



**DEPARTMENT OF THE ARMY**  
HEADQUARTERS & HEADQUARTERS BATTALION, 4TH INFANTRY DIVISION  
6141 SPECKER AVE. BLDG 1445  
FORT CARSON, COLORADO 80913

AFYB-DTS-CO  
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5 September

MEMORANDUM FOR COMMANDERS Headquarters Battalion, 4<sup>th</sup> Infantry Division

SUBJECT: HHBN, 4ID Care Team SOP

1. REFERENCES:

- a. AR 608-1 Army Community Service (19 Dec 2007)
- b. AR 600-20 Army Command Policy (18 March 2008)
- c. U.S Army Care Team Handbook Edition 2, 2010
- d. HHBN, 4ID Casualty Operations Standard Operating Procedures

2. PURPOSE: This memorandum is to establish a Care Team SOP to provide short-term support, comfort and assistance plan offered to Family members of recently deceased and seriously injured Soldiers/Civilians.

3. APPLICABILITY/SCOPE: This applies to all Soldiers and families assigned to HHBN, 4ID.

4. A Care Team is a small group of 3-4 volunteers who are activated to provide support to Next of Kin (NOK) after a trauma, crisis, or death. It is important to note that the Care Team will only be utilized at the request of the Family and should not be assumed to be needed in all traumatic events. A Care Team is not mandatory, but is an additional way units can provide valuable support to Families.

5. The unit Commander or Rear Detachment is responsible for selection, management and operation of the Care Team and its members. Each member of the team will be briefed by the Commander and will sign a Statement of Confidentiality.

6. Care Team volunteers will attend the Operation Ready Care Team training provided by Army Community Service (ACS). The benefits of this training will allow all Care Team members the skills and knowledge to serve a Family in a time of need. If a member of the Care Team does something inappropriate to a surviving Family member it has a lasting effect of the Family and reflects poorly on the unit. Care Team Volunteers will also be required to attend monthly quarterly training meetings.

7. The official Care Team training is provided by Army Community Service; the only Army agency authorized to instruct the Care Team curriculum. (Chaplains offer great resources and supplemental training to the ACS Care Team training. Survivors have firsthand experience; however, they are not authorized to instruct Care Team training).

8. The most important position is the “home” team. These volunteers enter the home after notification to provide immediate assistance to the NOK and access how the Care Team can best assist. Other positions include meal support, phone call support, childcare (both for the Family and the Care Team volunteers), and home care assistance.

9. The volunteers are activated for 24-72 hours, or until the NOK’s Family support arrives. Certain members of the Care Team, such as meal support, can stay active to further assist the Family.

#### 10. RESPONSIBILITIES:

a. Unit Commander/ Rear Detachment Commander: Care Teams will only be activated if requested by the Soldier or Spouse when a casualty or serious injury occurs. Unit Commander/RDC has the authority to remove a Care Team Member from his/her team if he/she feels that the member has violated the Statement of Confidentiality that was signed.

i. When Care Teams are activated, members will be briefed of their responsibilities by the Commander. Care Team members will then be required to sign a Statement of Confidentiality. If at any time, for whatever reason, the Statement of Confidentiality is violated, the offending member will be removed from the team and replaced if necessary.

ii. The Commander/RDC is responsible for notifying of the Family Readiness Group and, if needed, he/she will brief FRG Leaders as to their responsibilities.

b. CARE TEAMS: Care Teams will provide assistance to the CAO, Chaplain, and Unit Commander as needed. Care Teams are not part of the Family Readiness Group and can only be initiated by the Battalion Commander. Individuals who volunteer to be members of the unit Care Team must receive training through ACS (Army Community Service).

i. Care Team Lead Responsibilities: Coordinate the assistance offered by each Care Team and advise each team on how to perform different areas of support (including establishing shifts and sub-teams for different support areas, if needed).

1. Synchronize offers of assistance from individuals with the needs of the Family.

2. Seek guidance of the unit ethics counselor or JAG officer.

3. Talk with unit FRG Leaders concerning how they can support the Care Team.

4. Keep the Unit Commander/RDC informed of the Family's requests and ongoing support.

ii. Care Team Members Responsibilities:

1. Telephonic support: Screen and log calls and visitors according to the Family's wishes.

2. Home care assistance: Consolidate a list of questions that the Family may have. The questions should be given to the Casualty Assistance Officer and Commander/RDC. Keep a record of gifts received and identify what assistance the Family will need regarding household and financial matters. The Care Team member should not answer questions that pertain to the CAO or RDC (benefits, entitlements, funerals, etc...)

3. Childcare support: Assess unique needs of children, obtaining children's ages, childcare arrangements, medical issues, and children's home of residence, school information, extracurricular activities and transportation needs. Help identify friends or family members who may be willing to offer help or support as need. (Inform/remind parents that their children can only be released or drop off at a daycare center by family members or friends if they have a signed statement of release from the parent).

4. Meal support: Assist in grocery shopping and the coordinating of meals for the Family as needed.

5. Assistance to visiting Family: Offer assistance to out-of-town family members in gaining access to the installation, information about the area, important phone number, and list of restaurants, hotels, and hospitals.

6. Other Family support: Can include but not limited to assisting the Family.

iii. Care Team Suggested Support Timeline:

1. 0-2 Hours – Initial Assessment of Family needs (meals, childcare, Home Care, Initial Comfort)

2. 2-24 Hours – Initial Assistance begins (provide assistance and continued support)

3. 24-72 Hours- Subsequent Assistance (comfort, assistance, support until other family members arrive in area or surviving family members depart to another location)

4. 72 Hours + - As needed assistance

#### 11. FOLLOW-UP SUPPORT:

a. Soldier/Spouse: After immediate support has been given by the Care Team, it will be the responsibility of the Commander/RDC to follow-up with the Soldier/Spouse for any extended support. This may require extending contact with the extended family, either in person, via telephonic or email messages for several (or more) months, depending upon the Family's resiliency and resources.

b. Support for Parents of Fallen Soldiers: It will be the Commander/RDC's responsibility to offer the Care Team as support. This will not substitute assistance provided by the CAO and Chaplain. With the permission of the Commander/RDC, the Care Team may be able to facilitate a conversation between parents and their Soldier's battle buddies to bring comfort and help. Extended support for the families will be available as needed.

12. The Care Team SOP has been reviewed by the Legal Office and Command Team to ensure all protocols have been met per regulations found in AR 608-1 Army Community Service (19 Dec 2007), AR 600-20 Army Command Policy (18 March 2008), U.S Army Care Team Handbook Edition 2, 2010.

13. Point of contact for this SOP is the HHBN, FRSA Melissa Hermosillo. Contact information is the following: Melissa.T.Hermosillo.civ@mail.mil, 719.503.1901.

BRAD W. WAMBEKE  
LTC, EN  
Commanding

#### ENCLOSURES

a. Confidentiality Statement