PROBABLE VICTIMS**

a. NUMBER	b. AGE	c. SEX	d. SPONSOR'S SERVICE	a. NUMBER	b. AGE	c. SEX	d. SPONSOR'S SERVICE
1				6			
2				7			
3				8			
4				9			
5				10			

9. POTENTIAL VICTIMS IN OTHER OUT-OF-HOME CARE ACTIVITIES? YES NO

10. TOTAL ESTIMATED POTENTIAL VICTIMS

11. ESTIMATED AGE RANGE OF POTENTIAL VICTIMS

_____ TO _____

12. SPONSORS OF POTENTIAL VICTIMS FROM DIFFERENT SERVICES? YES NO

SECTION C - INFORMATION ON SUBJECT OF THE ALLEGATION*(If additional information is needed, continue on separate sheet.)*

13. SEX	14. AGE	15. YEARS AT INSTALLATION	16. CURRENT POSITION WITHIN ACTIVITY
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17. EMPLOYMENT STATUS

EMPLOYEE CONTRACTOR/CONTRACT EMPLOYEE VOLUNTEER

18. CURRENT POSITION(S) IN OTHER OUT-OF-HOME CARE ACTIVITIES ON INSTALLATION *(List all)*

19. PREVIOUS POSITION(S) IN OUT-OF-HOME CARE ACTIVITIES ON INSTALLATION *(List all)*

20. PREVIOUS POSITION(S) IN OUT-OF-HOME CARE ACTIVITIES ON OTHER INSTALLATIONS *(List all and provide dates)*

21. DATE, TYPES AND RESULTS OF BACKGROUND CHECK(S)

22. STATUS *(If additional information is needed, continue on separate sheet.)*

a. CURRENT SUBJECT STATUS IN ACTIVITY	b. CURRENT LEGAL STATUS
(1) REASSIGNED <i>(Away from children/youth)</i>	(1) INVESTIGATION OPEN
(2) ON ADMINISTRATIVE LEAVE	(2) CHARGES FILED
(3) RESIGNED/TERMINATED	(3) FUGITIVE
(4) REMAINS IN POSITION	(4) CLOSED INVESTIGATION ONLY

**INSTRUCTIONS FOR COMPLETING INITIAL REPORT OF SUSPECTED CHILD SEXUAL ABUSE
IN DOD OPERATED OR SPONSORED OUT-OF-HOME CARE ACTIVITIES**

GENERAL.

Within 72 hours of being notified of a suspected incident of child sexual abuse in an DoD operated or sponsored out-of-home care activity, as defined in Enclosure 1 of DoDI 6400.3, the information about such an incident shall be reported through Service or Defense Agency Family Advocacy Program (FAP) channels to the Deputy Under Secretary of Defense (Personnel and Readiness) (DUSD(P&R)) by fax to (703) 602-4983 (DSN 332-4983) or electronically. Information contained on the form must be coordinated with the criminal investigative organization or law enforcement agency conducting the investigation, in addition to other offices or agencies having relevant information. If civilian agencies exercising jurisdiction over the incident have not provided required information within the 72 hours, all other information should still be submitted to the DUSD(P&R) in as much detail as possible.

Section A - Administrative Information.

1. Name of Installation. Enter the name of the installation submitting the "Initial Report".
2. State/Country. Enter the name of the state or country in which the installation is located.
3. Point of Contact. Enter the name, official position, DSN and commercial voice telephone numbers, DSN and commercial fax telephone numbers, and electronic mail address of the person submitting the "Initial Report".
4. Activity Where Suspected Abuse Occurred. Enter the name of the out-of-home care activity, such as child development center, family home care, youth program, chapel program, DoD Dependents Schools System school, DoD Elementary and Secondary School, etc., in which the incident allegedly occurred.
5. Date Reported To: Enter the dates that the following were notified of the suspected abuse incident, using the format MM/DD/YYYY:
 - a. Installation Family Advocacy Program (FAP),
 - b. Service or Defense Agency FAP Headquarters, and
 - c. Deputy Under Secretary of Defense (Personnel and Readiness) (DUSD(P&R)).

6. Agencies Involved. Mark (X) the box of each agency that is involved in the investigation and/or assessment of the suspected incident.

- a. If 6a. is applicable, indicate whether the Department of the Army Criminal Investigative Division (CID), Department of the Navy Naval Criminal Investigative Service (NCIS), or the Department of the Air Force Office of Special Investigations (AFOSI) is involved.
- b. If 6b. is applicable, enter the name of the state, county or city civilian law enforcement agency involved.
- c. If 6c. is applicable, enter the name of the state, county or city civilian child protective services agency involved.
- d. Mark 6d if the installation leadership has established a response team consisting of representatives from the activity where the suspected abuse occurred, the FAP, the installation detachment of the military criminal investigative organization in 6a., the office of the Staff Judge Advocate, the public affairs office, and any other relevant office.
- e. Mark 6e. if the office at the major command or at the Service or Defense Agency headquarters level of the activity where the suspected abuse occurred has established a response team.
- f. Mark 6f. if the FAP at the Service or Defense Agency headquarters level has established a response team.

7. Publicity. Mark the box for each applicable type of publicity concerning the suspected sexual abuse.

Section B - Information on Probable and Potential Victims.

8. Probable Victims.
 - a. Victim Number. Assign a number for each child who has been identified as a probable victim. If more than ten (10) probable victims have been identified, attach an additional sheet.
 - b. Age. Enter the age on his or her last birthday of each child who has been identified as a probable victim.
 - c. Sex. Enter "M" for each male child and "F" for each female child who has been identified as a probable victim.

8. Probable Victims (Continued).

d. Sponsor's Service. Enter the Service of the sponsor of each child who has been identified as a probable victim. If a child who has been identified as a probable victim is not a military dependent, enter "Unaffiliated".

9. Potential Victims in Other Out-of-Home Care Programs? If there is reason to believe that the care provider who is the subject of the investigation has had significant opportunities for access to other children in other DoD operated or sponsored out-of-home care activities at the installation, mark "Yes". If there is reason to believe that the subject has not had significant opportunities for access to other children or youth in other DoD operated or sponsored out-of-home care activities at the installation, mark "No".

10. Total Estimated Potential Victims. Estimate the number of children or youth who may be victims, including those already identified as probable victims, because the care provider had significant opportunities for access to them in DoD operated or sponsored out-of-home care activities at the installation.

11. Estimated Age Range of Potential Victims. Based on the DoD operated or sponsored out-of-home care activities at the installation where the care provider had significant opportunities for access to children and youth, enter the age of the youngest child or youth and the age of the oldest child or youth in such activities.

12. Sponsors of Potential Victims from Different Services? If a child or youth who is a potential victim but who has not been identified as a probable victim has a sponsor in a Service different from any sponsor of a child or youth who has been identified as a probable victim, mark "Yes". If the sponsors of all children or youth who are potential victims but who have not been identified as probable victims are of the same Services as the sponsors of all children or youth who have been identified as probable victims, mark "No".

Section C - Information on Subject of the Allegation.

13. Sex. Enter "M" if the care provider who is the subject of the allegation is male and "F" if the subject of the allegation is female.

14. Age. Enter the age of the care provider on his or her last birthday.

15. Years at Installation. Enter the number of years the care provider currently has been at the installation.

16. Current Position Within Activity. Enter the care provider's position title within the out-of-home care activity, such as program assistant, youth development specialist, sports coach, teacher, etc.

17. Employment Status. Mark whether the care provider is an employee, contractor or contract employee, or volunteer.

18. Current Position(s) in Other Out-of-Home Care Activities on Installation. List all other employed, contract, or volunteer positions the care provider currently has in out-of-home care activities on the installation.

19. Previous Position(s) in Out-of-Home Care Activities on Installation. List all other employed, contract, or volunteer positions the care provider previously had in out-of-home care activities on the installation.

20. Previous Position(s) in Out-of-Home Care Activities at Other Installation(s). List all other employed, contract, or volunteer positions the care provider previously had in out-of-home care activities on other military installations and the names of the installations. Provide dates if known.

21. Dates, Types, and Results of Background Checks. List the dates, types, and results of background checks performed on the care provider. Consult the Service's out-of-home care policy that implements DoD Instruction 1402.5 for the types of background checks that should be and may have been performed.

22. Subject Status. Mark the current status of the care provider within the out-of-home care activity on the installation. Mark the current legal status of the allegations against the care provider.