

**BY ORDER OF THE COMMANDER  
501ST COMBAT SUPPORT WING**

**501 COMBAT SUPPORT WING  
INSTRUCTION 40-301**



**28 MARCH 2013**

**Medical Command**

**FAMILY ADVOCACY**

**COMPLIANCE WITH THIS PUBLICATION IS MANDATORY**

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This instruction implements Air Force Policy Directive 40-3, *Family Advocacy Program*, 6 December 2011 and Air Force Instruction (AFI) 40-301, *Family Advocacy Program*, 30 November 2009 and applies to United States (US) military and US civilians assigned to installations subordinate to the 501st Combat Support Wing (CSW). This instruction is to augment to AFI 40-301. For further information please refer to AFI 40-301. This instruction assigns responsibilities and explains procedures for the management of the 501 CSW Family Advocacy Program (FAP) for geographically separated units (GSUs). It explains local policies and procedures in accordance with AFI 40-301 for the protection of family members and enhancement of family life through the identification, treatment and prevention of family maltreatment. It defines the roles and responsibilities of the Central Registry Board (CRB), Clinical Case Staffing (CCS), Child Sexual Maltreatment Response Team (CSMRT) and High Risk for Violence Response Team (HRVRT). This is not applicable to the Air Force Reserve and Air National Guard (ANG), except where noted otherwise. Refer recommended changes and questions about this publication to the OPR listed above using the AF Form 847, *Recommendation for Change of Publication*; route AF Forms 847 from the field through the appropriate chain of command. Requests for waivers must be submitted to the OPR listed above, or as otherwise stipulated within this publication, for consideration and approval. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS).

## ***SUMMARY OF CHANGES***

Memorandum of Understandings (MOUs) with local child welfare agencies will now be reviewed every two years by the Family Advocacy Committee (FAC), and renegotiated with the local child welfare services every 5 years or as needed (para 2.3.3.).

### **1. Mission Statement.**

1.1. The Family Advocacy Program builds readiness through a strong, resilient community.

### **2. Responsibilities.**

2.1. 501 CSW Commander (CC):

2.1.1. Has ultimate responsibility for the implementation of the FAP at all installations in the wing.

2.1.2. Directs the formation of the 501 CSW CRB.

2.1.3. Appoints in writing the 501 CSW/CV and/or 423 ABG/CC as Chairperson of the CRB.

2.1.4. Appoints in writing the 501 CSW/CCC as a member of the CRB.

2.2. 501 CSW/CCE will:

2.2.1. Implement procedures to notify FAPs of the appointment of new commanders and first sergeants. Notification procedures support training requirements outlined in paragraph 2.8.5 of this instruction.

2.3. FAC will:

2.3.1. Be chaired by the Medical Treatment Facility (MTF) Commander or Installation Commander. Each MTF within the command of the 501 CSW will convene its own FAC for installations under their beneficiary catchment area.

2.3.2. Be composed of representatives from across the installation. Membership includes Group/CC or installation designee, CCC or senior enlisted airman of the installation, Family Advocacy Officer (FAO), Airman and Family Readiness Center (AFRC) Director or local representative where available, Staff Judge Advocate (SJA) or designee, Security Forces (SF) Commander or designee, Air Force Office of Special Investigations (AFOSI) Commander or designee, a Family Member Program Flight Chief, Wing Chaplain or installation designee, Department of Defense Dependent Schools (DoDDS) representative, and representatives from other base agencies deemed necessary. FAP staff including Family Outreach Manager, Family Advocacy Nurse, and Family Advocacy Program Assistant will be members when assigned. Due to the dispersed nature of the 501 CSW, the GSUs organizational and functional representatives assume the responsibility for coordinating action items with other elements across the group within their specialties. Military Personnel Flight representative will not be included against the quorum at a GSU FAC, but may participate as a guest or be represented by unit CSS if need be.

2.3.3. Function as the policy making body for the Family Advocacy Program. It provides the required resources for the implementation of the Family Advocacy Program.

It ensures a written Memorandum of Understandings (MOU) exists between base and local child welfare services and that they are reviewed every two years by the FAC, and renegotiated with the local child welfare services every 5 years or as needed.

2.3.4. Authorize the chairman to appoint members of the HRVRT, CSMRT, and reviewer/observer for the Incident Status Determination Review functions. FAC Chairman will ensure a separate HRVRT and CSMRT is established for each group covered by this instruction.

2.3.5. Establish, through this instruction, written policies and procedures for local response to allegations of child sexual maltreatment utilizing the CSMRT and HRVRT and ensure that participating installation personnel are trained annually on their roles.

2.3.6. Meet at the call of the chairperson or at least quarterly. Other specified responsibilities of the FAC and each member are outlined in AFI 40-301.

2.4. Medical Personnel assigned to the 501 CSW will:

2.4.1. Receive credentialing and peer review functions through the 48th Medical Group.

2.4.2. Be responsible for the medical and mental health (MH) care of the abused child or spouse.

2.4.2.1. If they suspect child or spouse abuse, they will make notifications and follow all current medical instructions pertaining to maltreatment. They will provide the necessary medical evaluation and clinical treatment as requested by FAP within the capacity of the programs. They will follow established procedures when medically indicated patients will be referred to RAF Lakenheath emergency room (ER) or the nearest ER within the host nation.

2.4.2.2. When making a determination that further medical and/or bio-psycho-social evaluations or treatment is necessary for the alleged victims of child maltreatment but the available parent or guardian refuses the evaluation or treatment, providers will immediately contact the FAP provider on call for assistance in resolving the situation.

2.4.3. Receive Domestic Violence Awareness training annually.

2.4.4. Be represented on the HRVRT by a MH provider.

2.5. Family Advocacy Officer (FAO) will:

2.5.1. Manage the Family Advocacy Program and provide prevention and intervention services. FAP services are provided at three main clinical facilities: RAF Alconbury (RAFA, 423 ABG), RAF Menwith Hill (RAFMH, 421 ABS) and RAF Croughton (RAFC, 422 ABS). RAF Alconbury serves RAF Molesworth. RAFC serves RAF Fairford and RAF Welford. All installation FAP are subordinate to the 501 CSW. FAP providers and programs fall under the oversight authority/procedures of the 48th Medical Group.

2.5.2. Act as CRB Coordinator:

2.5.2.1. Coordinate date and time with chairperson and notify members.

2.5.2.2. Ensure agendas are distributed and commanders are notified IAW current FAP directives.

- 2.5.2.3. Ensure CRB results are uploaded to Air Force Central Registry in timely manner IAW current FAP directives.
- 2.5.2.4. Compile CRB meeting minutes for CRB Chairperson's signature.
- 2.5.2.5. Ensure results of the CRB are not documented in the client's outpatient medical record.
- 2.5.3. Ensure results of Clinical Case Staffing (CCS) are communicated effectively to the commanders of FAP clients at individual installations.
- 2.5.4. Refer to the CSS all applications and recommendation for FAP reassignments or deferments.
- 2.5.5. Report all findings, plans and activities of the CSMRT and HRVRT to the FAC and CRB. FAO reports all CSMRT actions to the appropriate commander as required by current AFI and FAP directives.
- 2.6. SF will:
  - 2.6.1. When responding to reported incidents of family maltreatment:
    - 2.6.1.1. Secure the safety of the individual(s) involved.
    - 2.6.1.2. Notify the active duty member's commander or first sergeant.
    - 2.6.1.3. Notify FAO directly or on-call FAP designee through the after-hours phone number.
  - 2.6.2. Provide the FAO with a copy of the finalized AF Form 3545, Incident Report, through the SF Reports and Analysis Section, as soon as it is accomplished.
  - 2.6.3. Be represented on the FAC, CRB and HRVRT.
  - 2.6.4. As an identified targeted population, receive Domestic Violence Awareness Training at least annually.
  - 2.6.5. Provide photography to record evidence of family maltreatment.
- 2.7. AFOSI will:
  - 2.7.1. Immediately notify the FAP staff of all cases involving suspected or established family maltreatment that come to the attention of the installation AFOSI office. In turn, the FAP staff will notify the AFOSI duty agent as soon as possible upon receipt of information concerning family maltreatment involving significant physical injury, child sexual abuse or injury to a military child received by a caregiver. AFOSI at RAF Alconbury will be contacted in cases where significant injury has occurred and no local AFOSI is assigned.
  - 2.7.2. Notify FAP when Defense Criminal Investigation Index check reveals information regarding previous incidents involving the family in question.
  - 2.7.3. Share any information relevant to case determination or treatment planning through the CRB or directly to the FAO or Family Advocacy Treatment Manager (FATM).
  - 2.7.4. Be represented on the FAC, CRB, CSMRT and HRVRT.

2.7.5. Provide photography to record evidence of family maltreatment.

2.8. Commanders and First Sergeants will:

2.8.1. Coordinate with FAP to provide safe environments for all family members and active duty. They will respond to the scene in person when requested by SF, investigators or medical authority.

2.8.2. Exercise their authority over the active duty member to provide a safe environment for family members impacted by family maltreatment.

2.8.3. Report all families suspected of or experiencing domestic violence to the FAP staff to arrange for therapeutic counseling and referral assistance as required.

2.8.4. Attend the CRB and HRVRT when their personnel are involved.

2.8.5. Receive Domestic Violence Awareness Training within 60 days of assuming their position and annually thereafter. Orientations and annual trainings must be accomplished in person.

2.8.6. Attend CRB as voting members for cases involving individuals assigned to their units. Prior to acting as voting members of the CRB, CCs and First Sergeants will complete training on the CRB process. This training is computer based and can be tracked from base to base.

2.8.7. Coordinate with CSS all applications for FAP re-assignments or deferments.

2.9. SJA will:

2.9.1. Provide legal counsel when requested by investigator or medical agencies in regard to intervention in domestic incidences.

2.9.2. Provide consultation in development of all MOUs.

2.9.3. Serve as the office of primary responsibility for the AF Victim Witness Assistance Program.

2.9.4. Be represented on the FAC, CRB, CSMRT and HRVRT.

2.10. Airman and Family Readiness Centers will:

2.10.1. Work in collaboration with FAP staff to continuously assess the needs of the community.

2.10.2. Provide support and services as requested by the FAP within the capacity of the center.

2.10.3. Report to the FAP all suspected cases of child or spouse maltreatment identified at the center.

2.10.4. Be represented on the FAC.

2.11. Installation Chaplains will:

2.11.1. Provide services to families, identified by the FAP, within the capacity of the organization.

2.11.2. Be represented on the FAC.

2.12. Family Member Programs Flights will:

- 2.12.1. Provide services requested by the FAP, within the capacity of the flight.
- 2.12.2. As a targeted population, ensure staff members who work with children receive FAP training upon hire and annually thereafter.
- 2.12.3. Report to the FAP all suspected cases of child or spouse maltreatment first identified at the center, which includes possible abuse by licensed caretakers of children placed in their care.
- 2.12.4. Be represented on the FAC.

2.13. DoDDS will:

- 2.13.1. Be represented by the principal on the FAC.
- 2.13.2. Report to the FAP all cases of suspected child maltreatment.
- 2.13.3. Ensure all DoDDS personnel receive annual FAP training.

**3. Program Components:**

3.1. Mandated Reporting:

3.1.1. As required IAW AFI 40-301, includes all active duty members and civilian employees of the AF. It directs reporting of all incidents of suspected family maltreatment to the FAP. All military-related child care and medical providers will be trained regarding the indicators of child abuse and neglect, and the procedures for reporting family maltreatment to the FAP.

3.1.2. Exclusions are limited to chaplains receiving information through a “penitent-clergyman” relationship or privileged communications in the course of their official duties, and Area Defense Counsel receiving information from an established attorney-client relationship, or other covered communications received in accordance with DoD policies on restricted reporting.

3.1.3. Incidents of suspected child maltreatment will be referred to the Office of Children and Young Persons Services (OCYPS) in cases where sufficient information exists to warrant the referral IAW current MOU.

3.1.4. All USAF personnel covered by this instruction are responsible for reporting violations of current installation child supervision guidelines to the FAP. When immediate action is required to protect the safety of a child, report violations to SFS or local police authorities.

3.1.4.1. FAO and/or the FATM ensure preliminary risk, safety and bio-psycho-social assessments (paragraph 2.4.2.2.) of all family maltreatment cases. FAP will manage all cases until closure.

3.2. Clinical Case Staffing (CCS) will:

3.2.1. Conduct monthly meetings with FAP providers from RAFA, RAFC and RAFMH. Composition of the CCS includes FAP staff, and representatives of other base agencies that could contribute to the effective intervention with FAP clients. Meetings conducted via teleconference are authorized.

3.2.2. Keep the minutes of the monthly meetings at RAFA in the FAP Office and coordinated with the FAC Chair at RAFA.

3.2.3. Meet at the call of the FAOs, but at least monthly. The CCS reviews all new allegations of family maltreatment within 30 days of the CRB determination. All open cases are reviewed at least quarterly. CCS will review all substantiated child sexual abuse cases monthly.

3.3. Case Managers will:

3.3.1. Communicate results of CCS to active duty member's commander. Notification to commanders will include client's level of risk for further maltreatment, level of motivation/interest in services and any intervention recommendations. The 501<sup>st</sup> Limited Scope Military Treatment Facilities (LSMTFs) do not have case managers. The provider assigned to a case will essentially manage all case management needs.

3.3.2. Request a meeting with the active duty member's commander and encourage the commander to invite the sponsor and spouse to discuss the CCS recommendations, if it is determined there is a high level of risk for further maltreatment.

3.4. The CRB will:

3.4.1. Make determinations on which referrals/incidents of suspected family maltreatment meet the Air Force criteria for family maltreatment, requiring entry into the Air Force Central Registry database.

3.4.2. Consist of core members whose composition is IAW the M-1.B FAP Standard. The core membership includes the CRB Chairperson, SJA, AFOSI, SFOI, CCMS and FAO. Squadron representatives: Commander(s) or designee of the AD offender or victim. Commanders attend CRB meetings as voting members. The Vice Wing CC serves as chair of the CRB or in his/her absence may delegate the chair to the 423 ABG/CC.

3.4.3. Not permit the alleged perpetrator or victims, AD members and/or family to attend. The CRB Chairperson may allow guests to attend, who have specific information as deemed appropriate for specific case determination to include the victim's physician, Ministry of Defense police and OCYPS. Guests will not act as voting members.

3.4.4. Convene at the call of 501 CSW OPR the FAO at RAFA who provides administrative support for the centralized 501 CRB. The FAO will ensure all members of the CRB are provided initial training prior to participating in team decision making process. CRB core members will also receive annual training.

3.4.5. Meet on a monthly basis and makes incident determinations within 60 days of the referral. Under unusual circumstance cases, the CRB may defer determination beyond 60 days to ensure the team has all available information required to make a decision.

3.4.6. Only discuss information related and pertinent to the maltreatment issues associated with the current allegation. Exceptions to this will be made in cases where the credibility of the individuals involved is in question. In these circumstances, additional information may be presented to ensure the team has sufficient information for their decisions.

3.4.7. Base decisions on the preponderance of evidence as described in the Air Force Family Maltreatment Definitions. The CRB will use the CRB Decision Tree provided by the Air Force Medical Support Agency to guide the board's decision making process and record decisions.

3.4.8. Ensure each commander of the active duty member involved in a maltreatment incident receives a letter stating the determination for each incident. The letter will explain the Incident Status Determination Review process. The letter will serve as the active duty member's notification of incident status determination.

3.5. Child Sexual Maltreatment Response Team (CSMRT) will:

3.5.1. Establish, upon receipt of a child sexual abuse referral, the jurisdiction and how the organizations involved will proceed in making required notifications, conducting interviews, scheduling medical exams, arranging for safety of all family members and conducting psycho-social assessments. Once jurisdiction is established and an initial plan is formulated, other agencies and/or organizations may be notified as appropriate. Each FAP within the command of the 501 CSW will convene its own CSMRT for installations under their responsibility.

3.5.2. Be chaired by the FAO.

3.5.3. Include FAO, FATM, AFOSI and SJA as members. Representatives from other agencies having legal, investigative, or child protection responsibilities may be included if deemed necessary by their commander and approved by the FAC.

3.5.4. Be trained at least annually.

3.5.5. Be called immediately upon notification of an allegation of child sexual maltreatment. The team will assemble in person or by phone to coordinate a plan of action.

3.5.6. Immediately report to USAFE and USAF-level Family Advocacy Program Manager all identified child sexual abuse in DoD sanctioned activities by a caregiver. Notifications will be made IAW current FAP directives.

3.5.7. Make notification to OCYPS after CSMRT has met and child sexual maltreatment is suspected if OCYPS is not represented at the CSMRT, IAW current MOU.

3.5.8. Report to the FAC chair in the event there are multiple victims; the deployment of the Family Advocacy Command Assistance Team (FACAT) may be requested.

3.6. High Risk for Violence Response Team (HRVRT) will:

3.6.1. Be activated by the FAO upon notification of potential threat of harm by an individual to another family member or FAP staff. The HRVRT will assess the level of danger, then develop and implement a course of action to manage the risk of violence.

3.6.2. Be convened by each FAP under the 501 CSW for installations under their responsibility. Membership includes FAO, FAP staff member(s) working with the family, the squadron commander of the family, SF Operations Flight Commander, legal, MH provider, AFOSI, and representatives from other agencies having legal, investigative or protective responsibilities.



3.6.3. Meet at least annually to clarify roles and provide education regarding family violence and safety planning. Team members will be trained annually and/or within 90 days of appointment to the team.

3.7. Case Management will:

3.7.1. Ensure preliminary risk, safety and bio-psycho-social assessments of all family maltreatment cases are completed. FAP will manage cases until closure.

3.7.2. Assign a FAP provider, who will serve as primary coordinator with OCYPS for child maltreatment cases. It is the policy of the 501 CSW/CC to provide appropriate services to members of the community as expeditiously as possible and to avoid duplication of services and agency efforts. Accordingly, all families referred to the FAP will receive timely assessments and will have their CRB under the direction of the FAC.

3.8. Prevention and Outreach:

3.8.1. Purpose is to enhance mission readiness by preventing the occurrence of child and spouse maltreatment. The FAP takes responsibility for coordinating among on and off base agencies regarding prevention and outreach programs for the members of the 501 CSW communities through the installation Integrated Delivery System.

3.8.2. Targeted populations are those portions of the 501 CSW population that have a high probability of being the first person outside the affected family to see indicators of family maltreatment. Those individuals identified require formal training on the recognition and reporting of incidents of family maltreatment.

3.8.3. GSUs are exempt from using FAPNET/Outreach Prevention Automated Log (OPAL) to report statistics to higher headquarters.

**4. Youth Supervision Guidelines.** Attachment 2 to this operating instruction establishes Child Supervision Guidelines for the 501 CSW communities. Violations of these guidelines require a report to the FAP, but do not constitute an automatic opening of a family maltreatment record.

4.1. All USAF personnel covered by this instruction are responsible for complying with and reporting violations of current installation child supervision guidelines. A violation of these guidelines requires a report to Family Advocacy, but does not constitute an automatic establishment of a family maltreatment record. When immediate action is required to protect the safety of a child, report violations to SFS or local police authorities.

BRIAN T. KELLY, Colonel, USAF  
Commander

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

AFPD40-3, *Family Advocacy Program*, 6 December 2011  
AFI 40-301, *Family Advocacy Program*, 30 November 2009  
AFMAN33-363, *Management of Records*, 1 March 2008  
DOD 6400.1, *Family Advocacy Program*, 20 September 2011  
USAF Family Advocacy Program Standards 1 October 2009

***Prescribed Forms***

N/A

***Adopted Forms***

AF Form 847, *Recommendation for Change of Publication*.

***Abbreviations and Acronyms***

**AD**—Active Duty  
**AF**—Air Force  
**AFI**—Air Force Instruction  
**AFOSI**—Air Force Office of Special Investigations  
**CC**—Component Commander  
**CCM**—Command Chief Master Sergeant  
**CCS**—Clinical Case Staffing  
**CRB**—Central Registry Board  
**CSMRT**—Child Sexual Maltreatment Response Team  
**CSW**—Combat Support Wing  
**DoD**—Department of Defense  
**DoDDS**—Department of Defense Dependent Schools  
**ER**—Emergency Room  
**FAC**—Family Advocacy Committee  
**FACAT**—Family Advocacy Command Assistance Team  
**FAO**—Family Advocacy Officer  
**FAOM**—Family Advocacy Outreach Manager  
**FAP**—Family Advocacy Program  
**FATM**—Family Advocacy Treatment Manager

**FSC**—Family Support Center

**GSU**—Geographically Separated Unit

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

**MTF**—Medical Treatment Facility

**MH**—Mental Health

**MOU**—Memorandum of Understanding

**OCYPS**—Office of Children and Young Persons Services

**OPR**—Office of Primary Responsibility

**RAFRC**—Royal Air Force Base Croughton

**RAFMH**—Royal Air Force Base Menwith Hill

**RAFA**—Royal Air Force Base Upwood

**SJA**—Staff Judge Advocate

**SF**—Security Forces

**US**—United States

**Attachment 2****501 CSW YOUTH SUPERVISION GUIDELINES**

Note 1: The ages specified are based on the average 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 "yes" is indicated, the parent is responsible for using reasonable judgment and for any incident or mishap (not considered preventable) that occurs.

Note 2: Baby monitors do not take the place of adult supervision and should only be used within the home.

Note 3: Appropriate supervision is defined as someone who has or assumes responsibility for the child, e.g., parent, guardian, care provider, friend.

Note 4: Red Cross baby-sitting training or equivalent required.

Note 5: The child must know that the adult is the point of contact for assistance, his/her location, and how to contact him/her; and the adult needs to know they are assuming responsibility for the child.

Attachment 3

501 CSW YOUTH SUPERVISION GUIDELINES

Figure A2.1. 501 CSW YOUTH SUPERVISION GUIDELINES

Ages of Child	Ride GOV Shuttle Unescorted	Left Without Sitter in Quarters for Two (2) Hours or Less	Left Without Sitter in Quarters for More Than Two (2) Hours	Walk to and from School	Left Alone Overnight	Outside Unattended (To Include Playing)	Left In Car Unattended	Child Baby-sit Siblings in Quarters	Child Baby-sit Others in Quarters	Curfew Hours Sunday through Saturday
Newborn Through Age 4	No***	No	No	No	No	No	No	No	No	N/A
Age 5 Through Age 6	No***	No	No	No, except when there is a crossing guard at major intersections.	No	Yes; housing playground or yard with immediate access (visual sight or hearing distance) to adult supervision. ***	No	No	No	N/A
Age 7 Through Age 9	No***	No	No	Yes	No	Yes; housing playground or yard with adult access ***	No	No	No	2200-0600***
Age 10 Through Age 11	No***	Yes; with ready access (phone number) to an adult supervisor. */***	No for 10 yr olds; 11 yr olds only with access to adult supervision.	Yes	No	Yes	Yes; except in hot weather and the keys removed and handbrake applied; 5 minutes maximum in hot weather, 15 in other weather and adult within sight.	Yes; 11 yr old or 6th grade minimum to 2 hours maximum*/**	No	2200-0600
Age 12 Through Age 15	Yes	Yes	Yes	Yes	No; except children age 15, or freshman in high school, may be left alone overnight with access to adult supervision; sponsor must be in the local area	Yes	Yes; keys removed and handbrake applied.	Yes**	Yes**; 12 yr olds or 7th grade minimum	2200-0600

Age 16 Through High School Graduation	Yes	Yes	Yes	Yes	Yes; minors 16 and older may be left alone for short TDYs or leaves, not to exceed 5 consecutive days. These minors must have some type of adult supervision available to make periodic checks.	Yes	Yes	Yes**	Yes**	2400-0600 Exceptions may be made for chaperoned events or for work related reasons.
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\* Home-alone training by the Youth Center or other source required  
 \*\* Red Cross babysitting 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  
 \*\*\*\* Note: the Community Center, Fitness Center and Youth Center have facility specific Youth Supervision Policies (see facility specific policies for guidance).