Dear Caregivers,

We are pleased to inform you about the Child Abuse Prevention Program (CAPP), a body safety presentation for children. This personal safety program is offered **free** to all children in the St. Louis metropolitan area and reaches over 30,000 children each year.

The goal of the CAPP presentation is to provide age-appropriate information on the concepts of personal safety, boundaries, and bodily autonomy. The presentation will take place in your child’s classroom, lasts approximately 30 minutes, and utilize a short video to reinforce the concepts. The video is available for viewing on the JFS website at: www.jfsstl.org/CAPP.

The CAPP presentation will help your child understand and practice the following concepts:

* The three basic safety skills for handling a not-OK touch: say no, get away to a safe place, and tell a trusted adult.
* Private parts are the parts of the body covered by a swimsuit.
* Sexual abuse is never the victim’s fault.

The CAPP presentation is interactive, fun, and educational. All participants will receive a coloring book reviewing the information that they learned during the program. For any questions, please contact JFS Community Services Director, Angela McManis, at 314-812-9378 or amcmanis@jfsstl.org.

Sincerely,

JFS Child Abuse Prevention Program Staff

www.jfsstl.org/CAPP

(314) 812-9378

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAPP Presentation Opt-out Form**

If you **do not** wish for your child to participate in the CAPP presentation, please fill out the form below and return it to your child’s teacher before the program’s start date.

I **do not** give permission for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

Child’s name

to attend the CAPP body safety program on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Program date

Program time

Caregiver signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_