APPENDIX A

USAREUR Supervision of Children

Age or Grade Of Child	May Be Left At Home Alone	May Be Left Alone Overnight	May Be Left Outside Unsupervised (including Playing)	May Be Left Alone in an Automobile	May Baby-sit Siblings	May Baby-sit Others
Newborn through age 4	No	No	No	No	No	No
Kindergarten Through Grade 5	No	No	In a playground or yard with immediate access to adult supervision (visual or hearing range)…see note 1. Kindergartners may not walk to and from school or other supervised activities alone; 1st through 5th graders may walk to and from school and other supervised activities alone.	No	No Children under 10 years can not supervise siblings on walk to school or other supervised activities.	No
Grade 6 & 7	For up to 4 hours, not overnight, with ready access (telephone number) to adult supervision	No	For up to 4 hours	For up to 15 minutes with handbrake applied and the keys removed.	6th graders: For up to 3 hours with ready access to an adult. 7th graders: For up to 4 hours with ready access to an adult.	Grade 6 NO Grade 7 YES up to 3 hrs and with ready access to adult and not overnight.
Grades 8 & 9	For up to 6 hours, not overnight	No	For up to 6 hours	For up to 15 minutes with handbrake applied and the keys removed.	For up to 6 hours with ready access to an adult	Yes, but not overnight. (see note 3)
Grades 10 through 12	Yes	May be left alone overnight, but a responsible adult (see note 1) must check on then twice a day. Children age 17 years can be left alone for no more than 2 consecutive days.	Yes	Yes	Yes (see note 3)	Yes (see note 3)

1. Adult supervision is defined as care provided by someone over the age 18 who has or assumes responsibility for the child (for example, parent, neighbor, and caregiver).
2. Home alone training by child and youth Services (CYS) or other source is required.
3. Red Cross baby-sitting training is strongly recommended.
4. Curfew hours for juveniles (under the age of 16) will be 2200 Sundays-Thursdays and 2300 on Fridays and Saturdays. Children are expected to be at their residence or in the care of a responsible adult after these hours. Exemptions are children attending a DODDS, CYS, or Chapel Youth Ministries activity.
5. Suggested supervision options include CYS sponsored activities (School Age Services, Child Development Center, Family Child Care Homes) and community resources.

APPENDIX B

USAREUR Child-Supervision Criteria

Supervision Level	Definition	School Grade/Age Range	Supervision Options
Direct	Someone has responsibility for the child (for example, parent, guardian, care provider, friend)	Elementary School (Kindergarten through grade 5); generally 5-10 years old.	CYS Sponsored: • School-age services (SAS) • Child Development Center (CDC) • Family Childcare Community Resources: • In-home baby-sitter • Nanny • Schools • Host-nation CDC and SAS programs • Other host-nation programs
Monitored	An adult is aware of child's location and activities. An emergency contact is available at all times.	Grades 6 through 9; generally 11 to 14 years old.	CYS Sponsored: • SAS and middle school programs • Neighborhood Activity Homes • Team Sports • Instructional classes • Clubs and volunteer activities Community Resources: • Designated adult • Schools • Churches • Scouts • Youth Centers • Host-nation programs
Monitored self-care	Parents have assessed their child's ability and allowed the child to monitor him or herself.		

APPENDIX C

SAMPLE STAIRWELL/FLOOR COORDINATOR APPOINTMENT

IMEU-HHF-PWH Date: _____

MEMORANDUM FOR _____, BUILDING #_____, APT# _____

SUBJECT: Appointment of Temporary Building Coordinator

1. Reference United States Army Garrison Hohenfels Family Housing SOP.

2. You are appointed as Temporary Building Coordinator for Building number _____, _____ Housing Area. You are representing the current Building Coordinator _____ during his/her absence from _____ until _____.

3. As temporary Building Coordinator you will be responsible for the discipline, overall appearance, and sanitation in and around the building and those specific duties described the reference. A copy of this appointment along with other necessary information must be posted on the bulletin boards in each stairwell of the building.

4. The point of contact is the undersigned at 466-_____.

(Signature)

Name
_____, USA
Building Coordinator
Building Number

CF:
Area Coordinator
Housing Manager

APPENDIX D

SAMPLE APPOINTMENT LETTER FOR POINT OF CONTACT FOR FAMILY QUARTERS

This form is to verify appointment of Point of Contact (POC) for my government/private rental quarters during my absence.

Sponsor: _____ _____ _____
Rank Name Unit

Quarters Address: _____

Dependents will depart the area approximately: _____

Dependents will return to the area approximately: _____

Address and phone number at which dependents can be reached in CONUS.

_____ _____
Address Phone #

Point of Contact for the above listed quarters will be:

_____ _____ _____
Rank Name Unit

_____ _____
Duty Phone **Home Phone**

I assume full responsibility for the continued care an upkeep of the above listed quarters to include grass cutting and other yard work, stairwell responsibilities, security of quarters, and maintenance and repairs.

_____ _____
Date **Signature of POC**

_____ _____
Date Signature of Tenant or Spouse

Original to Housing Division
Copy to Tenant
Copy to POC
Copy to Rear Detachment Commander
Copy to Area/Building Coordinator

PRIVACY ACT STATEMENT: ARMY HOUSING FILES

AUTHORITY: Privacy Act of 1974, 10 U.S.C. 3013

PURPOSE: To provide information relating to the management, operation, and control of the Army housing program; to provide necessary housing for military personnel, their dependents, and qualified civilian employees; to investigate complaints and related matters; in case of emergency, to contact named individuals who leave the local area for any period of time.

ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

DISCLOSURE: Voluntary.

APPENDIX E

SAMPLE EXCEPTION TO POLICY

Office Symbol Date

MEMORANDUM FOR HOUSING DIVISION

SUBJECT: Exception to Policy

1. I John Doe, SSN, Unit, request ……..…… (be descriptive, so it is understood what you need. However, also be concise.)

2. Justification – Provide reason for request. Please be concise and include any additional paperwork, if applicable that supports or strengthens your request.

Service member's signature block
with full printed name of SM

Commander's signature block
with full printed name of Commander
and recommendation from Commander

PRIVACY ACT STATEMENT: ARMY HOUSING FILES

AUTHORITY: Privacy Act of 1974, 10 U.S.C. 3013

PURPOSE: To provide information relating to the management, operation, and control of the Army housing program; to provide necessary housing for military personnel, their dependents, and qualified civilian employees; to investigate complaints and related matters; in case of emergency, to contact named individuals who leave the local area for any period of time.

ROUTINE USES: The "Blanket Routine Uses" set forth at the beginning of the Army compilation of systems of records notice apply.

DISCLOSURE: Voluntary.

APPENDIX F

SAMPLE HOUSING VIOLATION

IMEU-HHF-PWH Date: _____

MEMORANDUM FOR _____

SUBJECT: Housing Violation

1. You are hereby advised that you are in violation of the United States Army Garrison Hohenfels Family Housing Standard Operating Procedures for the following reason (s):

a. ___ Excessive Noise b. ___ Pet Problem c. ___ Scheduled Clean Up Duties

d. ___ Police Call e. ___ Vehicle/Parking Issue f. ___ Fire Prevention

g. ___ SORT Violation h. ___ Dependent Supervision i. ___ Environmental

j. ___ Grass not Cut k. ___ Other _____

Explanation: _____

_____

_____

_____

2. You are to ensure that the above violation(s) are corrected without delay. If you fail to take corrective action by _____, your chain of command will be notified.
(Date)

3. Under USAREUR Supplement 1 to AR 420-1 and AR 420-1, and the United States Army Garrison Hohenfels Family Housing Standard Operating Procedures, sponsors are responsible for their assigned quarters and the conduct of their spouses, Family members, guests and pets.

4. Remember that living in Government Quarters is a privilege and we all must do what we can to preserve the good order and discipline of our housing areas.

5. The point of contact is the undersigned at DSN: 466-_____.

(Signature)

Name
_____, USA
Building or Area Coordinator
Building Number or Area Name

APPENDIX G

AREA/BUILDING COORDINATOR CHECKLIST

NAME: _____ BUILDING NUMBER: _____

PART A: INTERIOR BUILDING INSPECTION CHECKLIST

	EXC	SAT	NEEDS IMPROV
1. Stairwells/Hallways:			
a. Floors/railings swept daily	____	____	____
b. Floors/railings mopped/wiped daily	____	____	____
c. Spills cleaned up immediately	____	____	____
d. Housing Area Chain of Command posted visibly	____	____	____
e. Lights in common-use areas	____	____	____
f. No trash, waste or refuse build-up	____	____	____
g. No unsecured individual property	____	____	____
2. Laundry Rooms:			
a. Washers/dryers all functional	____	____	____
b. Inside/outside of all washers/dryers clean	____	____	____
c. Lint traps clean in washers and dryer's	____	____	____
d. Floors swept/mopped weekly	____	____	____
e. Utility sinks clean/sanitized	____	____	____
f. Garbage cans emptied and clean	____	____	____
g. No trash, waste or refuse build-up	____	____	____
h. Walls/windows wiped down/cleaned	____	____	____
i. Lights work	____	____	____
j. No personal property left unsecured	____	____	____
3. Attics and Storage Areas:			
a. Floors swept/mopped weekly	____	____	____
b. Garbage cans emptied/cleaned	____	____	____
c. No trash, waste or refuse build-up	____	____	____
d. Walls/windows wiped down/cleaned	____	____	____
e. Individual property secured	____	____	____
f. Lights work	____	____	____
g. All windows in unfinished attics closed	____	____	____

PART B: EXTERIOR BUILDING INSPECTION CHECKLIST

	EXC	SAT	NEEDS IMPROV
1. Exterior steps, sidewalks and gutters are swept	_____	_____	_____
2. Carports and Parking Lots:	_____	_____	_____
a. Policed of all trash	_____	_____	_____
b. Not used for storage of furniture, unregistered or non-operational vehicles	_____	_____	_____
c. Swept weekly	_____	_____	_____
d. Parking only in approved spaces	_____	_____	_____
3. Garbage Containers:			
a. Emptied regularly	_____	_____	_____
b. Surrounding area policed as needed	_____	_____	_____
c. Individual garbage wrapped	_____	_____	_____
4. Building Exteriors:			
a. Outside glaze on stairwells and walls cleaned weekly	_____	_____	_____
b. Common windows cleaned quarterly (State date last cleaned_____)	_____	_____	_____
5. Playgrounds:			
a. Policed of all trash weekly	_____	_____	_____
b. All equipment functional/safe	_____	_____	_____
c. No pet waste in area	_____	_____	_____
6. Other Exterior Areas:			
a. All trash policed weekly	_____	_____	_____
b. Lawns mowed weekly	_____	_____	_____
c. Holes filled, spots re-seeded, as required	_____	_____	_____
d. Shrubs trimmed as required	_____	_____	_____
e. All pet waste removed	_____	_____	_____
f. Streetlights, all exterior building lights work properly	_____	_____	_____

PART C: COMMENTS

1. Specifically identify problems with deficient areas and corrective actions taken.

2. Identify assistance needed from the Garrison CSM/Area Coordinator and/or the community staff to ensure appropriate corrective action.

3. Use a continuation sheet if necessary.

PART D: The undersigned can be reached at _____.

(Signature) (Date)

Name
_____, USA
Area/Building Coordinator
Building Number or Area Name

APPENDIX H

BUILDING/STAIRWELL COORDINATOR PERFORMANCE COUNSELING CHECKLIST

NAME: _____ POSITION: _____ BLDG #: _____

	EXC	SAT	NEEDS IMPROV
1. Interior Repair, Cleanliness			
a. Stairwells	_____	_____	_____
b. Laundry Rooms	_____	_____	_____
c. Storage Areas	_____	_____	_____
d. Hall Lights	_____	_____	_____
e. Window Bars	_____	_____	_____
2. Exterior Beautification, Cleanliness			
a. Preservation of Landscaping	_____	_____	_____
b. Lawn Mowing/Seeding/Watering	_____	_____	_____
c. Shrubbery Trimming	_____	_____	_____
d. Carports/Parking Lots, Sidewalks	_____	_____	_____
e. Playgrounds	_____	_____	_____
f. Dumpster/Garbage Areas	_____	_____	_____
g. Other Exterior Common Areas	_____	_____	_____
h. Street Lights	_____	_____	_____
i. Clean-up Campaign Participation	_____	_____	_____
3. Safety and Conservation	_____	_____	_____
4. Discipline			
a. Complaint Resolution	_____	_____	_____
b. Quiet Hour Enforcement	_____	_____	_____
c. Pet Control Enforcement	_____	_____	_____
d. Child Control Enforcement	_____	_____	_____
e. Yard/Attic Sales Procedures	_____	_____	_____
f. Incident Rate	_____	_____	_____
g. Vandalism Rate	_____	_____	_____

APPENDIX H

BUILDING/STAIRWELL COORDINATOR PERFORMANCE COUNSELING CHECKLIST

	EXC	SAT	NEEDS IMPROV
5. Coordination and Control			
a. Required Training	_____	_____	_____
b. Alternate Appointed	_____	_____	_____
c. Conducts Required Meetings	_____	_____	_____
d. Attends Required Meetings	_____	_____	_____
e. Completes Required Inspections	_____	_____	_____
f. Conducts Required Counseling	_____	_____	_____

6. Comments:

(Signature) (Date)
Name
_____, USA
Area/Building Coordinator
Building Number or Area Name

HOUSING AREA CHAIN OF COMMAND*

Commander, United States Army Garrison Hohenfels Phone: 466-1500
Name: _____

CSM, United States Army Garrison Hohenfels Phone: 466-1520
Name: _____

Area Coordinator Phone: _____
Name: _____

Assistant Area Coordinator Phone: _____
Name: _____
Building: _____ Apartment: _____

Building Coordinator/Fire Warden Phone: _____
Name: _____
Building: _____ Apartment: _____

Stairwell Coordinator Phone: _____
Name: _____
Building: _____ Apartment: _____

APPENDIX J

Date	Stairwell	Laundry Room	Attic/Basement	Cut Grass/Snow Removal Police Call/Dumpster Area
02-08 Jan	**1A-2C-3E**	**2D**	**1F-2F-3F**	**1B-2B-3B**
09-15 Jan	1B-1D-1F	2E	1A-2A-3A	1C-2C-3C
16-22 Jan	**1A-2C-3E**	**2F**	**1B-2B-3B**	**1D-2D-3D**
23-29 Jan	1B-1D-1F	2A	1C-2C-3C	1E-2E-3E
30 Jan-05 Feb	**1A-2C-3E**	**3B**	**1D-2D-3D**	**1F-2F-3F**
06-12 Feb	1B-1D-1F	3C	1E-2E-3E	1A-2A-3A
13-19 Feb	**1A-2C-3E**	**3D**	**1F-2F-3F**	**1B-2B-3B**
20-26 Feb	1B-1D-1F	3E	1A-2A-3A	1C-2C-3C
27 Feb-05 Mar	**1A-2C-3E**	**3F**	**1B-2B-3B**	**1D-2D-3D**
06-12 Mar	1B-1D-1F	3A	1C-2C-3C	1E-2E-3E
13-19 Mar	**1A-2C-3E**	**1B**	**1D-2D-3D**	**1F-2F-3F**
20-26 Mar	1B-1D-1F	1C	1E-2E-3E	1A-2A-3A
27 Mar-02 Apr	**1A-2C-3E**	**1D**	**1F-2F-3F**	**1B-2B-3B**
03-09 Apr	1B-1D-1F	1E	1A-2A-3A	1C-2C-3C
10-16 Apr	**1A-2C-3E**	**1F**	**1B-2B-3B**	**1D-2D-3D**
17-23 Apr	1B-1D-1F	1A	1C-2C-3C	1E-2E-E
24-30 Apr	**1A-2C-3E**	**2B**	**1D-2D-3D**	**1F-2F-3F**
01-07 May	1B-1D-1F	2C	1E-2E-3E	1A-2A-3A
08-14 May	**1A-2C-3E**	**2D**	**1F-2F-3F**	**1B-2B-3B**
15-21 May	1B-1D-1F	2E	1A-2A-3A	1C-2C-3C
22-28 May	**1A-2C-3E**	**2F**	**1B-2B-3B**	**1D-2D-3D**
29 May-04 Jun	1B-1D-1F	2A	1C-2C-3C	1E-2E-3E
05-11 Jun	**1A-2C-3E**	**3B**	**1D-2D-3D**	**1F-2F-3F**
12-18 Jun	1B-1D-1F	3C	1E-2E-3E	1A-2A-3A
19-25 Jun	**1A-2C-3E**	**3D**	**1F-2F-3F**	**1B-2B-3B**
26 Jun-02 Jul	1B-1D-1F	3E	1A-2A-3A	1C-2C-3C
03-09 Jul	**1A-2C-3E**	**1B**	**1D-2D-3D**	**1F-2F-3F**
10-16 Jul	1B-1D-1F	1C	1E-2E-3E	1A-2A-3A
17-23 Jul	**1A-2C-3E**	**1D**	**1F-2F-3F**	**1B-2B-3B**
24-30 Jul	1B-1D-1F	1E	1A-2A-3A	1C-2C-3C
31 Jul-06 Aug	**1A-2C-3E**	**1F**	**1B-2B-3B**	**1D-2D-3D**
07-13 Aug	1B-1D-1F	1A	1C-2C-3C	1E-2E-3E
14-20 Aug	**1A-2C-3E**	**2B**	**1D-2D-3D**	**1F-2F-3F**
21-27 Aug	1B-1D-1F	2C	1E-2E-3E	1A-2A-3A
28 Aug-03 Sep	**1A-2C-3E**	**2D**	**1F-2F-3F**	**1B-2B-3B**
04-10 Sep	1B-1D-1F	2E	1A-2A-3A	1C-2C-3C
11-17 Sep	**1A-2C-3E**	**2F**	**1B-2B-3B**	**1D-2D-3D**
18-24 Sep	1B-1D-1F	2A	1C-2C-3C	1E-2E-3E
25 Sep-01 Oct	**1A-2C-3E**	**3B**	**1D-2D-3D**	**1F-2F-3F**
02-08 Oct	1B-1D-1F	3C	1E-2E-3E	1A-2A-3A
09-15 Oct	**1A-2C-3E**	**3D**	**1F-2F-3F**	**1B-2B-3B**
16-22 Oct	1B-1D-1F	3E	1A-2A-3A	1C-2C-3C
23-29 Oct	**1A-2C-3E**	**3F**	**1B-2B-3B**	**1D-2D-3D**
30 Oct-05 Nov	1B-1D-1F	3A	1C-2C-3C	1E-2E-3E
06-12 Nov	**1A-2C-3E**	**1B**	**1D-2D-3D**	**1F-2F-3F**
13-19 Nov	1B-1D-1F	1C	1E-2E-3E	1A-2A-3A
20-26 Nov	**1A-2C-3E**	**1D**	**1F-2F-3F**	**1B-2B-3B**
27 Nov-03 Dec	1B-1D-1F	1E	1A-2A-3A	1C-2C-3C
04-10 Dec	**1A-2C-3E**	**1F**	**1B-2B-3B**	**1D-2D-3D**
11-17 Dec	1B-1D-1F	1A	1C-2C-3C	1E-2E-3E
18-24 Dec	**1A-2C-3E**	**2B**	**1D-2D-3D**	**1F-2F-3F**
25-31 Dec	1B-1D-1F	2C	1E-2E-3E	1A-2A-3A

Stairwell: Clean from your apartment landing down to the next apartment landing.
Laundry Room: Occupants will clean the laundry room that they use.
Basement/Attic: Clean basement and attic floors and steps in your stairwell area.
Cut Grass/Snow Removal: Cut grass in front, back, and side of your stairwell area. Remove snow from sidewalks in your stairwell area.
Police Call/Dumpster Area: Pick-up/Remove trash from outside of your stairwell area. Clean-up the trash from around the dumpster area.

NOTE: Occupants are reminded to clean up spills and trash that they make in the stairwell, laundry room, and basement.

Prepared by:

FENCE/STORAGE STRUCTURE PERMIT

REQUEST TO INSTALL OR TO RETAIN FENCE, PRIVACY PANELS, OR STORAGE STRUCTURE

BELOW:

SPONSOR'S NAME:_____

UNIT OF ASSIGNMENT:_____

QUARTERS ADDRESS:_____

POST ADDRESS:_____

CHECK ONE

New fence:_____
Existing: _____
Extension: _____
Storage shed: _____
Fence Type:
Chain Link:_____
Wood:_____
Privacy panels: _____

TELEPHONE #: (WORK)_____(HOME) _____

I have received a copy of the housing policy letter and have read and understand it. I agree to remove the referenced item and restore the grounds upon termination of quarters unless I have written agreement from the new occupant. I have provided a sketch of the proposed or existing item to inc1ude a top as well as a side view of my fence.

_____
SIGNATURE AND DATE

Pre-check for location and dimensions by Area Coordinator:

SIGNATURE _____ DATE _____ TEL. # _____

Housing Office recommends:
APPROVAL/DISAPPROVAL:
SIGNATURE _____ DATE _____

Landlord agreement
(if required by Housing Office):
SIGNATURE _____ DATE _____

Underground Utilities Clearance Approval (by DPW Utilities Division)

Utility drawing attached
SIGNATURE _____ DATE _____

APPROVED FOR INSTALLATION:

DIRECTOR/DPW _____ DATE _____

COPY FURNISHED:
Requester_____Housing Office (passes to AC)_____DPW files_____

FENCE, PRIVACY PANELS, OR STORAGE STRUCTURE REVOVED OR APPROVED TO TRANSFER TO NEW OCCCUPANT CLEARED BY HOUSING:

COPIES:
Requester_____Housing Office (passes to AC)_____DPW files_____

SIGNATURE _____ DATE _____