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 program is to provide age-appropriate information on the concepts of personal safety, boundaries, and bodily autonomy. The presentation will be provided in your child’s classroom, will last 45 minutes, and utilizes 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.
* How to distinguish between appropriate and inappropriate touch.
* If abuse happens, do not keep it a secret, and tell a trusted adult.
* How to identify people who can help if they are experiencing abuse.

The CAPP presentation is interactive, fun, and educational. All participants will receive an activity book that they are encouraged to take home and share with their families. For any questions, please contact JFS CAPP Program Manager, Melissa Katz, at 314-812-9316 or mkatz@jfsstl.org

Sincerely,

JFS Child Abuse Prevention Program Staff

www.jfsstl.org/CAPP

(314) 812-9378

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**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 time

Program date

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