

**BY ORDER OF THE COMMANDER  
30TH SPACE WING**

**30TH SPACE WING INSTRUCTION 40-301**

**4 APRIL 2014**



**Medical Command**

**FAMILY ADVOCACY PROGRAM**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction establishes the Vandenberg AFB Family Advocacy Program (FAP). It assigns responsibilities and implements policies and procedures in accordance with (IAW) Department of Defense (DOD) and Air Force (AF) policies, directives, and instructions for the identification, treatment, and prevention of family violence. This instruction applies to all military and civilian personnel and their dependents entitled to receive medical care in a military facility as specified in AFI 41-115, *Authorized Health Care and Health Care Benefits in the Military Health Services System*. All military members and civilian employees assigned to Vandenberg AFB (host or tenant units) will report all known incidents or suspected instances of family maltreatment to the Family Advocacy Program. Failure to comply with the reporting procedures described herein may be punishable under Article 92 of the Uniform Code of Military Justice.

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**SUMMARY OF CHANGES**

This document contains major administrative changes. Definitions and types of maltreatment have been clarified. Reference publications’ dates reflect the most current versions. The 30 SW/CC has been added as the Family Advocacy Committee (FAC) chairperson when the FAC is incorporated with the Community Action Information Board (CAIB). Annual Child Sexual Maltreatment Response Team (CSMRT) and High Risk for Violence Response Team (HRVRT) meetings and training requirements have been replaced with as needed.

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**1. Mission Statement.** The mission of the Vandenberg Family Advocacy Program (FAP) is to build healthy communities through implementing programs designed for the prevention and treatment of child, spouse, and unmarried intimate partner maltreatment.

**2. Program Components.** The Vandenberg FAP is comprised of two principal components; prevention services and maltreatment interventions.

2.1. Prevention. The Vandenberg FAP prevention team will collaborate with key community leaders, the Integrated Delivery System (IDS) and other helping agencies to provide services that enhance community awareness and resilience and reduce the incidence and severity of family maltreatment. FAP prevention services include Community Outreach, the New Parent Support Program (NPSP), and on a space-available basis, Family Advocacy Strength-based Therapy (FAST) services. FAP outreach is designed to coordinate and implement primary and secondary prevention services that include education and skill development, advocacy, collaboration, community intervention, referral links to community resources, and marketing. The NPSP provides home-based education and support services to families with children ages birth to three years, including the prenatal period.

2.2. Maltreatment Intervention. The Vandenberg FAP provides and/or coordinates the identification, assessment, treatment, and case management services to all eligible beneficiaries experiencing family maltreatment.

2.2.1. Thorough assessments of family maltreatment incidents will be conducted on every case by the Family Advocacy Treatment Manager (FATM), Family Advocacy Officer (FAO), or on-call Mental Health provider. Assessments for safety only will include consultation with the involved member's commander (CC) and/or First Sergeant (CCF).

2.2.2. Assessments will include:

2.2.2.1. Imminence of danger to the victim

2.2.2.2. Severity of maltreatment

2.2.2.3. Risk of further maltreatment

2.2.2.4. Apparent validity of report

2.2.2.5. Level of cooperation in the family

2.2.2.6. The bio-psycho-social needs of the family members involved

2.2.2.7. Completion of a Safety Plan and referrals to shelters, victim advocates, food pantry, law enforcement agencies, and other helping agencies when necessary.

**3. Who Reports (Family Maltreatment Reporting Procedures).**

3.1. IAW AFI 40-301, *Family Advocacy*, paragraph 1.14., all military members and civilian employees assigned to Vandenberg AFB (host or tenant units) will report all known incidents or suspected incidents of family maltreatment to the FAP office (606-8217). Exclusion is made for chaplains receiving information through a "patient-clergyman" relationship or confidential communications in the course of their official duties. AFI 52-101, *Planning and Organizing* paragraph apply.

3.2. In cases of child maltreatment, California law (Penal Code Section 11166 and 11165.7) requires any child care custodian, health practitioner, employee of a child protective agency, child visitation monitor, firefighter, or animal control officer who has knowledge of or observes a child whom he or she knows or reasonably suspects has been the victim of child maltreatment, shall report the known or suspected instance of child maltreatment to a child protection agency immediately.

3.3. Any individual not listed above has the right to report known or suspected family maltreatment to the FAP office.

#### **4. When to Report.**

4.1. Call 911 immediately if an incident of family maltreatment is in progress or if there is an immediate threat to the physical health or safety of an alleged victim of family maltreatment.

4.2. Report all known or suspected family maltreatment to the FAP office as soon as possible. In all cases, the report should be made within 24 hours.

#### **5. How to Report.**

5.1. During normal duty hours, 0730-1630, contact the FAP office at 606-8217. Notify the technician that you need to make a family maltreatment referral.

5.2. After normal duty hours call the 30th Security Forces Squadron Law Enforcement (LE) Desk at 606-3911. The LE desk will notify the Command Post who will notify the on-call Mental Health provider, 30th Space Wing Vice Commander (30 SW/CV), relevant CCF(s) and /or CC(s), and other base agencies (e.g., Staff Judge Advocate , AF Office of Special Investigations, etc.) as necessary.

5.3. Procedures for Restricted Reporting of Domestic Abuse.

5.3.1. Eligibility. Restricted Reporting (RR) is a process allowing an adult victim of domestic abuse, who is eligible to receive military medical treatment, the option of reporting an incident of domestic abuse to specified individuals for the purpose of receiving medical care, supportive services, and/or advocacy and information *without* initiating the investigative process or notification to the victim's or alleged offender's CC/CCF.

5.3.2. Victims who make a domestic abuse restricted report inquiry to Military One Source, NPSP staff, Domestic Abuse Victim Advocate (DAVA), or the Sexual Assault Response Coordinator (SARC) will receive a direct referral to a FAP provider who will then assist the victim in the reporting process.

5.3.3. The FAP staff member will explain to the victim all available reporting options, exceptions and limitations. If the victim elects to proceed with RR the victim will acknowledge in writing, his/her understanding that the RR will limit the government's ability to prosecute the alleged offender in a domestic abuse incident, by signing the USAF Family Advocacy Victim Reporting Preference Statement.

5.3.4. Exceptions to confidentiality, RR and limitations on use. In cases in which a victim elects RR, the prohibition on disclosing covered communications to the following persons or entities will be suspended when disclosure would be for the following reasons:

5.3.4.1. Names individuals when disclosure is authorized by the victim in writing.

5.3.4.2. Command officials or law enforcement when necessary to prevent or lessen a serious and imminent threat to the health or safety of the victim or another person.

5.3.4.3. If the victim discloses a domestic abuse allegation in the presence of the alleged offender the restricted reporting option does not apply.

5.3.5. For purposes of command responsibility, information concerning RRs of domestic abuse, without personal identifiers, will be reported by the FAO at the next FAC meeting.

## **6. What to Report.**

6.1. Report alleged victim's demographics (name, age, date of birth, etc.), current location of alleged victim and alleged offender, and type of suspected or alleged maltreatment.

6.1.1. A FAP maltreatment record will be opened on maltreatment referrals involving unmarried intimates, where at least one partner is active duty military.

6.1.2. An unmarried intimate is defined by the USAF Family Advocacy Program Standards as "a former spouse, a person of the opposite sex with whom the victim shares a child in common, or a person with whom the victim shares or has shared a common domicile."

6.2. Type(s) of family maltreatment including, but is not limited to: spouse, partner, or child, physical, sexual, emotional maltreatment and/or neglect. See Air Force Family Maltreatment Definitions, 1 Nov 2010 for a detailed description of family maltreatment.

6.3. "Home Alone" policy violations. DODI 6060.3 requires all Military Department of Defense Agencies to ensure that all DOD installations develop policies under which children residing on or in a DOD facility or installation can be left alone to care for themselves otherwise known as a "home alone" policy. Violating the Vandenberg Child Supervision Guidelines (Attachment 2) could result in a FAP referral.

## **7. Responsibilities.**

7.1. 30th Space Wing Commander (30 SW/CC)

7.1.1. Maintains overall responsibility for the implementation, operation and effectiveness of the FAP.

7.1.2. Establishes an installation FAC. When not incorporated into the CAIB, appoints the 30th Medical Group Commander (30 MDG/CC) as the chair.

7.1.3. Serves as a member of the FAC or delegates this responsibility to a key member of the senior staff.

7.1.4. Ensures new squadron CCs, new CCFs, and the Command Chief receive training on child, spouse and unmarried intimate partner maltreatment within 90 days of assuming these positions and annually thereafter.

7.1.5. Appoints the 30 SW/CV as chair of the Central Registry Board (CRB) and the 30th Mission Support Group Commander (30 MSG/CC) as the alternate chairperson.

7.1.6. Refers to AFI 40-301, *Family Advocacy*, paragraph 1.3 for more details on Installation Commander responsibilities.

## 7.2. 30th Medical Group Commander (30 MDG/CC)

7.2.1. Serves as chair of the installation FAC (when not incorporated into the CAIB).

7.2.2. Ensures all medical personnel notify the FAP of all suspected incidents of family maltreatment.

7.2.3. In cases of sudden or unexplained child deaths occurring on the installation, ensures the completion of an appropriate autopsy, notification of AFOSI Det 804, 30 SFS, referral of the family to the FAP for immediate assessment and supportive services, and notification to AFSPC/SG and AF FAP within 24 hours.

7.2.4. Ensures suspected victims of family maltreatment receive a medical and dental assessment, required intervention, and referral to base and community agencies when requested by the FAO or physician.

7.2.5. Appoints the Family Advocacy Outreach Manager (FAOM) as the FAP representative to the IDS.

## 7.3. 30th Security Forces Squadron Commander (30 SFS/CC)

7.3.1. Ensures FAP is provided timely information (including blotter entries, AF Forms 3545, photographs, and other reports) concerning all reports of family maltreatment.

7.3.2. Ensures FAP is notified during duty hours or the Command Post after duty hours of all reports of suspected or alleged family maltreatment.

7.3.3. Ensures visual depictions (photographs, digital images) are obtained where visible injuries or damages have been caused.

7.3.4. Ensures emergency medical services are made available for treatment of injuries.

7.3.5. Removes all firearms and weapons from the homes of families involved in a family maltreatment incident.

7.3.6. Coordinates with Santa Barbara County, Child Welfare Services (CWS) investigators to provide support for interviews and child removal if necessary.

7.3.7. Enforces Military Protection Orders and reports all violations of those orders to the FAP.

7.3.8. Ensures all responding 30 SFS staff is trained at least annually on the identification and reporting procedures of family maltreatment.

7.3.9. Appoints a primary and alternate representative to the CRB and HRVRT. Ensures appointees receive initial online CRB training and annual CRB and HRVRT member training.

7.3.10. Appoints a primary and alternate representative to the FAC and ensures appointees receive annual FAC member training.

## 7.4. Child Welfare Services (CWS)

7.4.1. Investigates reports of child maltreatment with authority from the Santa Barbara County Department of Social Services (SBCDSS). While CWS will be involved in investigating suspected child maltreatment on Vandenberg AFB, primary criminal investigative jurisdiction remains with the AFOSI Det 804 and 30 SFS.

7.4.2. In rare cases, CWS will remove children from their home because there is an immediate or chronic threat to a child's physical health or safety (or if a child has been sexually abused by a family member in the home). Refer to *Memorandum of Understanding with Santa Barbara County Department of Social Services, Child Welfare Services* on this subject for more detailed information.

7.5. Air Force Office of Special Investigations (AFOSI) Det 804

7.5.1. Notifies the FAP of all family maltreatment reports that are directly referred to them.

7.5.2. Investigates reports of family maltreatment that involve attempted aggravated assault, attempted aggravated assault, sexual assault and child aggravated physical or sexual maltreatment.

7.5.3. Conducts reviews of the Defense Clearance and Investigations Index (DCII) on family members involved in maltreatment incidents and provide relevant findings to the FAP.

7.5.4. Nominates a primary and alternate representative to the FAC and ensures appointees receive annual training.

7.5.5. Nominates a primary and alternate representative to the CRB and ensures appointees receive initial online training and annual CRB member training.

7.5.6. Nominates a primary and alternate representative to the HRVRT and the CSMRT and ensures appointees receive annual training on their responsibilities.

7.6. On-Call Mental Health Provider.

7.6.1. Serves as consultant to unit CCs and CCFs in cases of family maltreatment reported after duty hours. This provider will not respond to the scene but will assist in developing an emergency plan to ensure that the victim is not at risk of further maltreatment.

7.6.2. Calls the 24-hour CWS hotline (1-800-367-0166) when a child is believed to be in imminent danger of further maltreatment.

7.7. Commanders (CC) and First Sergeants (CCF).

7.7.1. Immediately notify FAP of suspected and/or alleged incidents of family maltreatment reported directly to them.

7.7.2. Make arrangements for temporary alternate living arrangements for alleged offenders of family maltreatment.

7.7.3. When a child is in imminent danger, the CC or CCF may remain in the home until the FAO or on-call Mental Health provider has coordinated out-of-home placement with CWS, 30 SFS and the 30 SW/SJA.

7.7.4. Ensure FAP is notified in a timely manner of impending deployments, temporary duty (TDY), permanent change of station (PCS), or long-term school enrollment of clients involved in the FAP Maltreatment Program so that the treatment plan can be discussed and amended as necessary.

7.7.5. Assist the FATM and/or FAO in implementing Clinical Case Staffing (CCS) recommendations. This includes supporting the family and military sponsor in participation, in treatment and/or educational services designed to prevent further family maltreatment. It may also include allowing the active duty member to be excused from duty to keep FAP appointments and attend classes and/or groups.

7.7.6. Complete annual FAP training on the warning signs, dynamics, and risk factors of family maltreatment and reporting procedures for family maltreatment within 90 days of assuming their positions and at least annually, thereafter.

7.7.7. Complete initial online CRB training and refresher CRB training as necessary.

7.7.8. Notify active duty member(s) of CRB determinations pertaining to them and/or their family members by going over the CRB Determination Memo within three duty days following receipt.

7.7.9. Issue Military Protection Orders and notify the FAP of any violation of those orders.

7.7.10. Encourage at-risk service members and their families to seek voluntary prevention services from the FAP, Tricare network, IDS agencies, Military and Family Life Consultant or Military OneSource in order to prevent future family maltreatment or lessen severity.

#### 7.8. 30th Space Wing Staff Judge Advocate (30 SW/SJA)

7.8.1. Designates a representative to provide legal advice to the FAP in all cases of family maltreatment.

7.8.2. Nominates a primary and alternate representative to the CRB and ensures appointees complete initial online CRB training and annual CRB member training.

7.8.3. Nominates a primary and alternate representative to the FAC and ensures appointees complete annual FAC member training.

7.8.4. In the event that the alleged offender is a military member, advises the member's Commander on appropriate disciplinary action. If the alleged offender is a civilian, determines whether referral to federal civilian prosecutors is appropriate.

7.8.5. Designates a representative to provide Victim Advocate services to Family Advocacy clients on a case by case basis when necessary.

### **8. Family Advocacy Program (FAP).**

8.1. Gathers background information regarding reported incidents of family maltreatment including processing a background check for any history of maltreatment. The FAO will review the facts of the reported incident in order to determine if enough information exists to support the allegation(s) of maltreatment. If the allegations(s) are supported, the FAO will open a maltreatment case and a formal assessment will be accomplished within three duty days.

8.2. Upon receipt of maltreatment referral, FAP staff will ensure timely (optimally same day) notifications have been made to the following.

8.2.1. 30 SFS Office of Investigations

8.2.2. AFOSI Det 804

8.2.3. Commander or First Sergeant of the involved active duty sponsor(s)

8.2.4. Commander or First Sergeant of alleged victim if victim is Active Duty

8.2.5. Santa Barbara County, CWS for reports of child maltreatment.

8.3. Requests CWS interview an alleged victim during school hours, on school premises when a report of suspected maltreatment is received from one of the public schools.

8.4. Activates the HRVRT and/or the CSMRT when indicated and necessary.

8.5. Ensures victims of family maltreatment receive medical care if such was not provided at the time of the incident.

8.6. Explains the Limits of Confidentiality to all family members during the initial assessment at an age-appropriate level.

8.7. Ensures a Safety Plan is conducted with victims of domestic violence and ensures all victims are aware of community resources such as shelters and victim advocates.

8.8. Schedules and coordinates the monthly CRB and quarterly FAC.

8.9. Presents all incidents of alleged family maltreatment to the CRB within 60 days of referral.

8.10. Conducts Clinical Case Staffing (CCS) to determine services and treatment for alleged offenders and victims of family maltreatment and prevention services for voluntary clients. The Case Manager will notify relevant CC(s) and CCF(s) of CCS recommendations, treatment progress and any major changes or risk factors that develop.

8.11. Reports to the FAC on the extent of the family maltreatment problem on the base.

8.12. Ensures 80 percent of new unit CCs and CCFs are briefed on the FAP and trained on the identification, reporting procedures, and dynamics of family maltreatment within 90 days of assuming command per AFI 40-301.

8.13. Reports required maltreatment, outreach, and NPSP data within the mandatory DOD timelines via the Air Force FAP website, Family Advocacy System of Records (FASOR), and the Outreach Prevention Automated Log (OPAL).

8.14. Conducts annual training for 30 SFS, AFOSI Det 804, SJA, 30 MDG and IDS staff, Child Care Providers, CCs and CCFs and members of FAP teams described in this instruction.

8.15. Develops and encourages the IDS agencies to establish prevention programs that serve to reduce or prevent incidents of family maltreatment. The FAP will also ensure base personnel are informed of reporting procedures, as well as resources for help.

## **9. Central Registry Board (CRB).**

9.1. The purpose of the CRB is to decide which referrals for suspected family maltreatment meet the Air Force criteria that define family maltreatment, requiring entry into the Air Force Central Registry data base. These decisions are known as incident status determinations.

9.2. Chaired by the 30 SW/CV. In his/her absence the CRB shall be chaired by 30 MSG/CC.

9.3. Membership includes the FAO, Command Chief Master Sergeant, AFOSI Det 804 representative, 30 SFS Representative, SJA, and relevant Squadron CC and CCF for incidents involving members of their squadron.

9.4. All CRB members and unit representatives must complete CRB training prior to participation in order to vote.

9.4.1. A quorum of two-thirds of the members is required for a vote.

9.4.2. All incidents are determined within 60 days of referral.

## **10. Family Advocacy Committee (FAC).**

10.1. Chaired by the 30 SW/CC or 30 SW/CV (when incorporated into the CAIB), otherwise, chaired by the 30 MDG/CC. Chairperson will ensure two-thirds of voting members are present at each meeting.

10.2. The FAC includes these members:

10.2.1. 30 SW/CC (or designee)

10.2.2. Family Advocacy Officer

10.2.3. FAOM or Family Advocacy Intervention Specialist (FAIS)

10.2.4. Director, Airmen and Family Readiness Center (A&FRC) (or designee)

10.2.5. 30 SW/SJA (or designee)

10.2.6. 30 SFS/CC (or designee)

10.2.7. AFOSI Detachment Commander (or designee)

10.2.8. 30 SW Chaplain

10.2.9. Command Chief Master Sergeant

10.2.10. The FAC may add other members as appropriate, such as civilian agencies and community service organizations.

10.3. FAC Responsibilities.

10.3.1. Convenes at least quarterly and at the call of the Chairperson.

10.3.2. Ensures implementation of local FAP IAW DOD and Air Force guidance, including FAP Standards.

10.3.3. Establishes and monitors education programs on family issues for the base community.

10.3.4. Contributes ideas or suggestions for programs or activities to support the FAP.

10.3.5. Ensures FAC members are trained on their roles and responsibilities at least annually.

10.3.6. Ensures members are appointed to FAP teams: CRB, CSMRT, HRVRT and FAC.

10.3.7. Ensures the development and currency of an installation supplement to guide the implementation of the local FAP.

10.3.8. In cooperation with the 30 SW/CC, ensures availability of adequate resources for the effective and efficient implementation of the FAP.

10.3.9. Addresses, resolves, or elevates (to wing then AFSPC) identified system concerns or constraints affecting the FAP.

10.3.10. Establishes a collaborative working relationship with key agencies involved in addressing prevention of and intervention with maltreatment.

## **11. Child Sexual Maltreatment Response Team (CSMRT).**

11.1. Meets in response to the FAO's activation following a report of suspected or alleged child sexual maltreatment. Meets physically or by phone as soon as needed, but no more than 72 hours after notification of an incident. The purpose of the initial meeting will be to assess the nature of the allegation; coordinate a course of action; and attend to the safety and well being of the alleged victim, victim's family members, and the alleged offender.

11.2. Composed of the FAO or FATM in FAO's absence and AFOSI Det 804 and SJA representatives. Coordinates and manages the initial response to child sexual maltreatment suspicions or allegations where:

11.2.1. Prosecution is possible.

11.2.2. The alleged victim is in imminent danger of further maltreatment.

11.2.3. There is the possibility of multiple victims.

11.2.4. The team approach is utilized to minimize suffering of the alleged victim and victim's family, and to ensure no one agency or individual makes decisions regarding these cases independent of the concerns of the other agencies involved.

11.3. Forensic interviews and examinations of alleged victims will be conducted at the Sexual Assault Response Team house in conjunction with North County Rape and Crisis Center. The CSMRT will determine the most qualified person to conduct these evaluations.

11.4. Meets following the initial examination and subsequent interviews to discuss and coordinate an intervention plan.

11.5. When protection of children is best accomplished by removing them from the home, CWS will assume responsibility for accomplishing this IAW State of California authority. CSMRT members will be notified when this action is required and occurs.

11.6. When sexual or severe physical maltreatment is alleged or suspected by an individual in a DOD sanctioned activity, a Family Advocacy maltreatment case will be opened and an assessment will be conducted in coordination with other medical and legal investigative agencies.

11.7. Notifications will be made immediately to the 30 MDG/CC, 30 SW/CV, 30 SW/CC and AFOSI Det 804 IAW DOD guidance and Air Force FAP Standards.

11.8. Meets as needed to clarify their roles and response procedures and to receive training on their responsibilities.

11.9. The FAO will report quarterly to the FAC on all CSMRT activations and corresponding incident status determinations and CSMRT activations will be documented in the FAC meeting minutes.

**12. High Risk for Violence Response Team (HRVRT).**

12.1. Composed of the FAO, FAP clinician working with the family, sponsor's CC, 30 SFS representative, SJA, Mental Health provider and AFOSI Det 804 representative and representatives from other agencies having legal investigative, or protective responsibilities, as appropriate.

12.2. Manages potentially dangerous situations involving FAP clients and staff.

12.3. Activated when:

12.3.1. Members of a family unit may be in imminent danger of being harmed by other family members.

12.3.2. Staff members of FAP may be in imminent danger of being harmed by a Family Advocacy client or ex-client.

12.4. When a death occurs due to suspected family maltreatment, a Family Advocacy case will be opened and an assessment will be conducted in coordination with AFOSI, SJA and Command.

12.5. The FAO will immediately notify the 30 SW/CC and AFOSI Det 804, IAW AF FAP Standards.

12.6. Determines the course of action necessary to manage the risk of violence which will also include retaliation by the threatened individual.

12.7. Meets as needed to clarify their roles and procedures and to receive training on their responsibilities and indicators of escalating violence associated with family maltreatment.

12.8. Members must be trained prior to serving on the HRVRT or receive just-in-time training at the beginning of the HRVRT. Team activations must be reported and documented in the FAC meeting minutes.

KEITH W. BALTS, Colonel, USAF  
Commander

**Attachment 1****GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION*****References***

DoDI 6400.1-M-1, *Manual for Child Maltreatment and Domestic Abuse Incident Reporting System*, July 2005

DODI 6060.3, "School-age" Care Program, 19 Dec 1996

AFPD 40-3, *Family Advocacy Program*, 06 Dec 2011

AFI 40-301, *Family Advocacy*, 30 Nov 2009

AFI 52-101, *Planning and Organizing*, 10 May 2005, Incorporating through Change 5, 16 Mar 2011

USAF Family Advocacy Program Standards, 1 Oct 2009

*USAF Family Advocacy Program Family Maltreatment Definitions*, 3 Aug 12

*Air Force Family Maltreatment Definitions*, 1 Nov 2010

***Abbreviations and Acronyms***

**AD**—Active Duty

**AFI**—Air Force Instruction

**CAIB**—Community Action Information Board

**CCS**—Clinical Case Staffing

**CRB**—Central Registry Board

**CSMRT**—Child Sexual Maltreatment Response Team

**CWS**—Child Welfare Services

**DAVA**—Domestic Abuse Victim Advocate

**DOD**—Department of Defense

**FAC**—Family Advocacy Committee

**FAO**—Family Advocacy Officer

**FAOM**—Family Advocacy Outreach Manager

**FAST**—Family Advocacy Strength Based Therapy

**FATM**—Family Advocacy Treatment Manager

**FAP**—Family Advocacy Program

**FOIA**—Freedom of Information Act

**HRVRT**—High Risk for Violence Response Team

**IDS**—Integrated Delivery System

**MOU**—Memorandum of Understanding

**NPSP**—New Parent Support Program

**RR**—Restricted Report

**SARC**—Sexual Assault Response Coordinator

**SBCDSS**—Santa Barbara County Department of Social Services

**SFS**—Security Forces Squadron

**SJA**—Staff Judge Advocate

## Attachment 2

### VANDENBERG AIR FORCE BASE CHILD SUPERVISION GUIDELINES

**A2.1. The Department of Defense has mandated:** Through DoDI 6060.3, *School-Age Care Program*, that all military installations develop policy addressing the ages and circumstances under which children may be left unattended. The attached guidelines have been drafted to assist families in ensuring the safety and security of their children.

**A2.2. The safety and welfare of the children of the Vandenberg AFB community:** Are the shared responsibility of parents and the command. Personality traits, environmental factors, developmental progress and the level of maturity are factors used to determine when children are ready to accomplish activities with little or no supervision. Particularly with the younger age ranges, advanced language development does not always equate with advanced logical reasoning. Even considering maturity level, the guidelines on the following page will be considered the minimum ages by Security Forces, Family Advocacy and other officials.

**A2.3. Children with physical, medical, developmental, educational, or any other special needs:** Should not be left alone for any length of time to care for themselves. Whether the special need is mild, moderate or severe, the Vandenberg AFB guidelines below should be carefully applied considering each child's unique status.

**A2.4. When considering whether to leave children unsupervised:** Parents must fully examine what type of help will be available to the child in the event of any emergency, minor or major. This is particularly true if the parent will not be in his/her residence or in a location near the child. In these cases, a specific person for the child to contact in the parent's absence is required. This person must know and agree to be the contact person for the child during the parents' absence, and the child must understand that they can contact this person for assistance. Playgrounds are not substitutes for parental supervision. Parents should not leave children on playgrounds without establishing a point of contact. Parents or their designated point of contact are expected to know the children's whereabouts at all times.

**A2.5. Overnight baby-sitters will be at least 16 years of age.** Parents must provide overnight baby-sitters with complete emergency contact information and a suitable plan of action in case of a medical emergency, to include who may consent to medical treatment for their child while they are absent.

**A2.6. All parties or social activities in government-owned or leased housing where juveniles are present:** Will be supervised by the sponsor or other adult family members. Alcoholic beverages must not be served to persons less than 21 years of age.

**A2.7. No person under 18 years of age, or who has not graduated from high school:** Is allowed in the dormitories without a parent or guardian.

**A2.8. The following are standards for the safety and welfare of Vandenberg children.** The Command stresses that ultimately the parents are responsible for the well-being of their children. These guidelines apply to sponsors and their family members both on- and off-base, and will be utilized by Security Forces and Family Advocacy when responding to a suspected case of child neglect. In non-Family Advocacy matters, such as complaints from neighbors, altercations between children, or criminal mischief issues, adherence or non-adherence to these guidelines will also be taken into account. **NOTE:** The ages specified are the minimum ages and are based

on the child's ability to demonstrate age-appropriate behavior. Children who do not consistently demonstrate age-appropriate behavior should *not* be given the same degree of self-management responsibilities. In all instances below where a "yes" is indicated, the parent/guardian is responsible for using reasonable judgment, and for any incident or mishap (considered preventable), which occurs.

**Figure A2.1. Vandenberg Air Force Base Youth Supervision Guidelines**

<b>VANDBENBERG AIR FORCE BASE YOUTH SUPERVISION GUIDELINES</b>							
<b>Age of Child</b>	<b>Left Without Sitter in Quarters for Two Hours or Less</b>	<b>Left Without Sitter in Quarters for More Than Two Hours</b>	<b>Left Alone Overnight</b>	<b>Outside Unattended (To Include Playing)</b>	<b>Left in Car Unattended</b>	<b>Child Sitting Siblings</b>	<b>Child Sitting Others</b>
<b>Newborn – Age 4</b>	No	No	No	No	No	No	No
<b>Age 5 – Age 6</b>	No	No; except 6 yr old may walk to and from school	No	Yes; playground or yard with immediate access (visual sight or hearing distance) to adult supervision ***	No	No	No
<b>Age 7 – Age 9</b>	No	No; except may walk to and from school	No	Yes; with access to adult assistance* **	Yes; except in hot weather; keys removed and handbrake applied; 15-minutes maximum and adult in sight	No	No
<b>Age 10 – Age 11</b>	Yes; with ready access to an adult supervisor */***	No	No	Yes	Yes; keys removed, handbrake applied	Yes; 11 yr old or 6th grade minimum; 2-hours maximum*/ *	No
<b>Age 12 – Age 14</b>	Yes	Yes; during daytime hours, before curfew; no after curfew	No	Yes	Yes	Yes *	Yes ** 12 yr old or 7th grade minimum***
<b>Age 15 – through High School graduation</b>	Yes	Yes	Yes; minor's age 16 yr old and older may be left alone for short TDYs or leaves, not to exceed 5	Yes	Yes	Yes **	Yes **

			consecutive days. These minors must have some type adult supervision available to make periodic checks ***				
<p>*Home-alone training required **Red Cross baby-sitting training or equivalent required ***Adult supervision is defined as someone who has or assumes responsibility for the child, e.g., parent, guardian, care provider, friend</p>							