



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY

FORT CARSON, COLORADO 80913-6001

XXXX-XXX

20 October 2017

MEMORANDUM FOR DISTRIBUTION

SUBJECT: XXXXXXX, 4th Infantry Division "GO / CARE Team" Standard Operating Procedures (SOP)

1. PURPOSE: This SOP outlines the duties, responsibilities, and procedures for the use of Brigade / Battalion GO / CARE Teams. It applies to all Brigade / Battalion GO Team and CARE Team personnel.

2. PURPOSE OF THE CARE TEAM

a. A CARE Team is a group of volunteers prepared to provide comfort and support to Soldiers and Family members for a determined period of time, after a trauma or crisis, if requested by the grieving family.

b. The CARE Team is designed to provide temporary, immediate support until the family can establish its own internal support structure. Immediate support may include emergency child care, Meal assistance, homecare, and any other feasible requests for services the family requires until their internal support system can be established.

3. PURPOSE OF THE GO TEAM

a. A GO Team is a small group of volunteers prepared to meet with a grieving family immediately after a trauma or crisis to provide comfort and assess whether or not the family requests additional support from a CARE Team.

b. Go Teams are activated via the BCT CARE Team coordinator with the approval of the BCT Commander or Rear Detachment Commander.

4. REQUIREMENTS

a. Brigade will designate a primary and alternate BCT CARE Coordinator.

b. Battalions will each designate a GO Team composed of two volunteers.

c. Battalions will designate a BN CARE Team Coordinator.

d. Battalions will designate a primary and alternate CARE Team, each composed of four volunteers.

d. The BCT Care Team Coordinator, GO Team members, and CARE team members must:

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- (1) Be appointed in writing
- (2) Complete ACS CARE Team Training
- (3) Complete XXBCT GO / CARE Team Training
- (4) Register in VMIS
- (5) Sign a confidentiality agreement

5. GENERAL

- a. Brigade CARE Team Coordinator maintains and updates an alert schedule with an alternate GO Team, and primary and alternate CARE Teams on duty at all times.
- b. Battalion CARE Team Coordinators ensure that GO Teams and CARE Teams on alert (from their respective Battalion) are prepared to perform their duties.
- c. The primary GO Team is from the affected Battalion. Primary and alternate CARE Teams are from Battalions within the Brigade.
- d. Casualties that require CARE Team support unable to be provided from within the Brigade will be coordinated directly from the Rear Detachment Commander to the Commanding General.
- e. Go Teams and CARE Teams will never accompany the official notification team.
- f. GO Teams and CARE Teams will not be told the identity of the affected family prior to official notification.
- g. Unactivated GO Teams and CARE Teams will not be told the identity of the affected family, but will receive notification through FRG channels.
- h. Confidentiality of the affected family is paramount. GO / CARE Team members are not authorized to discuss family issues or concerns outside of official channels – GO Teams and CARE Teams will communicate exclusively with the BCT Care Team Coordinator, Brigade / Battalion / Rear Detachment Commander/CSM.

6. GO / CARE TEAM ACTIVATION

- a. Activation does not begin until the CNO notifies the NOK.
- b. After the CNO notifies the NOK, the Brigade Casualty Cell NCOIC notifies the Brigade CARE Team Coordinator.
- c. The Brigade CARE Team Coordinator notifies the Battalion GO Team and alerts

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(warning order) the CARE Team.

d. The GO Team visits the family to assess the need and desire for a CARE Team. The GO Team notifies the BCT CARE Team Coordinator with their assessment of whether or not the family requests the assistance of a CARE Team.

e. The Brigade CARE Team Coordinator activates the CARE Team. At this point the GO Team begins communicating directly with the CARE Team to communicate the needs of the family.

7. GO / CARE Team Communication

a. All communication with the CARE Team will occur via the Brigade CARE Team coordinator.

b. Upon entering the home, the GO/CARE Team will contact the Brigade CARE Team Coordinator for an update within the first hour and as needed thereafter.

c. GO/CARE Team communication should be limited within the home out of respect for the family's privacy.

d. GO/CARE Team volunteers are in the home to support the family and all information communicated should be limited to a "need to know" basis.

e. The Brigade CARE Team Coordinator will maintain the flow of communication between the CARE Team, Casualty Cell NCOIC, Brigade/Rear-Detachment, and Brigade FRL.

8. FRG Communication

a. The Rear-Detachment Commander will communicate with the Brigade FRL and Brigade Family Readiness Advisors.

b. Upon notification of PNOK and SNOK, the Rear Detachment Commander will pass an official notification message to Battalion Rear Detachment Commanders. The message will include basic facts on the number of Soldiers who were injured or killed, without including names or any casualty information, and that NOK notification is complete. The purpose of the message is to allow Rear Detachment Commanders to notify Family Readiness Advisors, FRLs, and FRG Leaders of those units that were not affected by the casualty.

c. Brigade FRL will maintain the flow of communication from Rear Detachment to Battalion FRLs, and Brigade Family Readiness Advisors.

d. When Division PAO issues the official public release of casualty information, the Rear Detachment Commander will inform Battalion Rear Detachment Commanders, the Brigade FRL, and Brigade Family Readiness Advisors.

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e. When the Memorial Service planning is complete, the Rear Detachment Commander will inform the Battalion Rear Detachment Commanders, the Brigade FRL, and Brigade Family Readiness Advisors.

9. CARE TEAM Roles and Responsibilities

a. Rear-Detachment Commander

(1) Upon NOK notification, the Rear Detachment Commander, will alert the Brigade CARE Team Coordinator to activate a GO Team and alert (warning order) a CARE Team.

(2) The Rear Detachment Commander maintains constant contact with the Brigade Casualty Cell NCOIC and Brigade CARE Team Coordinator.

(3) Ensures the CARE Team is properly resourced and assists with any on post agencies or support the family needs.

(4) Ensures communication between the Brigade CARE Team Coordinator, CARE Team, Rear-Detachment Commander, and family is maintained to ensure continuity.

(5) Maintains contact with Casualty Assistance Officer (CAO), once assigned, throughout the entire process to ensure the family is receiving all support necessary.

(6) Ensures Brigade and Battalion Commanders are informed of GO / CARE Team support.

(7) Prepared to request support for CARE Teams from Division in exceptional circumstances.

b. Brigade Casualty Cell NCOIC

(1) Responsible for maintaining communication with the CNO and CAO throughout the entire process.

(2) With approval of the Rear Detachment Commander, notifies the Brigade Care Team Coordinator that NOK is complete, and provides basic information for the GO Team including the home address and family information.

c. Family Readiness Liaisons (FRL)

(1) FRLs will receive guidance and information from the Rear Detachment Commander throughout the process.

(2) FRLs will inform and maintain communication with the Brigade / Battalion Family Readiness Advisor and the Company / Troop / Battery FRGs.

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(3) FRLs are responsible for coordination for services on Fort Carson that assist the affected family or families.

(4) FRLs will maintain the flow of communication between the Rear Detachment and Family Readiness Advisors and FRGs.

(5) FRLs will assist their Rear Detachment Commander, after NOK notification is complete, with disseminating the official release of casualty information informing FRGs of non-affected units (without the name of the casualty or details of the incident).

d. Brigade CARE Team Coordinator

(1) Leads the Brigade CARE Team in conjunction with the Rear Detachment Commander and Brigade Casualty Cell NCOIC.

(2) Will be notified by the Brigade Casualty Cell NCOIC when NOK notification is complete, will receive the home address and general information about the family, and will receive guidance from the Rear Detachment Commander on alerting and activating a GO Team.

(3) Notifies and activates the GO Team, and alerts (warning order) a CARE Team.

(4) Maintains communication with the GO Team, provides guidance to the CARE Team based on the assessment of the GO Team and the desires of the grieving family.

(5) Maintain the flow of communication between the GO Team, CARE Team, Rear Detachment Commander, and Brigade Casualty Cell NCOIC.

(6) Ensures CARE Team members understand their respective roles and are providing necessary and requested support.

(7) Maintains a roster of trained CARE Team volunteers within the Brigade.

(8) Establishes and disseminates a quarterly Battalion CARE Team alert schedule.

(9) Maintains monthly communication with Battalion CARE Team coordinators to assess readiness for activation.

(10) Facilitates Brigade CARE Team training in conjunction with ACS.

i. Battalion CARE Team Coordinator

(1) Heads the Battalion CARE Team in conjunction with the Battalion Rear Detachment Commander and Brigade CARE Team Coordinator.

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(2) Prepared to provide guidance on the appropriate task organization of the CARE Team deployed to the grieving family, based off of the GO Team assessment.

(3) Maintains communication with the Brigade CARE Team Coordinator and Battalion Rear Detachment Commander throughout activation of a CARE Team within their unit. Information will not to be relayed via the FRG channels.

(4) Assess Battalion CARE Team readiness and communicates personnel status to the Brigade CARE Team Coordinator on a monthly basis.

(5) Ensures the CARE Team members know their respective roles, and are providing all necessary support.

j. GO Team

(1) Prepared to visit affected family after NOK notification.

(2) Provide initial assessment of the family's needs and begin filling out CARE Team Assessment Sheet.

(3) Assess and recommend CARE Team composition based off family needs assessment (ensure given the option of involvement from specific CARE Team members in respect to any sensitive issues they may have with FRG members).

(4) Communicate directly to the Brigade CARE Team Coordinator for CARE Team activation.

(5) Stay with the NOK until the CARE Team Coordinator, family member, or other friend is there to provide support (Goal is spouse is never left alone).

(6) Provide information on family visit to Brigade CARE Team Coordinator and will directly communicate with activated CARE Team.

(7) Communication with the Brigade CARE Team Coordinator is not relayed via FRG channels.

k. CARE Team Members

(1) CARE Team members will provide the CARE Team Coordinator available hours for support and limitations to service.

(2) Will be prepared for activation when on Brigade CARE Team alert schedule.

(3) Will be prepared to provide immediate comfort and support to grieving Family members, for a temporary period of time, after a trauma or crisis, until the Family can establish its own internal support structure.

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(4) All CARE Team members will be bound by a strict code of confidentiality. Involvement with a spouse of a deceased or severely injured Soldier **IS NOT** public knowledge. If there is a situation where authorities need to be brought in (i.e. child abuse, home in disarray) the proper people will be notified immediately.

(5) CARE Team member should limit their communication as much as possible within the home. Communication within the home should be limited to the Brigade CARE Team Coordinator and only as needed or necessary. Details communicated should be on a "need to know" basis and within the confines of confidentiality and privacy of those they are assisting.

10. POINT OF CONTACT for this policy is the Brigade S1 at xxx-xxx-xxxx.

XXXXX XXXX
COL, XX
Commanding