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AFI 40-301, 1 May 2002 is supplemented as follows: This supplement provides guidance for implementing the McGuire AFB Family Advocacy Program which is under authority of AFI 40-301. This publication does not apply to Air National Guard or US Air Force Reserve units or personnel.

SUMMARY OF REVISIONS

This document is substantially revised and must be completely reviewed.

Administrative changes have been made to include all references to Memorial Hospital of Burlington County being changed to Virtua Memorial Hospital of Burlington County and Behavioral Medicine is now Life Skills. Paragraphs 1.4.3, 10.6, **4.1.3.1. (Added)**, **4.1.3.2. (Added)**, **4.1.3.3. (Added)** and **7.4.1.1. (Added)** are additions to the pre-existing McGuire AFB supplement. In addition, paragraphs have been renumbered to comply with this regulation.

1.5.1. The Family Advocacy Committee (FAC) is chaired by the 305 Medical Group Commander or appointed senior MTF designee.

1.5.2.2. 305th Medical Group provider as appointed by the 305 MDG/CC.

1.5.2.10. 305 MDG Staff Chaplain or designated chaplain.

1.5.2.13. Invited civilian agencies. New Jersey Division of Youth and Family Services (DYFS) (local Child Welfare agency) and Providence House (local Victim Advocacy Services agency).

1.6.4. (Added) 305th Medical Group responsibilities:

1.6.4.1. (Added) If a suspected maltreatment victim is brought to the 305 MDG Medical Treatment Facility (MTF), ensure sensitive and timely care will be provided.

1.6.4.2. (Added) All clinic staff are mandated to report suspected child maltreatment. The following notifications will be made by attending medical staff in suspected child maltreatment during and after duty hours. Contact: DYFS, Family Advocacy, Security Forces Law Enforcement Desk and Air Force Office of Special Investigations Detachment 307 (AFOSI).

1.6.4.3. (Added) All clinic personnel are mandated to report suspected spouse maltreatment and must immediately notify the Family Advocacy Officer (FAO).

1.6.4.4. (Added) The attending medical provider will thoroughly document on a Standard Form 600, **Chronological Record of Medical Care** (SF 600), pertinent information when maltreatment is suspected or alleged. Information should include a detailed history of events explaining the event and a complete description of the injury or condition.

1.6.4.5. (Added) Because the MTF is an outpatient clinic, capabilities for conducting forensic examinations are not available. The attending physician shall ensure all victims of suspected sexual abuse are referred to Virtua Memorial Hospital of Burlington County. In all cases, the gaining civilian facility will be notified that maltreatment is suspected.

1.7.1.1. (Added) The FAO or designated Family Advocacy staff member will screen the medical, Life Skills and Family Advocacy records of all family day care applicants and their family members.

1.7.1.2. (Added) The FAO or designated FAP staff members will conduct an Air Force Central Registry check on all Child Development Center (CDC) work applicants and applicant's family members over the age of 12 who are residing in their home.

1.10.6. (Added) Will exercise their authority over the active duty member to provide initial cooling off period when deemed necessary.

1.12.1.1. (Added) Will appoint a primary contact to manage, facilitate and provide consultation regarding legal issues and aspects of allegations.

1.12.1.2. (Added) Appoints a legal point of contact to assist families in answering questions of a legal nature.

1.12.1.3. (Added) Provides recommendations on the release of information in conjunction with Public Affairs.

1.12.1.4. (Added) Assists in the investigative process, including but not limited to providing advice on obtaining and managing admissible evidence.

1.13.4.1. (Added) Will respond to all reported incidents of family maltreatment. They will coordinate with the FAO and AFOSI on investigations.

1.13.4.2. (Added) 305 SFS personnel responding to reported incidents of family maltreatment will ensure the safety of the individuals involved.

1.13.4.3. (Added) 305 SFS personnel responding to suspected incidents of family maltreatment after normal duty hours must notify the Family Advocacy office by leaving a message on the answering machine.

1.13.4.4. (Added) Personnel responding to reported suspected family maltreatment incidents may consult with the on-call mental health provider to receive assistance in handling abusive or neglectful situations.

1.13.4.5. (Added) 305 SFS will immediately turn over investigations of child sexual maltreatment to AFOSI.

1.13.4.6. (Added) 305 SFS personnel responding to incidents involving domestic violence will contact the active duty member's commander or first sergeant.

1.14.3. AFOSI will notify the FAO of all cases involving suspected or established family maltreatment that is brought to the attention of the installation AFOSI. In turn, the FAO will consult with the AFOSI agent prior to conducting any interviews with the concerned family.

1.14.4. AFOSI personnel will notify the FAO when a Defense Criminal Investigation Index (DCII) check reveals information regarding previous incidents involving the family in question.

1.14.5. AFOSI conducts and coordinates victim and offender interviews.

1.14.5.1. (Added) AFOSI conducts and coordinates with DYFS victim and offender interviews. Contacts other law enforcement agencies and Judge Advocate regarding investigative matters.

1.14.6. The AFOSI Regional Forensic Consultant will provide training upon the request from 305 MDG personnel and CDC personnel to assist them in detecting injuries consistent with child abuse. Please submit training requests in writing to the AFOSI Commander.

4.1.2.1. (Added) Scope: The CSMRT will be activated and applies to all child sexual maltreatment referrals involving imminent danger to the victim, the possibility of multiple victims and when criminal prosecution is possible.

4.1.2.2. (Added) Procedures: Following notification of alleged sexual maltreatment, the CSMRT will be briefed as soon as possible, but no later than 48 hours after the referral. Purpose of briefing will be to assess the allegation, coordinate a course of action, attend to the well being of victim(s), his or her family and the alleged offender, develop a strategy for interviewing the victim(s), including who will conduct the interview and where it will be accomplished, minimize the number of investigative interviews and medical examinations to reduce emotional trauma of the response process.

4.1.2.3. (Added) CSMRT MEMBERSHIP: The membership of the CSMRT will include a primary and alternate representative from the following agencies: FAO, AFOSI, Staff Judge Advocate and DYFS.

4.1.2.4. (Added) Upon report of alleged sexual maltreatment, FAP will immediately notify AFOSI, DYFS, HQ AFMOA, MDG/CC and 305 AMW/CC.

4.1.2.5. (Added) Family Advocacy coordinates with AFOSI and DYFS to ensure the risk of future maltreatment is evaluated, alleged victim and other children are safe; that prompt clinical evaluation of all alleged victims, to include a medical exam and clinical interview, are performed; and referrals for services for alleged victims and parents are provided. If needed, the Family Advocacy Command Assistance Team (FACAT) will be contacted and coordinated with 305 AMW Commander and HQ AFMOA.

4.1.2.6. (Added) In cases of alleged multiple-victim child sexual maltreatment in Department of Defense (DoD) sanctioned activities, the CSMRT will consider recommending that the Wing Commander request deployment of the DoD FACAT.

4.1.2.7. (Added) When the FACAT is deployed, the CSMRT will serve as the nucleus for the installation level task force.

4.1.2.8. (Added) The CSMRT will provide an in-brief to the FACAT concerning assessment of the allegation(s) of child sexual abuse.

4.1.2.9. (Added) The CSMRT will maintain continuous interface with the FACAT.

4.1.3.1. (Added) The HRVRT is established by the FAC. The HRVRT will be activated and applies to all high-risk issues concerning FAP clients or staff who are in imminent danger of being harmed.

4.1.3.2. (Added) The membership of the HRVRT will include but not limited to FAO, FAP Staff, Sponsors Command, Security Forces Commander, SJA, Life Skills Provider, and AFOSI.

4.1.3.3. (Added) The purpose of HRVRT activation is to assess the level of danger to staff or FAP clients and to make and implement coordinated safety plans to reduce risk of danger.

7.4.1.1. (Added) Member's dependents, including those with special needs, requiring a relocation clearance, will be screened by the FAP after initial screening by medical staff. These require an appointment with the FAO or designee and will be coordinated by the Family Advocacy Data Specialist or designee through the TRICARE office. Medical records, if available, will also be screened by provider. Medical Staff and FAP provider will complete DD Form 1466, **Request for Family Members Medical and Educational Clearance for Travel**, respectively, and if required, will complete their applicable sections on the DD Form 2792, **Exceptional Family Member Medical Summary**, along with any applicable addendums. The SF 600 will also be completed for each family member cleared and filed in their medical record. Providers involved with the relocation clearance process will coordinate with the 305 MDG Chief of Medical Staff for final decisions and dispositions.

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