

**BY ORDER OF THE COMMANDER
JOINT BASE ANDREWS AIR FORCE
BASE**



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Supplement

NAVAL AIR FACILITY

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Medical Command

FAMILY ADVOCACY

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AFI 40-301, *Family Advocacy*, 30 November 2009, is supplemented as follows. This publication establishes policies and procedures for the administration of the Air Force Family Advocacy Program at Joint Base Andrews (JBA). This publication applies to any incident occurring on or off base where active duty military members (i.e., Air Force, Army, Navy, Marine Corps) or their family members are victims of maltreatment. This publication establishes responsibilities and procedures to be followed by base personnel and agencies for all allegations of child or spouse maltreatment. This instruction requires the collection and maintenance of information protected by the Privacy Act of 1974, Title 5 United States Code (U.S.C.) 552a, *Records Maintained of Individuals*, the *Health Insurance Portability and Accountability Act of 1996*, Public Law (P.L.) 104-191, and other applicable federal and state laws. The authority to collect and maintain the records prescribed in this instruction is found in Title 10 U.S.C. 8013, *Secretary of the Air Force*. Privacy Act statements required by AFI 33-332, *Privacy Act Program*, are annotated on DD Form 2005, *Privacy Act Statement Health Care Record*. 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) located <https://www.myaf.mil/afirms/afirms/afirms/rims.cfm>. Contact supporting records managers as required. Contact supporting records managers as required.

Refer recommended changes and questions to the Office of Primary Responsibility (OPR) using AF Form 847, *Recommendation for Change of Publication*, to 779th Medical Operations Squadron, Family Advocacy Office (779 MDOS/SGOW).

SUMMARY OF CHANGES

This publication provides information in addition to AFI 40-301 regarding the Family Advocacy Program process and child maltreatment practices for those members of Joint Base Andrews, NAF.

1.3.3. The installation commander will appoint the 779th Medical Group Commander (779 MDG/CC) to chair the Family Advocacy Committee (FAC).

1.3.6. The installation commander has responsibility to promote and ensure cooperation among installation organizations to build healthy, resilient communities in order to prevent and treat family maltreatment.

1.3.14. The installation commander will develop a process to ensure that the Family Advocacy Officer receives current monthly rosters of new installation commanders and First Sergeants (CCFs).

1.4.8.12. The FAC may add other members as appropriate, such as but not limited to other JBA wing representatives, JBA Navy representatives, civilian agencies and community service organizations.

1.4.9. The FAC will meet once a quarter. Additional meetings may be held at the call of the chairperson to accomplish the following tasks:

1.4.9.15. **(Added)** Set policy and procedures for operating the FAP, based on this instruction and FAP standards.

1.4.9.16. **(Added)** Review available data on families to identify at-risk groups requiring prevention services and to detect trends. Use findings to ensure that responsible programs are implemented.

1.4.9.17. **(Added)** Advocate to establish and improve services that promote healthy families.

1.4.9.18. **(Added)** Solicit the resources needed to successfully run the FAP.

1.4.9.19. **(Added)** Develop and maintain a directory of community resources.

1.5.3.3.1. **(Added)** After-hours reports of child and spouse maltreatment will be taken by the Mental Health on-call provider through notification by the Security Forces Squadron (SFS) or Malmcolm Grow Medical Clinic.

1.10.4. The SFS Law Enforcement Desk will notify the FAO or designee of all incidents involving suspected cases of maltreatment. A copy of the incident report will be made available to the FAO for inclusion in the FAP record.

1.12.2. The AFOSI will notify the FAO or designee of all cases involving suspected or established family maltreatment that come to the attention of 7 FIS, HQ AFOSI, and JBA MD.

1.12.4.1. **(Added)** When allegations of extra-familial maltreatment occur in DoD sanctioned youth or child care activities, the FAO will notify 11 SFS, 7 FIS and CPS. If appropriate the FAO will coordinate with the Medical Group and Wing Commander for additional support.

1.17. **(Added)** All military personnel, to include active duty, guard, reserves and all other individuals affiliated with Joint Base Andrews and its organizations and tenants will report all identified incidents of suspected or known child or spouse maltreatment to the FAP.

2.1. The mission of the JBA FAP is to promote the health and well being of military families, so as to maintain the readiness ability of the active duty member.

3.3.2. The FAOM will provide annual Family Violence Education and Prevention Training to include dynamics of family maltreatment, identification, and referral procedures to all CCs and CCFs (to include Wing Installation CCs, MSG/CCs, CCM, healthcare providers as defined by DoD, JA, SFS, AFOSI, A&FRC, Child Development Center (CDC), Family Child Care providers, Youth Center, DoDEA, FAC, IDS, SARC, and other key personnel IAW DoDI 6400.06 and AF FAP Standards).

4.1.2. The CRB is composed of the host wing Vice Wing Commander, SJA, Squadron Commander/First Sergeant, Command Chief Master Sergeant, FAO, AFOSI and SFS. Only trained and appointed alternates may fill in for the primary representative.

4.3.1. The composition of the CSMRT will include a Family Advocacy clinician, AFOSI, SJA, and representatives from agencies having legal, investigative or child protection responsibilities, when appropriate. The CSMRT is activated immediately and manages the initial response to allegations of child sexual maltreatment. This meeting will occur in a timely manner not to exceed 72 hours. The purpose of the CSMRT is to review the allegation, coordinate a course of action and tend to the well being of the victims, their family, and the alleged offender.

4.3.1.4. **(Added)** The FAP will be notified immediately when allegations of child sexual maltreatment occur, and the FAO or designee will initiate a CSMRT. If a child sexual maltreatment case is reported/occurs during non-duty hours, the on-call mental health provider will be notified. The purpose of the on-call provider is to assess the victim for immediate risk and safety, but not conduct a thorough evaluation or interview of the alleged sexual maltreatment. The on-call provider can contact AFOSI who will determine who will conduct the forensic interview(s).

4.4.1. The HRVRT will be activated when there is a threat of immediate and serious harm to family members or FAP staff. The HRVRT is a multidisciplinary team whose goal is to coordinate FAP, Unit/Squadron/Wing command and community response to effectively manage potentially dangerous situations to family members or FAP personnel.

4.4.2. HRVRT is activated at the discretion of the FAO. Members are appointed by their CC and approved by the FAC. Membership includes the FAO, FAP clinician working with the family, sponsor's SQ/CC, JA, SFS representative, Mental Health provider, AFOSI Detachment representative, DAVA, and representatives from other agencies having legal, investigative, or protective responsibilities, as appropriate.

4.4.3. Members must be trained prior to serving on the HRVRT. Team activation must be reported to and documented in the FAC minutes. The HRVRT:

4.4.3.4. **(Added)** may address imminent danger to FAP staff members of being harmed by a FAP client or former client.

4.4.3.5. **(Added)** The FAO will be notified immediately of threats of immediate harm to individuals within the FAP system. After duty hours, the on-call Mental Health provider will be notified.

4.4.3.6. **(Added)** When possible and/or appropriate the FAO/HRVRT will involve the threatened individual(s) in the safety planning process.

4.7. Domestic Abuse Reporting Options. Adult victims of domestic abuse have two reporting options: unrestricted reporting and Restricted Reporting (RR).

4.7.1. Unrestricted Reporting for Domestic Abuse. Unrestricted reporting is a process allowing a victim of domestic abuse to report an incident using chain of command, law enforcement or AFOSI Detachment, and Family Advocacy for clinical intervention.4.7.2. Restricted Reporting (RR) for Domestic Abuse.

4.7.2.1. 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.

4.7.2.1.1. When sexual assault occurs between spouses or unmarried intimates it is domestic violence and will be managed by FAP.

4.7.2.1.2. Once FAP assumes case management of domestic abuse sexual assault cases, no information about the case is shared with the SARC without the client's consent.

4.7.2.2. When an adult victim elects RR, and discloses an abuse allegation to a DAVA, or healthcare provider (including FAP staff), the domestic abuse allegation may not be disclosed to command or civilian or military investigative or law enforcement agencies except as provided in the exceptions to this RR policy or mandated by state law.

WILLIAM M. KNIGHT, Colonel, USAF
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Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

References

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

Abbreviations and Acronyms

FAP—Family Advocacy Program

SARC—Sexual Assault Response Coordination

DAVA- Domestic Abuse Victim Advocate

HRVRT- High Risk for Violence Response Team

CSMRT- Child Sexual Maltreatment Response Team

FAO- Family Advocacy Officer

CRB- Central Registry Board

Attachment 2

ANDREWS AFB CHILD SUPERVISION GUIDELINES

A2.1. This attachment outlines the age specific guidelines for child supervision. * Note: 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.

Figure A2.1. Child Supervision Guidelines.

Age of Child	Left w/o Sitter in Quarters for 2 hrs or less	Left w/o Sitter for more than 2 hrs	Left Alone Overnight	Outside Unattended During Daylight Hours (To Include Playing)	Left in Car Unattended	Child Others Sit
Newborn to Age 4	No	No	No	No	No	No
Age 5 to Age 6	No	No	No	Yes; playground or yard with immediate access (visual sight or hearing distance) to appropriate supervision*	No	No
Age 7 to Age 9	No; except may walk to and from Bus Stop or school if less than a mile	No	No	Yes; with access to appropriate supervision*	Yes; 8yr or older with keys removed and handbrake applied; adult within sight	No
Age 10 to Age 11	Yes; except between the hours of 2200 and 0600 and must have access to an adult in close proximity***	No	No	Yes; with access to appropriate supervision*	Yes; keys removed and handbrake applied	No
Age 12 to Age 14	Yes; except between the hours of 2200 and 0600	Yes; except between the hours of 2200 and 0600	No	Yes	Yes; keys removed and handbrake applied	Yes, 13yr and older **
Age 15 to Age 17	Yes	Yes	Yes; minors age 16 and older may be left alone for short TDYs or leaves, not to exceed 3 consecutive days. These minors must have some type of adult supervision available to make periodic checks.	Yes	Yes	Yes**

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

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

** Red Cross baby-sitting training or equivalent required. However, the training course is not available on base.
