



Fort Gordon, Georgia

2015

Issue Book

Updated October 2017

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

ISSUE #	ISSUE TITLE	STATUS	SUBJECT AREA	ENTERED AFAP	FINAL ACTION
1501	The Religious Education Center is Small and Disconnected	Active	Family Support	10/14	
1502	Parking at Dwight David Eisenhower Army Medical Center	Completed	Medical	10/14	09/17
1503	Bus Service Inside Fort Gordon	Completed	Force Support	10/14	06/16
1504	Kitchen Availability for Shift Working Soldiers	Completed	Force Support	10/14	06/16
1505	Traffic Flow Improvements at Gate #1	Completed	Force Support	10/14	12/14
1506	Permanent Public Facilities at the Boundless Playground Recreational Area	Active	Family Support	10/14	
1507	Fort Gordon Pedestrian Crosswalks	Combined	Force Support	10/14	07/15
1508	Urgent Care Referrals for Family Members	Completed	Medical	10/14	03/15
1509	No High Speed Internet in Barracks #29708 and #29715	Completed	Consumer Support	02/15	07/15
1510	Soldier Leave Carryover	Unattainable	Benefits and Entitlements	02/15	07/15
1511	Child Care for Chaplain Sponsored Events	Completed/Elevate	Child Care	02/15	03/15
1512	Army Physical Fitness Program for Soldiers	Completed	Force Support	02/15	07/15
1513	Daily Duty Hours for Soldiers at Fort Gordon	Completed	Force Support	02/15	07/15
1514	Spousal Preference Program	Combined	Family Support	05/15	07/15
1515	Parent with a Child Who Commits Crimes on Post	Completed	Family Support	05/15	07/15
1516	AR 670-1, Uniform Policy	Completed	Force Support	05/15	07/15
1517	Survivor Outreach Services for Soldiers	Completed	Force Support	05/15	04/16
1518	Weapons on Post	Active	Family Support	05/15	
1519	Policy Letter 7, Family Time	Combined	Force Support	05/15	07/15
1520	Availability of Medical Appointments for Children on Fort Gordon	Combined	Medical	08/15	12/2015
1521	Primary Care Managers Withholding Referrals to Specialty Clinics	Completed	Medical	08/15	09/15
1522	Formal Written IG Complaints	Completed	Force Support	08/15	

					09/15
1523	Identification of Registered Sex Offenders to Help Fort Gordon Families Safeguard Themselves	Active	Family Support	08/15	
1524	Lack of Support to Soldiers and Family Members from the Army Education Center	Completed	Family Support	08/15	09/17
1525	Develop Program to Provide Financial Assistance for Custody Battles	Unattainable	Family Support	08/15	09/15
1526	Poor Quality of Lettering on New Army Physical Fitness Uniform	Completed	Force Support	08/15	09/15
1527	Improvements to Sexual Assault Prevention Measures at the Garrison Level	Active	Force Support	08/15	
1528	Unfair Civilian Hiring Practices on Fort Gordon	Active	Consumer Support	08/15	
1529	Army Community Service Responsiveness/Customer Support	Completed	Consumer Support	08/15	09/17
T1501	Several Rooms in the Teen Center are never/rarely used	Completed	Youth	04/15	06/16
T1502	Lack of High School Teens Attending the Teen Center	Active	Youth	04/15	
T1503	Provide Additional Time During Field Trips	Completed	Youth	04/15	06/16
T1504	Provide Additional Resources for Suicide Prevention	Completed	Youth	04/15	03/17
T1505	Ensure WiFi is Accessible in the Teen Center	Completed	Youth	04/15	06/16
T1506	Provide Crosswalk for Added Safety	Active	Youth		

Issue 1501: The Religious Education Center is Small and Disconnected

- a. **Status:** Active.
- b. **Entered:** October 2014.
- c. **Final action:**
- d. **Subject area:** Family Support.
- e. **Scope:** The REC is several small buildings and it is very difficult to conduct large conferences. For example – when vacation bible school is held during the summer, the kids meet in small, barely air conditioned, old buildings and are separate until the very end, where they are then packed into a small over crowded room for the final performance.
- f. **Recommendation:** Build a proper Religious Education Center for Fort Gordon
- g. **Progress:**
Steering Committee Meeting 2 December 2014:
Continue to track this issue locally.
Steering Committee Meeting 15 December 2015:
The following issue was determined to remain active and continue to be tracked for possible resolution.
- h. **Lead agency:** RSO.

Issue 1502: Parking at Dwight David Eisenhower Army Medical Center

- a. **Status:** Completed
- b. **Entered:** October 2014.
- c. **Final action:** September 2017
- d. **Subject area:** Family Support.
- e. **Scope:** The parking lots are not designed to accommodate the volume of patients, visitors, and employees who utilize this regional hospital. The design of the parking lots leads to illegally parked vehicles which cause safety concerns. Furthermore, this leads to patients and personnel being either late to or missing appointments, which costs the government time and money.
- f. **Recommendation:**
 1. Expand the parking lots.
 - Build a parking garage.
 - Authorize reasonable 3rd party valet services for patients.
- g. **Progress:**
Subject Matter Expert Response:
 1. Patient safety is very important to the team at the Eisenhower Army Medical Center and we are always looking for ways to improve the patient experience.
 2. We have submitted projects that would increase the parking areas around EAMC and a project for a Warrior Transition Complex beside the medical center with additional parking. We will continue to submit projects to increase our parking capacity but at this time we have not received any authorization or funds to improve our parking areas.
 3. We are however looking at small improvements that can be done in the short term to improve the parking situation. We are currently requesting funds for two small increases to existing lots and we recently reopened the pick-up and drop-off area in front of the medical center to make the traffic flow safer while providing 15 minute parking by the entrance.
- Steering Committee Meeting held 2 December 2014:**
Continue to track this issue locally.
- Steering Committee Meeting held 3 March 2015:**
EAMC has several Parking Projects already planned. One was funded at year end. Continue to track this issue locally.
- Steering Committee Meeting 15 December 2015:**
The following issue was determined to remain active and continue to be tracked for possible resolution.\
- Steering Committee Meeting 29 June 2016:** The Subject Matter Expert (SME) LTC Meek gave updates pertaining to this issue. Part of the problem with expansion is that they are awaiting

funding to expand the parking lot. Also, there is a temporary facility made up of modular buildings that are taking up 200 staff parking slots. They will be moved by the end of the summer freeing up those spaces. Also, by next fall of 2017 there will be a new community based medical facility that supports Tricare Military members off post which will lower the patient foot traffic on post. **Steering Committee Meeting 14 September 2017:** The Subject Matter Expert (SME) spoke about new parking areas that were opened up at DDEAMC. They also discussed the upcoming community based medical center which will alleviate some traffic concerns. The AFAP Committee voted that this issue was completed.

h. **Lead Agency:** DDEAMC.

Issue 1503: Bus Service Inside Fort Gordon

- a. **Status:** Complete.
- b. **Entered:** October 2014.
- c. **Final action:** June 2016
- d. **Subject area:** Force Support.
- e. **Scope:** There is already an Augusta-Atlanta airport shuttle, there is already a courtesy van, but what is lacking is a regular bus service to run a circle route to the PX area, several gyms, Teresa's, the Gordon Club, Whitelaw Building, Theater, Bowling center, Pool, Signal Theater, to include evenings and weekends and also to select locations off post. Impact is Soldiers are paying too much on taxis and the GA summers are too hot to walk. Facilities are closing because they aren't being used.
- f. **Recommendation:**
 1. Use of existing TMP buses and use of military drivers.
 2. Driving duty could be part of a bus-driving learner's course and to help drivers accumulate hours for driver's badge
 3. Availability of transportation would encourage use of existing Fort Gordon facilities.
 4. Availability of a bus to drop off/pick up at maybe Broad Street and Target shopping center would reduce DUIs.
- g. **Progress:**
Subject Matter Expert Response:
As for a bus around the post and downtown, we have just reached an agreement with the Augusta Transit Authority to provide bus movement between the Installation and the Augusta area. The bus will come on post and make a loop around and then back out to the Augusta area. The schedule for that was published in the Signal last Friday 17 October 2014. This Augusta Bus Route #10 is going to be a great opportunity for those wanting to get on or off post and or moved around during the day.
- Steering Committee Meeting 2 December 2014:**
Continue to track this issue locally.
- Steering Committee Meeting 15 December 2015:**
The following issue was determined to remain active and continue to be tracked for possible resolution.
- Steering Committee Meeting 29 June 2016:** Several committee members who have historical knowledge expressed that multiple times a bus service has been established for a reasonable trial period and it was not utilized by the Soldier population. Because a bus circuit would take longer than getting a ride from a taxi or friend, Soldiers would rather spend money to have a shorter ride. While in writing it sounds good, the practicality of it never paid out. It simply wasn't utilized. Because a bus service has been tried more than once and each time failed the committee determined that at this time, it is not an issue.
- h. **Lead Agency:** LRC.

Issue 1504: Kitchen Availability for Shift Working Soldiers

- a. **Status:** Complete.
- b. **Entered:** October 2014.
- c. **Final action:** June 2016

d. Subject area: Force Support.

e. Scope: Shift working Soldiers are unable to go to a dining facility for meals and are limited to microwave dinners in the barracks (buildings 19733 and 19731). There are only two stoves available in these barracks for more than 500 Soldiers to utilize. This leads to health/weight issues with soldiers only eating fast food.

f. Recommendation:

1. Redo the power grid system within the barracks.
2. Ventilate one room per floor to create a kitchen.
3. Larger fridges for barracks rooms.

g. Progress:

Subject Matter Expert Response:

1. This is a concern that has been discussed a few times and is gaining traction with the continued growth and the expectation of a growing number of shift workers.
2. The numbers mentioned in the comment also appear to be extremely inflated. There are approximately 450 Soldiers living in 19731, 19733, 19735, and 19737. Roughly 2/3 are "shift workers" with roughly 75% of them working the day shift. They have the same access to DFACs as all the Soldiers on the installation. That means roughly 100 Soldiers may be working a night shift.
3. Current discussion with 706th MI revolve around changing one room per floor to a kitchen style space but all of these discussions are based on 706th belief that INSCOM will fund. There have been no designs or scope of work developed as this is very early on in the "planning phase". There is currently no requirement for kitchens in the barracks; therefore there is no funding for a project of that magnitude.
4. The other COA that could be discussed is engaging the LRC for a "midnight chow" style facility, but as long as the Soldiers receive blanket separate rations, this is probably not likely.

Steering Committee Meeting held 2 December 2014:

Continue to track this issue locally.

Steering Committee Meeting 15 December 2015:

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

Steering Committee Meeting 29 June 2016: Information provided by Mr. Ramey from DPW said that it wasn't as simple as installing a kitchen in all the barracks. Some of the barracks are old and would require rewiring the whole facility to install a fire system. Would require modifying the entire infrastructure to support heat elements. There is already a kitchen expansion in the works at Brown Hall. COL Turner and CSM Campbell said they would directly follow up with Logistics Readiness Center (LRC) to allow Service Members on shift work to take out more than one to-go container so they can bring food back for colleagues. COL Turner said that the Dining Facility (DFAC) operation is only closed between 0100-0500 and is open 20 hours a day. Therefore it has been determined by the committee this is not an issue that they feel warrants further merit at this time.

h. Lead agency: DPW.

Issue 1505: Traffic Flow Improvements at Gate #1

a. Status: Complete.

b. Entered: October 2014.

c. Final action: December 2014. .

d. Subject area: Force Support.

e. Scope: Travel time onto Fort Gordon is delayed due to inadequate expansion of gate #1. With the increase of personnel assigned to and growth of Fort Gordon, traffic backs up through the Gordon Highway intersection. There is only one dedicated lane for DoD ID card holders and one dedicated lane for non ID card holders entering Fort Gordon's main gate. Excessive traffic congestion at gate #1 jeopardizes the safety and security of the Fort Gordon population.

f. Recommendation:

1. Develop a dedicated visitor only entrance, separate from gate #1, with minimum disruption to the Fort Gordon and Augusta population.

2. Create a third permanent lane entering gate #1.

g. Progress:

Steering Committee Meeting held 2 December 2014: This issue is being addressed in the military construction project for 2018; a newly constructed gate.

h. Lead agency: DPW.

Issue 1506: Permanent Public Facilities for the Boundless Playground Recreational Area

a. Status: Active.

b. Entered: October 2014.

c. Final action:

d. Subject area: Family Support.

e. Scope: Families don't have access to clean and serviceable permanent public facilities, with running water, while utilizing the boundless playground (Fort Gordon's main playground), youth sports fields, and new dog park. With the increase of personnel assigned to and growth of Fort Gordon, more families are utilizing the boundless playground recreational area. Unsanitary conditions of the temporary restrooms may lead to the spread of communicable diseases, which cause families with children to commute elsewhere to utilize more sanitary facilities.

f. Recommendations:

Build and maintain a permanent public facility for the boundless playground recreational area, to include water fountains and restrooms with sinks and changing tables.

g. Progress:

Steering Committee Meeting held 2 December 2014:

Continue to track this issue locally.

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

Steering Committee Meeting 29 June 2016: Mr. Ramey spoke on behalf of this issue, stating that a facility has not been created because it hasn't necessarily been pushed for funding and hasn't been addressed until now. He stated that the difficulty with creating a public facility resides in the regulations set by Augusta Public Works and the pipes that would have to be placed to run the water. The utilities would be the bulk of the costs. COL Turner wants an exact figure on how much it would cost and will be readdressed at the next steering committee meeting.

h. Lead agency: DPW.

Issue 1507: Fort Gordon Pedestrian Crosswalks

a. Status: Combined

b. Entered: October 2014.

c. Final action: July 2015

d. Subject area: Force Support.

e. Scope: Pedestrians are hard to identify while crossing streets throughout Fort Gordon due to unmarked, un-lit, or faded crosswalks. The lack of established crosswalks after construction of new facilities and road maintenance has led to an increase of jay walking. According to Georgia Code Title 40, Chapter 6, Article 5, Rights of Way in Crosswalks, pedestrians crossing in an unmarked or not visible crosswalk could be considered at fault in an accident. The lack of visibility raises safety hazards for pedestrians and motorists.

f. Recommendations:

1. Create overhead skywalks, "Cyber Walks", in high traffic areas.
2. Locate, repaint and illuminate all crosswalks to match those near Signal Towers on Chamberlain Avenue.
3. Assign a task force to evaluate the foot traffic around Fort Gordon to identify the need for new crosswalks.

g. Progress:

Steering Committee Meeting held 2 December 2014:

Continue to track this issue locally.

Steering Committee Meeting 28 July 2015:

Combine issue with T-1506

h. Lead agency: DPW.

Issue 1508: Urgent Care Referrals for Family Members

a. Status: Completed.

b. Entered: October 2014.

c. Final action: March 2015.

d. Subject area: Medical.

e. Scope: It is extremely difficult for Family Members of Service Members on Active Duty status to get same day urgent care appointments at Dwight David Army Medical Center (DDEAMC) and do not have another option for care. TRICARE Prime Family Members have limited options to utilize outside urgent care facilities. Limited options for urgent care causes the Family Members to visit the emergency room when it is not an emergency, causing an influx of patients in the waiting room, or to not receive timely care for their medical issue.

f. Recommendations: Approve authorization for dependents of Service Members on Active Duty status to receive urgent care referrals when appointments are full at DDEAMC.

g. Progress:

Subject Matter Expert Response:

1. This option has been implemented within the last 2 months. When a patient calls Central Appointments for a same day appointment, if all ACUTE appointments for that day are exhausted, the patient is offered an Urgent Care Referral to a civilian provider. The consult for an Urgent Care Referral is entered by DDEAMC. The patient does not have to seek approval for that referral separately.

2. In an effort to reduce the number of times this option would have to be used, DDEAMC primary care clinics are actively increasing the number of ACUTE appointments that exist on days when demand is anticipated to be higher, such as immediately after a long weekend. Additionally, the Family Medicine Clinic and the Community Care Clinic have a "Self Referral Clinic" (SRC) where straight forward issues such as suspected UTIs or pregnancy testing is done on a walk-in basis. The SRC helps reduce non-emergency traffic in the ED.

3. The number of Urgent Care Referrals made is a metric now being tracked as an indicator of how well we are meeting the acute care needs of our beneficiaries.

Steering Committee Meeting held 2 December 2014:

Continue to track this issue locally.

Steering Committee Meeting held 3 March 2015:

There is now a nurse located at the hospital appointment line who is available to make professional assessments as to the need for urgent care. If there is a need for urgent care, and no primary care slots available, the nurse is able to schedule the patient in an available appointment in another clinic.

h. Lead agency: DDEAMC.

Issue 1509: No High Speed Internet in Barracks #29708 and #29715

a. Status: Completed.

b. Entered: February 2015.

c. Final action: July 2015

d. Subject area: Consumer Support.

e. Scope: Complaint for internet service in the male and female barracks in buildings 29708 and 29715. We have all come to an agreement as a unit and decided we are willing to pay for high speed internet. We would like access in order to continue general studies while not in classes, keep in touch with family via ie, skype and for personal leisure.

f. Recommendation: Allow for high speed internet.

g. Progress:

Subject Matter Expert Response:

The buildings have been surveyed and are part of a multi project to add Internet services via Boingo high speed internet provider. The current schedule has Building 29708 9th on the list and 29715 12th on the list for installs—Installs start 9 Feb – these installs are phase two and have been added since Boingo came on board- without a concrete date the company expects all installs to be done by end of March – of course the first building's sooner.

Steering Committee Meeting 28 July 2015:

Internet services are now available with the internet provider Boingo.

h. Lead Agency: AAFES.

Issue 1510: Soldier Leave Carryover

a. Status: Unattainable

b. Entered: February 2015.

c. Final action: July 2015

d. Subject area: Benefits and Entitlements.

e. Scope: Leave carryover will reduce back to 60 days on 1 October 2015. Optempo is still elevated and leaves are not always feasible.

f. Recommendation: Extend 75 days carryover beyond 1 October 2015.

g. Progress:

Subject Matter Expert Response:

Referencing Military Pay E-Message 13-011-Army G-1 did not provide any reasons but simply stated that the Department of Defense is not extending the Leave Carryover authorization of 75 days. Any Leave balances exceeding 60 days on 01 October 2015 will be lost.

Steering Committee Meeting 28 July 2015:

The Department of Defense is not extending the Leave Carryover authorization of 75 days. Any leave balances exceeding 60 days on 1 October 2015 will be lost.

h. Lead Agency: DFAS.

Issue 1511: Child Care for Chaplain Sponsored Events

a. Status: Complete/Elevate.

b. Entered: February 2015.

c. Final action: March 2015.

d. Subject area: Child Care.

e. Scope: Starting on 01 February 2015, the Chaplain program stopped being able to use off installation child care and is required to use CYSS for child care for their events due to safety concerns for children and their background check processes. It is a problem because not only at Fort Gordon, but across the Army, CYSS does not have logistical support to provide their normal child care services and the influx of the Chaplains events, causing either child care to no longer being provided or having to reschedule planned events, which could lead to a drop in attendance.

f. Recommendation: This problem could easily be resolved by creating a standard for acceptable child care agencies that include the necessary child safety and background check metrics and then doing research into finding off installation child care agencies that match the standards., This list could then be provided to the Chaplain program to use to supplement CYSS when it is not available.

g. Progress:

Subject Matter Expert Response:

- Army Directive 2014-23 Memorandum for Distribution (stamped 10 SEP 14) was not received through dissemination to lower levels through ACOMs until mid January (o/a 14 JAN 15).

1. There are three (3) category of Strong Bonds Events: A (Alpha) events are ½ day events requiring 3 hours of SB curriculum instruction, B (Bravo) events are one day events requiring 6 hours dedicated to SB curriculum instruction, and C (Charlie) events which are over night events requiring at least 12 hours of SB

curriculum instruction. A/B/C events may target either of the following audiences: singles, couples, families, and deployment/redeployment. The type of events most likely impacted by Directive 2014-23 are the larger ticket SB programs: SB Charlie events and those targeting families and deployment/redeployment. A/B SB programs are least likely to be negatively affected overall, although those programs dedicated to family and couple curriculum will still be at some degree of risk.

2. Directive 2014-23 will negatively affect the dispersal of funds granted for yearly submitted SB program grant requests and the usage of funds for each request. The extent to this affect is yet to be seen over a yearly period, but several Charlie Event across the force were impacted: The short issuance of 2014-23 through IMCOM did not provide these units nor their respective CYSS the time to make coordination for child care. These event were reportedly successfully completed due to parental watch of children on site in the exact space in which training was being conducted. Such arrangements made it difficult for adults to give 100% attention to learning process.

It is unlikely that Directive 2014-23 will result in an adjustment increase in SB Grant Account at the highest level. There is no discussion or actions being generated from any source for funding increase adjustment.

3. Grant funds allocated for a particular SB event where child care is required and normally dedicated to payment of some slots will now have to be prepared to be utilize to pay for CYSS child care, unless command funding is able to cover child care personnel and related expenses. The ratio of care-giver to children will (and should) require the payment for services per-hour, transit cost, and for events that are remote (e.g. overnight C events), lodging, food, and transit (if the site is close enough to Augusta and child care professionals are required to travel back to home to care for their own families).

Further impacting off-site Strong Bond events requiring CYSS support is the requirements associated with CYSS services. Understandably for CYSS to execute to standard, any off-site (requiring child-care) will have to first be inspected according SASOHI standard. Sites will have to pass fire-safety and health-safety inspections and the approval process be synchronized with SB program planning and set-up. This synchronization effort may lay with CYSS, but adds to their plate. More related costs will ensue as to transportation costs and hourly dedication to inspect remote sites. As in the past, some C events were conducted at such a distance from home station that if SASOHI inspections were to have been required, lodging costs would have also likely been a part of the cost to the inspection effort. Question – in such possible cases, who would be paying for this?

4. Chaplains and Chaplain Assistants are somewhat restricted from making event planning changes since their request for Grants earmarks funding to be allocated for specific types of events. For example: funding is requested by yearly quarters projecting the type of event to be conducted. This means that a unit which planned Charlie events for 2nd and 4th quarters and for which CYSS support may not be possible places the event in jeopardy. Conducting A/B events in place of a Charlie event is possible, but coordination/approval process is expected to be coordinated through SB channels. This is doable, but requires more leg work on the part of all. It is possible that we will witness a great reduction in Charlie events in favor of more A/B events, which are more easily managed.

Steering Committee Meeting 3 March 2015: This issue needs to be elevated to higher headquarters.

h. Lead Agency: Religious Support Office.

Issue 1512: Army Physical Fitness Program for Soldiers

a. Status: Completed.

b. Entered: February 2015.

c. Final action: July 2015

d. Subject area: Force Support.

e. Scope: The Army Physical Readiness Training (PRT) focuses on combat readiness rather than preparing a Soldier to pass the Army Physical Fitness Test (APFT). The Army sets standards that Soldiers have to achieve, but does not provide the tools necessary to meet these standards. Per FM 7-22, “Army training overall prepares Soldiers, leaders, and units to fight in the full spectrum of operations. Combat readiness is the Army’s primary focus as it transitions to a more agile, versatile, lethal and survivable force. The PRT program provides a variety of physical readiness training activities that enhance military skills needed for effective combat and duty performance.” The PRT does not promote a ready and resilient Soldier which could result in injury, use of personal time to exercise, lower APFT pass rates, sleep deprivation and lower overall morale.

f. Recommendation: Develop an APFT program, conducted no more than 3 times per week, that enhances muscular endurance, strengthening and cardio fitness to better prepare Soldiers for the APFT.

g. Progress:

Steering Committee Meeting 28 July 2015:

There are physical training programs in place to prepare Soldiers for the APFT. Soldiers are also encouraged to do physical training on their own to ensure passing of the APFT

h. Lead Agency:

Issue 1513: Daily Duty Hours for Soldiers at Fort Gordon

a. Status: Completed.

b. Entered: February 2015.

c. Final action: July 2015

d. Subject area: Force Support.

e. Scope: Fort Gordon does not have policies regulating Soldiers daily duty hours. Per Field Manual (FM) 6-22.5 “Usual work schedules are 8 hours on/16 hours off. Sixteen hours off allows enough time to attend to maintenance duties, meals, personal hygiene, and so forth, while still obtaining 7 to 8 hours of sleep. “Working longer than 8 hours per day on a consistent basis impairs the Soldier’s daily functions and motor skills required to conduct daily missions and operations. The consequences of excessive work hours and lack of sleep include reduced alertness and concentration, increased risk of stroke, obesity, cardio vascular disease and depressed mood.

f. Recommendation:

1. Create a policy for daily work hours not to exceed 1700.

2. Enforce Fort Gordon’s Policy of Thursday 1500 Resiliency And Family Time (RAFT).

3. 0800 start time 2 days a week with optional PT on your own.

g. Progress:

Steering Committee Meeting 28 July 2015:

Daily duty hours is a command driven decision. The Brigade Commander has the latitude to set duty hours, depending on the mission and guidance from their MACOM.

h. Lead Agency:

Issue 1514: Spousal Preference Program

a. Status: Active.

b. Entered: May 2015.

c. Final action:

d. Subject area: Family Support.

e. Scope: My concern is about the Spousal Preference Program. Why does the spouse’s timeline (1 year) start on the date the orders of the Service Member are cut? This is not fair if it is the case. For example, I PCS’d here to Fort Gordon in May 2014. My orders were cut in October 2013. This is not about me, but I can say having already experiencing this for the 2nd time as a CSM in which I have had move twice within a 4 year time period. Based

on the CSL. I really don't think this is a fair process based on the fact Service Members orders are normally cut 6 months out from reporting to their next assignment, especially during the time school is in. Sometimes, we PCS without our family due to the nature of the mission of the new organization. If it's during school season, we don't want to pull our dependents out which may cause interruption to the education process or progress. The spouse is the one that stays to maintain stability and continuity of the family. While and during this process, the clock is still running and this process is being used against the purpose of the program. 2nd time as a CSM in which I have had move twice within a 4 year time period. Based on the CSL. I really don't think this is a fair process based on the fact Service Members orders are normally cut 6 months out from reporting to their next assignment, especially during the time school is in. Sometimes, we PCS without our family due to the nature of the mission of the new organization. If it's during school season, we don't want to pull our dependents out which may cause interruption to the education process or progress. The spouse is the one that stays to maintain stability and continuity of the family. While and during this process, the clock is still running and this process is being used against the purpose of the program.

f. Recommendation: Use date for spousal preference program from the date the spouse registers.

g. Progress:

Subject Matter Expert Response:

1. EO 13473's eligibility expires 2 years from the date of the PCS orders. The Federal Register states, "We (OPM) believe 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. IAW 5 CFR 315.612 (d) Conditions (1), IAW the provisions of this section, spouses are eligible for noncompetitive appointment for a maximum of 2 years from the date of (i) the service member's permanent change of station orders http://edocket.access.gpo.gov/cfr_2010/janqtr/pdf/5cfr315.612.pdf.

2. For example, if the service member's PCS orders are dated 11 Mar 10, the military spouse may be appointed NLT COB 11 Mar 12. If he/she applied for a position on 1 Jan 12 and is selected, the effective date of the appointment must be prior to 11 Mar 12 in order to use the EO 13473 hiring authority.

Steering Committee Meeting 28 July 2015:

Continue to track. More information needed on policy that guides military spouse preference. Issue combined with issue 1613: Military Spouse Hiring Preference

h. Lead Agency: CPAC

Issue 1515: Parent with a Child Who Commits Crimes on Post

a. Status: Completed.

b. Entered: May 2015.

c. Final action: 28 July 2015

d. Subject area: Family Support.

e. Scope: Many Service Members fear reporting or asking for help for juvenile to the military police or their command because of negative consequences (counseling's, reduction in rank), to the Service Member, so the family suffers in silence. This problem is within all ranks, enlisted and officer.

f. Recommendation: Youth Challenge or a similar program needs to be instituted at every major Army post.

g. Progress:

Steering Committee Meeting 28 July 2015: Fort Gordon does not have jurisdiction off-post. The Richmond County Magistrate has a partnership with the Fort Gordon Staff Judge Advocate Office that allows Fort Gordon to prosecute.

h. Lead Agency: SJA

Issue 1516: AR 670-1, Uniform Policy

a. Status: Completed.

b. Entered: May 2015.

c. Final action: 28 July 2015

d. Subject area: Force Support.

e. Scope: Soldiers are suffering unnecessarily. Soldiers can overheat more and faster by this type of wear of the combat uniform in Garrison.

f. Recommendation: Roll the sleeves up in the summer, down in the winter, in the field (ranges) and in combat theater.

g. Progress:

Subject Matter Expert Response:

In accordance with Department of the Army Pamphlet 670-1 Guide to the Wear and Appearance of Army Uniforms and Insignia Dated 2 December 2014, Sleeves will be worn down at all times (not rolled or cuffed). The sleeve cuffs on the combat uniform coat are not authorized to be rolled inside the coat.

Comments and suggested improvements are invited and can be made on a DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to Deputy Chief of Staff, G1 (DAPE-ZA) (Uniform Policy), 300 Army Pentagon, Washington, DC 22310-0300.

Steering Committee Meeting 28 July 2015:

A tiered policy has been published to address uniform wear during the high temperatures.

h. Lead Agency: Garrison Commander Office

Issue 1517: Survivor Outreach Services for Soldiers

a. Status: Complete

b. Entered: May 2015.

c. Final action: April 2016

d. Subject area: Force Support.

e. Scope: Army has an issue dealing with Soldiers and Families when the spouse dies. If it is a Soldier, they get an NCO or officer to help with the family and program issues. Soldiers don't get that attention. Because that Soldier still has issues with the unit and program cause his or her status changes.

f. Recommendation: A unit or battalion sponsor should be assigned to Service Member just as one is done for the spouse if the Soldier dies.

g. Progress:

Subject Matter Expert Response:

1. When a soldier loses a spouse at Fort Gordon the soldiers unit (when made aware of the death) contacts the Fort Gordon Casualty Assistance Center and their staff assist the soldier with necessary burial assistance (if the soldier wants the assistance) and all military related financial assistance is also provided. A CAO is not provided for the death of a non-military spouse but the unit will usually have another service member to be with the soldier and visit the CAC. Survivor Outreach Services (SOS) assist the soldier with locating counseling to fit the soldier and family needs, and assist with providing resources and answering questions that pertain to Losing a Loved One. SOS also provides non- military resources pertaining to grief and loss for those family members of the soldier that are not ID card holders. SOS will ensure the Soldier is aware of the MFLC program and Military One Source counseling assistance, we will provide assistance for the soldier, just as with other survivors for as long as the soldier desires.

2. Casualty Assistance Response: When a Service member's spouse dies the units here on Fort Gordon normally provides a Liaison that comes to casualty assistances to get information for the Soldier. The Soldier is not provided a CANCO/CAO unless the deceased were another Service member. The Soldier is also supported by Survivor Outreach Services. The Casualty Assistance Office file all claims for the Soldier/tracks the claim and also speak with the Funeral home on the Soldier's behalf (if asked). The Soldier is also informed from Casualty Assistance about the Bridge Loan for the burial expenses until the claim is settled.

Steering Committee Meeting held 28 September 2015:

Continue to track this issue locally. Commands should be getting involved to ensure that the Service member has the support they need. Information and support can be given through a CARE Team/FRG. Have the Mobilization & Deployment Program send out information regarding SOS services to the FRG. The casualty assistance program duties need to be shared with the community so they are aware of the resources available to them.

h. Lead Agency: DFMWR

Issue 1518: Weapons on Post

a. Status: Active.

b. Entered: May 2015.

c. Final action:

d. Subject area: Family Support.

e. Scope: Does not allow Soldiers and their families to conceal carry to and from post.

f. Recommendation: Allow weapons to be stored in locked containers on post.

g. Progress:

Subject Matter Expert Response:

1. IAW FG Regulation 210-13, "Concealed carry permits issued by any state, county, local or private institution is not valid on the installation." For the purpose of this regulation, a concealed weapon is any instrument used or designed for the purpose of inflicting grievous bodily harm that is carried on the person in such a way as to be hidden from ordinary view.

2. If privately owned weapons/firearms have been properly registered by Military Personnel or their immediate Family Members, they can transport their registered firearms or other authorized weapons on and off the installation as long as it is done IAW FG Regulation 210-13. A copy of the approved FG Form 9243 (Weapons Registration Form) must be in the possession of the individual who is transporting the registered weapons. This applies to Military Personnel and their immediate Family Members who reside on or off the post.

Steering Committee Meeting 28 July 2015:

More information from SME is required. Continue to track.

h. Lead Agency: DES

Issue 1519: Policy Letter 7, Family Time

a. Status: Combined

b. Entered: May 2015.

c. Final action:

d. Subject area: Force Support.

e. Scope: It is not being enforced due to being in a TRADOC post. I have a family with now less time adding increased stress at home and work for both myself, spouse and children.

f. Recommendation: Do not do away with family time. Enforce family time policy letter for all Soldiers, regardless if they are TRADOC or FORSCOM.

g. Progress:

Subject Matter Expert Response:

Steering Committee Meeting 28 July 2015:

Combine this issue with 1513

h. Lead Agency:

Issue 1520: Availability of Medical Appointments for Children on Fort Gordon

a. Status: Active.

b. Entered: August 2015.

c. Final action:

d. Subject area: Medical.

e. Scope: There are not enough medical appointments for children at DDEAMC. Parents calling the appointment line find that most of the same day appointments are already taken and their children cannot be seen. The opportune time to call (0700-0730) the "same

day appointment line" conflicts with first formation and school schedules. Many parents take their children to the ER, which detracts from DDEAMC's ability to provide care to true emergencies.

f. Recommendation:

1. Authorize dependents referrals and assignment to utilize TRICARE approved medical providers in the CSRA. Incorporate medical partnerships with other medical providers to support Fort Gordon future growth.

2. Extend the Family Practice Clinic hours from 0600-2000 hours to better support medical appointments.

3. Establish a 24 hour appointment phone line.

g. Progress:

Subject Matter Expert Response:

1. Thank you for bringing your concern regarding specialty care referrals to the attention of DDEAMC. The foundation for Army primary care is a concept referred to as Patient Centered Medical Home (PCMH). PCMH is: "the transformation of the Army's healthcare to a system whose total focus is on the needs and experiences of the patient. PCMH brings together a multi-disciplinary team of 3-5 primary care providers, nurses, case managers, care coordinators dietitians, pharmacists and behavioral health providers whose focus is to ensure patients' are supported in their health-care and readiness goals." (US Army, 2011).

2. Part of the PCMH concept is medically appropriate referral management. Similar to diagnosing a sprained ankle or treating the common cold, placing a specialty care referral is a medical decision made by the healthcare provider in conjunction with the healthcare needs of the patient. Often times, the appropriate medical decision may not be to refer common and/or uncomplicated diagnoses that can be safely and effectively managed by primary care. By limiting specialty referrals to uncommon and/or complicated diagnoses, access to specialty care is preserved for patients with the greatest need. DDEAMC is actively working on collaborative efforts between primary and specialty care to formalize referral guidelines, in turn improving overall patient care and experience. If patients are uncomfortable with the medical decision to defer specialty care referral, the patient may request a second opinion, ask to speak with the clinic OIC, speak with patient advocacy and/or place an ICE comment. When done in this manner, most patient concerns can be addressed within 24 hours, if not sooner.

Steering Committee Meeting 28 September 2015: Continue to track this issue locally. There is a current process in place for urgent care appointments. Mobilization and Deployment can push out the information to all of the FRGs to share with the unit Service members and Families. Remain active until the information regarding urgent care referral process is emailed out.

Steering Committee Meeting 15 December 2015:

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

h. Lead Agency: DDEAMC

Issue 1521: Primary Care Managers Withholding Referrals to Specialty Clinics

a. Status: Completed.

b. Entered: August 2015.

c. Final action: 28 September 2015

d. Subject area: Medical.

e. Scope: Service Members and Family Members feel they don't receive the best medical treatment in regards to specific specialties. They have expressed concerns about Primary Care Managers (PCMs) delaying or withholding referrals to specialty clinics. One Service Member reported being denied a referral to ear nose and throat because her chronic tonsillitis wasn't life threatening. This creates animosity between the patient and PCM.,

f. Recommendation:

1. Establish a Six Sigma process to evaluate the workflow between PCMs and specialty clinics on and off post, if necessary (due to lack of resources).
2. Create a system to track denied referrals in patient records (PHA, annual physical). Implement a referral survey so patients can put their comments to be tracked in their medical records.
3. Advertise that if patients are uncomfortable with the medical decision to defer specialty care referral, the patient may request a second opinion, ask to speak with the clinic OIC, speak with Patient Advocacy and/or plan an ICE comment. Place rosters in patient rooms or notes scroll across TV.

g. Progress:

Subject Matter Expert Response:

Thank you for bringing your concern regarding access to urgent care for children to the attention of DDEAMC. At DDEAMC, we are dedicated to providing an environment that is your choice for 5-Star Healthcare. The provision of pediatric urgent care through a sick call model is a good idea which has been and continues to be considered by DDEAMC leadership. The greatest impediment to extended hours (either before or after normal clinic hours), historically has been underutilization by patients, i.e., families generally choose not to use the service. If staff is allocated to extended hours, then they are not available for appointment times that most patients find convenient, such as during normal clinic hours. DDEAMC leadership is acutely aware of limited access to primary care, especially during the PCS

season. Mitigation strategies include the following:

- 1) Both the Family Medicine and Community Care clinics provide walk-in, self-referral options for pediatric patients for diagnosis and treatment of strep throat (age 4 or greater).
- 2) DDEAMC primary clinics have added additional providers and appointments to improve access to care.
- 3) In cases where urgent care appointments are not available at DDEAMC, patients have the opportunity to be deferred to civilian care for one time urgent care appointment. Please note, these deferments must be pre-approved and are granted through nursing at the clinic and central appointments office levels.
- 4) DDEAMC will explore other options to expedite the provision of urgent care for our pediatric patients, including consideration of aforementioned "sick call" during flu season. Again, thank you for your recommendation regarding pediatric sick call. If DDEAMC is able to provide or pilot a pediatric sick call program, announcements will be made through the DDEAMC Public Affairs Office.

Steering Committee Meeting 28 September 2015: Proper systems are in place for specialty clinic referrals.

h. Lead Agency: DDEAMC

Issue 1522: Formal Written IG Complaints

- a. Status:** Completed.
- b. Entered:** August 2015.
- c. Final action:** 28 September 2015
- d. Subject area:** Force Support.
- e. Scope:** An individual visited the IG office to file a complaint. Upon speaking with an employee (not actual IG), they were told that the issue was not going to be investigated and no formal written complaint was filed. This seems to be counter to the mission of the IGs office.
- f. Recommendation:**
 1. Initiate investigation and document trail for all reasonable requests from community members.
 2. Allow for all IG complaints to be formally written up, even if the IG chooses to close the investigation at a later time.
 3. Provide timely feedback to community members who bring up concerns to the IG office.

g. Progress:

Subject Matter Expert Response:

This issue is appropriate for direct resolution by the Command Inspector General. Whomever raised this issue, please contact LTC Kirby K. Teague at (706) 791-3511.

Steering Committee Meeting 28 September 2015: This issue is appropriate for direct resolution by the Command Inspector General and cannot be addressed here due to not knowing the issue being addressed.

h. Lead Agency: IG

Issue 1523: Identification of Registered Sex Offenders to Help Fort Gordon Families Safeguard Themselves

- a. Status:** Active.
- b. Entered:** August 2015.
- c. Final action:**
- d. Subject area:** Family Support.
- e. Scope:** The Augusta Chronicle's slideshow (on their website) seems to indicate that there are more than 500 registered sex offenders living in Richmond and Columbia Counties. Many of these individuals have been convicted of crimes against children. Awareness of where these individuals live may impact where families choose to live when moving to the Fort Gordon area. Also, it is unclear if some of these individuals have access to Fort Gordon (i.e. contract work).

f. Recommendation:

1. If legally authorized, add the addresses of these registered sex offender to the crime map currently being prepared for the Fort Gordon area.
2. Link the sex offender lists (ones with pictures, addresses, and crime details) to the Fort Gordon main website of the DES/MP website.
3. Publish article in the Signal on what policies apply to those working on post regarding background checks and prior convictions.

g. Progress:

Subject Matter Expert Response:

- a. DES will need to get with SJA to have them advise him.
- b. This is a PAO issue and not something DES can just do.
- c. DES will get with PAO and handle this accordingly.

Steering Committee Meeting 28 September 2015: More information needed from SME as to whether response has been completed.

Steering Committee Meeting 15 December 2015:

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

h. Lead Agency: DES

Issue 1524: Lack of Support to Soldiers and Family Members from the Army Education Center

- a. Status:** Completed
- b. Entered:** August 2015.
- c. Final action:** September 2017
- d. Subject area:** Family Support.
- e. Scope:** The Army Education Office lacks visibility in the Fort Gordon community. Employees, at least those who answer the phone and man the desk, seek to lack knowledge of available programs for Soldiers and Families. Responses are not customer friendly. The office seems undermanned. There appears to be a good Facebook page but education info is not widely available (ie Signal, linked to the main Fort Gordon website/Facebook page, etc).
- f. Recommendation:**
 1. Adequately manage this office. Identify how many employees work here and list on website by name and title.

2. Customer service training and training on education programs for employees who will deal with Soldiers and Family Members (those who sit at the front desk and answer the phone).
3. Referrals to qualified education specialist (are there some working here at Fort Gordon)?
4. Change funding stream for the Army Education Center. Get money directly from DA, not via Fort Stewart. This is not just an AIT base any more.

g. Progress:

Subject Matter Expert Response:

a. There are four civil service employees at the Fort Gordon Education Center: Mr. Alvin Crawford, Education Services Specialist (Manager); Ms. Rhonda Barnklau, Guidance Counselor; Ms. Christine Ridgley-Smith, Guidance Counselor and Mr. Randy Lowery, Education Technician. There are four contract employees from IMCOM's centralized Education Services contract, one of which provides administrative front-desk services. The names of contracted personnel may change frequently and it would not be practical to list contractor names. Due to Security concerns, we are not allowed to identify individuals by name on websites, however, ACES can list positions a Fort Gordon website. If you have a specific complaint about a specific individual, we recommend that you speak directly with Mr. Crawford at 706-791-2121, or the HUB Education Services Officer, Ms. Pamela King at 912-767-2866.

b. Contractors are provided training by the company that holds the ACES contract. If there is a specific complaint about a specific person, please let Mr. Crawford or Ms. King know so that they can address the specific situation and provide corrective training.

c. All education center civil service personnel are qualified in the Education Services career program, with all personnel holding a Master's degree, and the specific education requirements of the Career Program 31-Education Services job series. Contracted personnel qualifications may vary, but meet the needs of the IMCOM contract.

d. IMCOM's decision to make the management of the Fort Gordon Education Center the responsibility of the Fort Stewart Education Center dates back to 2007. At that time, it was an efficient, best-practice, which was mandated by a 50% cut in CP31 personnel Army-wide. Unfortunately, no additional manpower has been authorized for ACES, despite Fort Gordon's designation as the Cyber Center of Excellence. The only money provided for ACES is fenced funding (BAG333), and only covers civilian pay and basic supplies. If Senior Leaders wish to pursue the option to dissolve the ACES HUB, Ms. Karen Perkins, Senior Executive Service, at IMCOM would be the POC.

Steering Committee Meeting 28 September 2015: To remain active until determination as to whether or not it has been briefed in the road to growth meeting. **Steering Committee Meeting 22 April 2016:** To remain active

Steering Committee Meeting 14 September 2017: AFAP Committee voted that this issue was completed since their current staffing is aligned with ASIP data.

h. Lead Agency: DHR

Issue 1525: Develop Program to Provide Financial Assistance for Custody Battles

- a. **Status:** Unattainable.
- b. **Entered:** August 2015.
- c. **Final action:** 28 September 2015
- d. **Subject area:** Family Support.
- e. **Scope:** Last year my daughter went to visit her father (my ex-spouse, military member) for his annual two weeks with her. I am the custodial parent. During those two weeks, my new husband (also in the military) and I moved to Fort Gordon. When the time came for my daughter's return, my ex-husband had placed her with a relative in another state. After weeks of searching, we discovered

her location and had a court date in Arizona to regain custody of her. Due to all of the legal fees, etc, associated with trying to find her, we did not have the money to fly to Arizona. No program on Fort Gordon was able to help us financially. This created an additional emotional burden on top of the financial burden we were suffering.

f. Recommendation:

Develop or provide funding for a program that will provide financial assistance to military spouses or Soldiers that have to deal with a custody battle.

g. Progress:

Subject Matter Expert Response:

Army Emergency Relief is a non-profit organization which provides emergency privation assistance and emergency travel to Service Members and their families. Custody battles and divorce cases are considered domestic disputes and are not authorized categories of assistance. Therefore, legal fees and personal debts are an individual responsibility. However, assistance is provided under this program for eligible members for emergency travel if the Service Members is on Emergency Leave orders or if the emergency is verified by the Red Cross.

Steering Committee Meeting 28 September 2015: AER is a nonprofit organization and this issue does not meet one of the criteria for assistance.

h. Lead Agency: DFMWR

Issue 1526: Poor Quality of Lettering on New Army Physical Fitness Uniform

- a. **Status:** Completed.
- b. **Entered:** August 2015.
- c. **Final action:** 28 September 2015.
- d. **Subject area:** Force Support.
- e. **Scope:** The quality of the yellow Army lettering on the newly issued Army Physical Fitness Uniform (APFU) t-shirts and shorts is poor. Lettering begins to deteriorate after only a few wash/wear cycles. If unaddressed, continual replacement of worn out APFUs represents a significant expense to Soldiers.

f. Recommendation:

1. Alter the material used in the lettering on the APFU.
2. Include a reflective component in the new lettering to improve overall safety.

g. Progress:

Subject Matter Expert Response:

- a. The issue with the APFU's quality has been addressed.
- b. The merchandise has been returned to the Aberdeen Proving Grounds. The Army Customer Service Officer (CSO) and the Army Quality Control Team are aware of the issue and will address the manufacturer.
- c. Whenever quality issues arise, customers are always welcome to bring the items for an even exchange.

Steering Committee Meeting 28 September 2015: AAFES has sent back the garments in question. If a service member has an issue with a garment, they can take it back to AAFES to exchange

h. Lead Agency: AAFES

Issue 1527: Improvements to Sexual Assault Prevention Measures at the Garrison Level

- a. **Status:** Active
- b. **Entered:** August 2015.
- c. **Final action:**
- d. **Subject area:** Force Support.
- e. **Scope:** Army Garrison hold frequent training, stand downs and special events (some of which are trite or insensitive like basketball games) to bring awareness to the issue of sexual assault in the military. Soldiers are encouraged to intervene and to report incidents. Still, sexual assault numbers have increased. Conventional rape prevention measures seem to be lacking or lack

priority on installation, these include adequate functioning lighting in parking/common areas, trimming back trees, offering community self-defense classes and installing call station like on college campuses.

f. Recommendation:

1. Add inspection items that are geared toward sexual assault prevention to annual garrison wife safety inspection (i.e. Are lights functioning/adequate in barracks/parking areas? Are shrubs and other vegetation trimmed appropriately? Are dumpster/other large equipment places in a mariner that doesn't offer hiding spots?)
2. Offer a community self-defense course. Use local martial arts business that offers these type of classes market it to soldiers, DA civilians and family members.
3. Aggressively publicize the Fort Gordon 24 hours safety hotline to report inadequate lighting overgrown bushes and etc.

g. Progress:

Subject Matter Expert Response:

- a. The Garrison Safety/Security office would be a better avenue for this recommendation.
- b. There is currently a self-defense course offered to women (only offered on the installation. It is free and is conducted over a two day period and a minimum of ten people must be enrolled. For more information please contact Ms. Armstead at 706-791-3579 for more information.
- c. The Garrison Safety and or Security office would be a better avenue for this recommendation.

Steering Committee Meeting 28 September 2015: To remain active until determination as to whether or not it has been briefed in the road to growth meeting.

Steering Committee Meeting 15 December 2015:

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

h. Lead Agency: DFMWR

Issue 1528: Unfair Civilian Hiring Practices on Fort Gordon

- a. **Status:** Active.
- b. **Entered:** August 2015.
- c. **Final action:**
- d. **Subject area:** Consumer Support.
- e. **Scope:** It appears to be difficult to even obtain job interviews, never mind to be selected for a position if you are a military spouse or veteran. It appears to community members that the same group of individuals just move around various jobs regardless of qualification. Open military spouse preference and veteran's preference don't seem to be applied properly in accordance with DoD regulations.

f. Recommendation:

1. Conduct an independent review (IG Garrison commander's office) of last five hiring action including all applicants, not just those being interviewed.
2. Ensure all jobs open on post are advertised and give 2 weeks in the "opening period".
3. Properly apply military spouse preference and priority placement programs rules.
4. Interview all qualified applicants, not just people known to the supervisor.

g. Progress:

Subject Matter Expert Response:

In response to the subject issue, the following information is provided. All Non-appropriated and appropriated fund vacancies are announced via USA Jobs at www.usajobs.gov. Vacancy announcements are open for at least seven workdays in accordance with USASC&FG Regulation 690-25, dated 31 July 1992, paragraph 12. The registration, referral, and placement of active duty military spouses of the U.S. Armed Forces, including the U.S. Coast Guard and full-time National Guard or Reserves, is accomplished as prescribed by the DoD Military Spouse Preference

Program (Program S), in chapter 14 of the Priority Placement Program Handbook. Veterans' preference gives eligible veterans preference in appointment over many other applicants. Veterans' preference applies, to virtually all new appointments in both the competitive and excepted service. Veterans' preference does not guarantee veterans a job and it does not apply to internal agency actions such as promotions, transfers, reassignments, and reinstatements. In accordance with Title 5, United States Code, Section 2108 (5 USC 2108), Veterans' preference eligibility is based on dates of active duty service, receipt of a campaign badge, Purple Heart, or a service-connected disability. Please know that not all active duty service may qualify for veterans' preference. Only veterans discharged or released from active duty in the armed forces under honorable conditions are eligible for veterans' preference. If an individual is a "retired member of the armed forces" they are not included in the definition of preference eligible unless they are a disabled veteran OR they retired below the rank of major or its equivalent. There are basically three types of preference eligible, disabled (10 point preference eligible), non-disabled (5 point preference eligible), and sole survivorship preference (0 point preference eligible). Conducting interviews as part of the selection process is desirable but is not mandatory unless specifically required by a policy of the activity commander. In accordance with the USASC&FG Regulation 690-25, dated 31 July 1992, paragraph 27, the selecting official will make the determination as to which or if any candidates they desire to interview.

Steering Committee Meeting 28 September 2015: Civilian Personnel office needs to re-educate the awareness approach to the community. Not all jobs posted on USAJOBS; not all hiring is done at the CPAC office..

h. Lead Agency: CPAC

Issue	1529:	Army	Community	Service
Responsiveness/Customer Support				

- a. **Status:** Completed
- b. **Entered:** August 2015.
- c. **Final action:** September 2017
- d. **Subject area:** Consumer Support.
- e. **Scope:** There appear to be some valuable and knowledge individuals working Army Community Service on Fort Gordon. Getting to the right person is the challenge. There seem to be many individuals "minding the store" who don't understand or familiarize themselves with ACS programs/events. Phones messages are either not passed or call are not returned. This is frustrating for military families seeking information and support.

f. Recommendation:

1. Investigate why individuals who respond to phone calls/walk ins lack knowledge of ACS programs and special events. Main ACS number while friendly doesn't help getting into.
2. Conduct "all hands" ACS meeting so everyone know what others are working on so that info can quickly be given to community members when they ask.
3. On ACS website move contact information from right side to left upper corner. Include names and titles of all individuals in that office along with phone number so people can try more than one number.
4. Facebook icon on ACS website should like to ACSs Facebook page, not the MWR Facebook page.

g. Progress:

Subject Matter Expert Response:

ACS has several procedures in place to ensure that staff are knowledgeable about both day-to-day ACS operations and special events. All new staff members participate in the MWR New Team Member Orientation, and are also required to meet individually with each ACS program manager for a briefing. Staff are frequently cross-trained to function in multiple programs. Full staff

meetings are held at least monthly; program managers are asked to brief upcoming events and all staff are given an opportunity to speak. ACS program managers are also required to participate in a monthly IPR to discuss upcoming events and initiatives. Customers are urged to use ICE; we actively solicit input to improve our services. Also, ICE provides real-time feedback so that concerns can be addressed in a timely manner.

The new ACS web site is constructed using a standard template developed by FMWR Marketing. It is mobile friendly and compatible with multiple devices and browsers; any modifications to the format would eliminate those capabilities. Names of staff members are not provided online for security reasons; if appropriate multiple phone numbers are provided on each page.

Links to ACS Facebook pages are being added to each page.

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

Updated SME Response 26 May 2017: In regards to customer service training, ACS Staff will receive Operation Excellence customer service training bi-annually which will exceed current requirements. Additionally, ACS has worked diligently with our MWR web developers to make information more readily accessible. We added a new home page for ACS which can be located at www.fortgordon.com/acs. DFMWR Marketing is in the process of adding hot-link buttons to our ACS Facebook, Twitter, and Youtube accounts. Additionally, on our sub-pages, they will include links to our main ACS Facebook account as well as any program specific facebook pages for programs such as NPSP, relocation, EFMP, or ERP.

Steering Committee Meeting 14 September 2017: This issue was marked as completed since several steps have been made to adequately address the problem.

h. Lead Agency: DFMWR

Issue T1501: Several Rooms in the Teen Center are never/rarely used

a. Status: Complete.

b. Entered: April 2015.

c. Final action: June 2016

d. Subject area: Youth.

e. Scope: Due to lack of staff, several rooms in the Teen Center are unavailable. In particular, the high school only room is rarely open and when it is, middle school students are allowed to utilize it. This can cause conflicts to erupt between middle school students and high school students.

f. Recommendation:

1. Hire more staff for the Teen Center in order to maximize use of building
2. Limit high school only room to high school students only
3. Increase Teen Center usage with a marketing plan to parents and other teens highlighting the capabilities of the Teen Center and how it has zero cost

g. Progress:

Subject Matter Expert Response:

1. Hire more staff for the Teen Center in order to maximize use of building
2. Limit high school only room to high school students only
3. Increase Teen Center usage with a marketing plan to parents and other teens highlighting the capabilities of the Teen Center and how it has zero cost
4. MST currently has 11 CYPAs (up from 7 CYPAs) positions filled.
5. The high school room has been designed "For High School Youth Only". A staff member has been assigned to supervise that area.
6. The program has approximately 30 high school youth that attend on a regular bases. We have seen an increase since doing an article

in the Signal and placing activities on Facebook and FYI. SLO are sending information to local schools. Teens are able to bring guest and often the guest sign up for the program.

7. CYSS self-registration has increase enrollment and attendance. **Steering Committee Meeting 29 June 2016:** Ms. Davis explained that the Teen Center is a newer building and as more teens are using the center, and more programming is under way, all the rooms are being used. Also, Ms. Griffin supervises the use of the rooms to ensure that middle school teens are not cross populating the high school designated areas so that high schoolers have their own space.

h. Lead Agency: DFMWR

Issue T1502: Lack of High School Teens Attending the Teen Center

a. Status: Active.

b. Entered: April 2015.

c. Final action:

d. Subject area: Youth.

e. Scope: High school students are less likely to utilize Teen Center if their peers are not present. The vast age differences between the middle school teens and the high school teens can cause conflicts in the center. (Also, lack of high school attendees limits high school students from having access to the high school only room due to staffing shortages.)

f. Recommendation:

- 1..Print out promotional flyers highlighting Teen Center benefits (free, snacks, activities, friendships, etc.)
2. Provide Teen Center attendees with flyers that they can distribute to friends who are eligible to utilize the Teen Center

g. Progress:

Subject Matter Expert Response:

1. MST has realized an increase since doing an article in the Signal and placing activities on Facebook and FYI. SLO are providing information to local schools. Teens are able to bring guest and often the guest sign up for the program.

2. CYSS self-registration has increased enrollment and attendance.

Steering Committee Meeting 29 June 2016: Mr. Larson would like to keep this active and do a 30 day tracking to see if the new programs that are being implemented show a rise in high school Teen attendance.

h. Lead Agency: DFMWR

Issue T1503: Provide Additional Time During Field Trips

a. Status: Complete.

b. Entered: April 2015.

c. Final action: June 2016

d. Subject area: Youth.

e. Scope: Students believe that most of the field trips provided by the Teen Center are too educational and travel time impacts the amount of time available to enjoy the field trip. (Example cited: Field trip to Six Flags requires four hours of travel time to and from the destination, and but only three hours at the park to explore.)

f. Recommendation:

1. Authorize additional time for some field trips
2. Consider some overnight field trips
3. Purchase fast passes for teenagers if unable to authorize more time at theme parks such as Six Flags or Carowinds

g. Progress:

Subject Matter Expert Response:

1. Youth away field trips have been extended to cover more time at events.
2. Overnight field trips will be in conjunction with conference and summits.
3. Fast passes could be an option for youth to have easy access on rides.

Steering Committee Meeting 29 June 2016: The issue scope explained that teens felt the field trips were too educational and boring and would like more fun field trips. Ms. Griffin and Ms. Davis explained that the teens are now directly consulted for planning the trips to ensure they are of a more fun nature. They are now traveling to places like theme parks and amusement attractions and rather than multiple, small, close to home education field trips, they have one big one per week that travels up to 3 hours each direction.

h. Lead Agency: DFMWR

Issue T1504: Provide Additional Resources for Suicide Prevention

a. Status: Completed.

b. Entered: April 2015.

c. Final action:

d. Subject area: Youth.

e. Scope: Teenagers commented that bullying was severe in all of the surrounding schools. Bullying, sexting, and peer/media pressures can lead students to experiencing suicide in their communities. Teenagers are unwilling to intervene when other students are being bullied because they fear becoming the target of bullying themselves. Losing friends to suicide has seriously impacted morale.

f. Recommendation:

1. Provide additional MFLC's who are more engaged one-on-one with youth
2. Create peer led support groups for bullying/suicide prevention
3. Host an awareness event for suicide prevention where the teenagers can learn the warning signs and resources available
4. Establish a peer to peer mentor/conflict resolution program in the teen center
5. Only one high school (Butler) has a similar program available in their schools.

g. Progress:

Subject Matter Expert Response:

1. MST will establish a teen working group that will include MFLCs, ACS, hospital and other subject matter experts. Melissa Kennedy, CYSS SLO, will chair this committee.
2. This issue will be elevated as one of the top three for the Army Youth Leadership Forum (YLF). The YLF is scheduled to take place in July.

Steering Committee Meeting 28 July 2015: Continue to track this issue.

Updated SME Response 24 March 17: CYS currently have 10 MFLC who services a combined 16 schools (Richmond & Columbia Counties). We also have a CYB who services our MST program. The MFLC/CYB reaches out to the youth to provide any support needed. Parents must sign a release statement granting permission for their son/daughter to speak with the MFLC/CYB. If a teen is not able to get in contact with a MFLC/CYB, they can contact with Fort Gordon CYS School Liaison Officers (Melissa Barrickman or Cynthia Bishop) who will in part reach out to the MFLC/CYB....706-791/4168/7270.

h. Lead Agency: DFMWR

Issue T1505: Ensure WiFi is Accessible in the Teen Center

a. Status: Complete.

b. Entered: April 2015.

c. Final action: June 2016

d. Subject area: Youth.

e. Scope: WI-FI has rarely been accessible for the teenagers. Teenagers would feel more comfortable in the center if they could bring in their individual electronic devices and use them on a WI-FI network.

f. Recommendation:

1. Provide explanations or updates to students and parents about promised services.
2. Students and parents need an anticipated date that Wi-Fi will be fully accessible.

g. Progress:

Subject Matter Expert Response:

1. The building is now Wi-Fi accessible. Permission slips have to be completed by Parents and youth.
2. CYSS IT/FTS is notified when system is not working.

Steering Committee Meeting 29 June 2016: There is a WIFI connection now in the center so at this time is not an issue. While this particular issue is completed, DFMWR will continue to track as IMCOM has a new program they are implementing that mandates a closed WIFI secure connection in all CYSS facilities that would limit public access. This program would be good for Child and Youth Development Centers but would greatly decrease the attendance of the Teen Center if the teens are unable to connect their personal devices. Mr. Larson and Ms. Davis will track this and attempt to come up with an alternate resolution that allows for funding of a teen center WIFI hotspot in conjunction with the closed access secure WIFI.

h. Lead Agency: DFMWR

Issue T1506: Provide Crosswalk for Added Safety

a. Status: Active.

b. Entered: April 2015.

c. Final action:

d. Subject area: Youth.

e. Scope: There is no crosswalk from the housing area to the shoppette near gate five. Youth feel that it is unsafe to walk through the woods from housing area.

f. Recommendation: Add crosswalk near gate five from housing area to shoppette, to increase safety when crossing the road to and from housing area.

g. Progress:

Subject Matter Expert Response: Issue will have to be elevated to garrison command and DPW.

Steering Committee Meeting

h. Lead Agency: DFMWR