



DEPARTMENT OF THE NAVY  
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NAVMC 1710.2

From: Commandant of the Marine Corps  
To: Marine Corps Community Services (MCCS)

Subj: Child and Youth Programs (CYP) Child Abuse Prevention, Education, and Reporting (CAPER) Protocol

Ref: (a) MCO 1710.30  
(b) Caring for Our Children: National Health and Safety Performance Standards  
(c) MCO 1754.11A  
(d) DoD Instruction 6400.01, "Family Advocacy Program (FAP)," May 1, 2019  
(e) DoD Instruction 6060.02 w/CH 2, "Child Development Programs (CDPs)," September 1, 2020  
(f) DoD Instruction 6060.04, "Youth Services (YS) Policy," December 4, 2019  
(g) DoD Instruction 6400.10, "DoD Coordinated Community Response to Problematic Sexual Behavior in Children and Youth," December 30, 2021  
(h) Virtual Lab School ([www.virtuallabschool.org](http://www.virtuallabschool.org)), Focus Topic Course: Sexual Development and Behavior in Children and Youth  
(i) Boys and Girls Club of America, ([bgca.net](http://bgca.net)) On-Line courses: Preventing Sexual Activity Between Young Children; and Preventing Sexual Activity Between Adolescents  
(j) <https://www.cdc.gov/violenceprevention/childabuseandneglect/fastfact.html>  
(k) SECNAV 1752.B3 Family Advocacy Program  
(l) Virtual Lab School ([www.virtuallabschool.org](http://www.virtuallabschool.org)), Focus Topic Course: Social Emotional Learning for Teachers (SELF-T)  
(m) NAVMC 1710.7 CYP Positive Guidance and Appropriate Touch Protocol  
(n) NAVMC 1710.10 CYP Records Management Protocol  
(o) NAVMC 1710.8 CYP Professional Development Protocol  
(p) NAVMC 1710.13 CYP Supervision and Accountability Protocol  
(q) NAVMC 1710.1 CYP Background Check Protocol  
(r) DD Form 3179, "Problematic Sexual Behavior in Children and Youth (PSB-CY) Non-Clinical Referral Tool (NCRT)"  
(s) Training website for Problematic Sexual Behavior in Children and Youth Toolkit - For Service Providers  
<https://www.militaryonesource.mil/leaders-service-providers/child-abuse-and-domestic-abuse/toolkit-psb-cy/>

Encl: (1) Child and Youth Programs (CYP) Child Abuse Prevention, Education, and Reporting (CAPER) Protocol

1. Purpose. To provide prevention practices and procedures to respond and report child abuse, and all concerns for children's safety and well-being.

2. Background. Child and Youth Programs (CYP) are vital contributors to the safety and well-being of children and youth.

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3. Processes. CYP supports professionals with comprehensive and coordinated policy development and operational implementation to provide prevention practices and procedures to respond and report child abuse.

4. Information. Headquarters, U. S. Marine Corps, Marine and Family Program Division, Family Care Branch, Child and Youth Programs maintains and updates information as required.

5. Certification. This NAVMC is effective the date signed.

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**Child and Youth Programs (CYP) Child Abuse Prevention, Education, and Reporting (CAPER) Protocol**

1. Core Components in accordance with (IAW) reference (a)

a. Prevention. Refers to the safeguards put into place to minimize the risk of harm and maximize Child and Youth Programs (CYP) protective capacity for all children in care. Prevention focuses on making the CYP environment safe and nurturing for all children and includes ensuring safe physical spaces and supervision through proper staff: child ratios and strict Line of Sight Supervision (LOSS) policies for all provisional employees, visitors, and volunteers. Prevention also involves ensuring positive, nurturing, and developmentally appropriate interactions between children and staff.

b. Education. Refers to the process of equipping all CYP professionals with the knowledge, skills, and ability to identify potential child abuse and take appropriate action. It includes opportunity for practical application in a structured learning environment. It also refers to increasing families' knowledge of children's developmental needs, child risk and protective factors, child abuse reporting, and the United States Marine Corps (USMC) and community resources available to support families.

c. Reporting. Refers to the actions required when a CYP Professional suspects that a child is being harmed or is at risk of future harm. All CYP Professionals are mandated reporters of child abuse and, as such, are required by law to report in good faith any suspected instances of child abuse IAW reference (d). In addition to the requirements of mandated reporting of child abuse, CYP management must also report any critical incidents to the Headquarters, U. S. Marine Corps (HQMC) CYP and the accrediting body, if applicable.

2. Definitions

a. CYP Professionals include individuals working in Child Development Centers (CDC), School Age Care (SAC), Family Child Care (FCC), and Youth Programs (YP) to include Managers, Training and Curriculum Specialists, and all leadership, direct care, and support staff.

b. Child Abuse. The physical or sexual abuse, emotional abuse, or neglect of a child by a parent, guardian, foster parent, or by a caregiver, whether the caregiver is intra-familial or extra-familial, under circumstances indicating the child's welfare is harmed or threatened. Such acts by a sibling, other family member, or other person shall be deemed child abuse only when the individual is providing care under express or implied agreement with the parent, guardian, or foster parent IAW reference (d). The four main forms of child abuse are physical, sexual, psychological/emotional, and neglect IAW reference (j).

c. Physical Abuse. Physical harm to a child by non-accidental actions such as grabbing, pushing, holding, punching, beating, kicking, biting, shaking, throwing, stabbing, choking, hitting, or burning. An injury does not have to be visible for physical abuse to have occurred.

d. Sexual Abuse. Any sexual activity toward or involving a child, which includes pressuring or forcing a child to engage in sexual acts. It includes behaviors such as fondling, penetration, and exposing a child to other sexual activities.

e. Psychological/Emotional Abuse. Non-accidental act or acts resulting in an adverse effect upon the child's psychological well-being. Emotional abuse includes intentional berating, disparaging, or other verbally abusive behavior toward the child and excessive disciplinary acts that may not cause observable physical injury. Emotional abuse (or psychological abuse) is a pattern of behavior that impairs a child's emotional and cognitive development or sense of self-worth.

f. Child Neglect. A failure of the parent/guardian or person with responsibility for the child to meet a child's basic physical and emotional needs by not providing needed food, clothing, shelter, medical care, or supervision to the degree that the child's health, safety, and well-being are threatened with harm.

g. Non-Institutional Child Abuse. The alleged abuse occurs at a non-sanctioned Department of Defense (DoD) event.

h. Familial abuse. Child maltreatment that occurs in a setting where the parent or primary custodian (e.g., grandparent) is caring for, or supervising, the child.

i. Extra-familial, criminal harm. When anyone other than the child's parent or caregiver (e.g., a sibling, extended family member, neighbor, stranger) harms the child.

j. Institutional Child Abuse. Alleged abuse occurring in a DoD operated or sanctioned activity. In the context of this protocol, child maltreatment that occurs within a CYP and is perpetrated by a CYP Professional, volunteers, or contractors.

k. Domestic abuse. Domestic violence, or a pattern of behavior resulting in emotional or psychological abuse, economic control, or interference with personal liberty that is directed toward a person who is one or more of the following: current or former spouse; person with whom the alleged abuser shares a child in common; current or former intimate partner with whom the alleged abuser shares or has shared a common domicile; person who is or has been in a social relationship of a romantic or intimate nature.

### 3. Roles and Responsibilities of Child and Youth Programs (CYP) Professionals

a. All USMC Personnel must report any suspicions of child abuse regardless of whether they are on or off duty. This duty cannot under any circumstances be delegated to another individual. Failure to report is a serious violation of the law. CYP Professionals who suspect that a child is being exposed to domestic abuse must report it as suspected child maltreatment IAW reference (k).

b. The CYP Administrator (CYPA) is responsible for creating and updating the installation standard operating procedure (SOP) on the reporting of child abuse and problematic sexual behavior in children and youth (PSB-CY). The (SOP) outlines the local information needed to implement all reporting requirements from the CAPER Protocol. The SOP contains the contact information of the local installation Family Advocacy Program (FAP), Provost Marshal Office (PMO), and Child Welfare Services (CWS).

c. The CYP Management Team is responsible for oversight, quality assurance, and monitoring staff in meeting all CAPER. Responsibilities include, but not limited to:

(1) Monitor Professional's activities, interactions, and decision-making through daily classroom/program visits and observations; and monitoring and reviewing Closed-circuit television (CCTV) IAW reference (a).

(2) Communicate with professionals about his/her strengths, areas for improvement, and potential training refreshers or needs.

(3) Provide reasonable breaks to direct care professionals to support their self-management, training needs, and lessen workplace stress.

(4) Provide reporting guidance and support to any professional who requests or needs it, including contacting the FAP office for assistance as appropriate.

(5) Promote an "open door" policy for both families and professionals and serve as a support with resources during times of stress.

(6) Support any professional who suspects child abuse to report it to the required entities. Management may not make a report on behalf of the professional, prevent a professional from making a report, or require advanced notification.

d. The Training Team (Training Curriculum Specialists (TCS) and Assistant TCSs) is responsible for educating professionals to ensure they have the knowledge, skills, and ability to follow all USMC policies and procedures related to CAPER IAW reference (o). Responsibilities include, but not limited to:

(1) Ensure professionals receive annual child abuse and problematic sexual behavior prevention, identification, and reporting procedures given by the local FAP IAW reference(c).

(2) Ensure professionals receive ongoing training in child and youth development and apply the knowledge in their daily child/youth interactions. Provide additional coaching, guidance, and training as needed.

(3) Provide resources to promote child abuse prevention (e.g. stress management, child developmental ages and stages) to professionals and families.

(4) Conduct observations of all professionals in day-to-day activities and provide support, coaching, and other guidance.

e. Direct care staff and FCC providers maintain close interactions with children, youth, and families and have a critical role in providing a safe and healthy environment IAW references (m) and (p). Responsibilities include, but not limited to:

(1) Engage in developmentally appropriate interactions with children and youth.

(2) Maintain the physical environment to promote safe and healthy programs.

(3) Self-monitor for signs of stress and burnout and help colleagues do the same to build a mutually supportive team IAW reference (l).

(4) Request support and guidance from the management and training teams, as needed, to fulfill professional and legal duties.

(5) Attend and actively engage in all required CAPER training in accordance with (IAW) reference (o).

4. Prevention in accordance with (IAW) reference (a)

a. CYP minimizes the risk of child abuse through environments, relationships, and processes to support the well-being of children, youth, and professionals IAW reference (b).

(1) CYP Professionals adhere to all requirements for accountability and supervision of children and youth IAW reference (p).

(2) CYP Professionals engage in appropriate interactions and relationships with children and youth in their care IAW reference (m).

b. CYP alleviates workplace stress through prevention and early intervention. CYP management identifies signs of stress and encourages stress management strategies before unmanaged stress causes harm IAW reference with (l).

c. At all times, while in a CYP program, FCC home, or on the premises, any person other than employees, providers, and family members bringing or picking up children are considered visitors, and sign in and out of the facility, wear identification, and are escorted or are within line of sight of staff who have completed favorable background checks IAW reference (q). The program has visual access to anyone entering and leaving the facility or home.

d. Each CYP facility and FCC home ensures there are separate restrooms for adults, or a system is implemented to ensure adults and participants are not in the restroom at the same time IAW reference (p).

(1) There are separate male and female bathrooms for children as well as separate multi-unit restrooms for staff and visitors or a system to ensure adults and teens do not use the bathrooms at the same time as children in SAC.

(2) SAC and Youth Programs have an accountability system in place for shared restroom usage in a public facility. CYP ensures public use of the shared restrooms is restricted while in use by participants.

e. All CYP staff have thorough background check IAW reference q.

f. CYP ensures there is visual access into and throughout activity areas used for care, (to include nap time) by implementing the following:

(1) Participants can be observed at all times by parents and staff.

(2) Access is restricted to participants by those not employed or authorized.

(3) Areas to which a child or children can be taken out of view of others are limited.

(4) CCTV is used to facilitate visual access to participants (not an FCC requirement).

(5) Additional safeguards, such as vision panels, concave and convex mirrors, windows, etc., are used, as necessary to supplement CCTV and improve supervision of low visibility areas.

(6) Indoor windows allow visual access to children from hallways. Outdoor windows allow visual access to children from outside. Draperies, blinds, paperwork, etc., do not obstruct visual access.

(7) In the CDC, there is visual access into and throughout activity rooms used for care, including naptime.

(8) Sufficient lighting is provided in all activity areas to enable visual monitoring of the area at all times. Natural lighting from windows is an acceptable source.

(9) Doors and closets, within child activity areas, have vision panels unless doors are locked at all times with key control. Areas that have doors with vision panels have lights that remain on or have motion control sensors during facility operating hours.

(10) Central key control is maintained for all bathrooms, outdoor storage, and doors without a vision panel outside of the child's activity area.

(11) Doors are designed to open from both sides.

(12) All exit doors that do not open onto a fenced area have operating alarms, except the main entrance to the facility and the kitchen entrance (not an FCC requirement).

(13) Evening or weekend care is provided in rooms located near the front entryway to facilitate additional supervision by the front desk staff and parents (not an FCC requirement).

(14) In the CDC, there is visual access into and throughout diapering/toileting areas.

g. The Child Abuse Risk Assessment Tool (CARAT) provides a standardized process to help CYP create a safer environment for children and staff IAW references (e) and (f). CYP uses the CARAT to assess programs for child abuse risks and implement necessary improvements. The CARAT is located on Ethos Learning Management System (LMS) Library.

(1) The CARAT helps to identify conditions, practices, work climate, training needs, and other contributing factors which may pose a threat to the safety, health, and well-being of children.

(2) The CYPA is responsible for setting the schedule and ensuring the CARAT is completed in all programs and FCC homes annually. The CARAT may be conducted in conjunction with the annual Multidisciplinary Team Inspection.

(3) A new Director conducts the CARAT within the first year of managing their program.

(4) The CARAT is conducted on a classroom or home following a credible allegation of child abuse, neglect, or unattended child. Credible refers to incidents such as a violation of the touch, guidance, or supervision policies.

(a) The CARAT is initiated no earlier than 2 weeks after the incident and is completed within thirty days after the incident.

(b) The CARAT is conducted after an allegation to assist in determining what risk factors are present in the environment and may have contributed to the alleged incident.

(5) The CYP Director creates a core CARAT Team that will review the CARAT results and develop a plan to correct any identified moderate and high risks using the MFY/20 CARAT Corrective Action Plan (CAP). The team meets quarterly and works together to ensure all identified risk factors are reduced to a low-risk category and remain corrected.

(a) The CARAT is maintained IAW reference (n).

(b) A CARAT CAP is uploaded in the follow up section of a suspected child abuse serious incident report.

5. Education in accordance with (IAW) references (e) and (f)

a. CAPER education refers to the process of equipping all professionals with the knowledge and skills to fulfill their roles and responsibilities, including opportunities for practical application that lead to sustained learning. Through annual and ongoing education and training CYP professionals are equipped to:

(1) Identify child abuse.

(2) Report concerns promptly and appropriately.

(3) Understand child abuse risks and protective factors.

(4) Recognize legal roles and limits in preventing child abuse (including accountability and supervision of children, appropriate interactions and relationships, and physical facility policies).

(5) Be familiar with other resources and supportive services available to families.

b. All CYP Professionals complete the mandatory formal CAPER training IAW reference (o) CAPER training includes:

(1) Virtual Lab School Courses

(a) Child Abuse: Identification and Reporting

(b) Child Abuse: Prevention



(2) All CYP Professionals complete Child Abuse Prevention, Identification, and Reporting Procedures training given by the local FAP office during orientation and annually thereafter.

c. Families are offered opportunities to learn about child and youth development, child abuse risks and protective factors, USMC and community resources and supportive services, and CYPs' roles and responsibilities in preventing and reporting child abuse IAW reference (d).

(1) CAPER information is in the Parent Handbook and reviewed during parent orientations.

(2) The Department of Defense (DoD) Child Abuse and Safety Hotline Poster is displayed in highly visible areas and provides important child abuse reporting information to parents.

(a) The DoD Child Abuse and Safety Hotline Poster is displayed in highly visible areas as well as the facility lobby.

(b) The Hotline number is published in parent handbooks and other applicable media.

(c) The local FAP, PMO, and CWS contact number is added to the poster.

(d) The most current version of the poster is found in the CYP Ethos Community.

d. CYP offers families, at a minimum, annual training or education related to child abuse prevention, identification, and reporting IAW reference (e). This requirement can be fulfilled in a variety of ways, including:

(1) Provide information on children's developmental ages and stages.

(2) Distribute a list of USMC and community support resources, including the DoD Child Abuse and Safety Hotline and local FAP contact information.

(3) Provide parental workshops, based on CAPER Training and in collaboration with FAP.

(4) Provide notice (e.g., through signs posted in the reception area, monthly newsletters, social media blasts, resource tables at Parent Information Board meetings) of webinars, FAP classes, or local training opportunities.

#### 6. Reporting in accordance with (IAW) reference (d)

a. All incidents of suspected child abuse are reported to the installation FAP office, PMO, and the local CWS agency as soon as possible or at the latest within 24 hours IAW reference (c). Reporting procedures remain the same regardless of whether the alleged or suspected offender is a professional, parent, or other caregiver.

b. Professionals complete the following procedures when there is a belief that an incident of child abuse occurred:

(1) Immediately notify the installation FAP, PMO, and local CWS agency to make an official report and include factual details including, but not limited to, the parties involved, observations of incident or injury, and how the incident came to the attention of CYP.

(2) For after-hours reporting, the 24-hour on-call FAP number is used.

(3) Complete NAVMC 1750/6, USMC Child and Youth Programs Injury/Illness Communication Form.

(4) For alleged or suspected institutional child abuse the CYP Director completes the following items:

(a) Notify parents of an affected child or children as soon as possible and within 24 hours of the Director becoming aware of the suspected incident.

(b) Complete and submit the HQMC CYP Serious Incident Report (SIR) to HQMC within 24 hours.

c. For programs outside of the continental United States (OCONUS), the reporting requirements are nearly identical except that OCONUS locations generally do not have access to a local CWS and thus, must work directly with the installation FAP and PMO to ensure complete reporting.

d. Personnel working within the Military and Family Life Counseling (MFLC) program, notify CYP Management when a report is made about any CYP participant or program.

e. Child abuse cases are highly sensitive and remain confidential. Except as otherwise required, CYP Professionals do not discuss the report and notification of child abuse with anyone other than their installation chain of command, HQMC, FAP representatives, PMO, and the investigating authorities. All inquiries regarding the alleged child abuse incident are referred to the investigating authorities.

f. In cases of alleged institutional child abuse, occurring in a CYP facility or activity, the accused full and/or part-time employee(s) is removed from the facility and/or activity and assigned to duties in which contact with children is not possible, until all investigations and assessments are complete, and determinations are made. The accused flex/intermittent employee(s) is not scheduled until all investigations and assessments are complete, and determinations are made. The accused volunteers/contractors will not be allowed in CYP or Youth Sports until the investigation is complete. The Director coordinates all personnel actions with the Human Resources (HR) Office IAW reference (a).

g. In cases of alleged institutional child abuse occurring in an FCC home, operations are immediately suspended, and participants placed in other available CYP spaces until all investigations and assessments are complete. The FCC provider is not reinstated until all investigations and assessments are completed and the determination to reopen the home is made by the installation commander or designee in coordination with the Quality Review Board (QRB) IAW reference (a).

7. Child Abuse Assessments and Investigation Procedures in accordance with (IAW) reference (d)

a. FAP, PMO, and CWS conduct a coordinated assessment and investigation in institutional abuse cases. They do not make recommendations or decisions related to CYP corrective action or CYP Professional personnel actions.

b. When a report of child abuse by a CYP Professional is made, FAP formally notifies the Director of the report, unless the report is made by the Director. The Director informs his/her chain of command.

c. Upon notification of the report, the Director immediately initiates a USMC CYP policy violation review in preparation to recommend both program corrective actions and personnel actions.

(1) The Director is required to determine whether the reported act violated USMC CYP policy, regardless of the outcome of a PMO investigation, whether the case meets the criteria of child abuse by FAP or is substantiated by CWS.

(2) The Director works on a review concurrently as FAP, PMO, and CWS are working through internal assessments and investigations.

(3) The FAP Incident Determination Committee decides which reports for suspected child abuse or domestic abuse meets the DoD definition of abuse, requiring entry into the USMC FAP Central Registry. This decision is known as the incident status determination (ISD).

(4) The ISD is only shared with the alleged abuser, victim, or parent of a victim. The ISD is not shared with CYP or any members of the management team.

(5) Any personnel action given to a CYP Professional because of a CYP policy violation, to include alleged child abuse is solely based on findings from the CYP policy violation review.

8. Child and Youth Programs (CYP) Policy Violations in accordance with (IAW) reference (a)

a. A CYP policy violation is failure to implement, follow, adhere to, or comply with CYP policy or protocol to include, but not limited to, CAPER, Supervision and Accountability, and Positive Guidance and Appropriate Touch.

b. CYP Management reviews and investigates all alleged USMC CYP policy violations by a Professional, whether or not those violations also constitute institutional abuse. Evidence indicates that instances of CYP policy violations are far more common than instances of institutional abuse (child abuse).

(1) All instances of substantiated institutional abuse involve CYP policy violations.

(2) Not all instances of CYP policy violations meet the intent and criterion for reportable child abuse.

c. CYP policy violations are investigated to:

- (1) Ensure child safety.
- (2) Maintain program quality.
- (3) Determine whether the violation(s) also constitutes institutional abuse.
- (4) Assess, determine, and implement both appropriate personnel action and program corrective action to mitigate further incidents.

d. The CYP Policy Violation Review Process IAW reference (a) requires the following:

- (1) Notify chain of command.
- (2) Contact installation HR before proceeding with the review to ensure it is conducted according to USMC Policy.
- (3) Conduct thorough review of all facts, observations, and witness statements to include, but not limited to:
  - (a) Reviewing CCTV recordings.
  - (b) Interviewing any witnesses and other professionals.
  - (c) Making independent observations and assessments of the subject professional and program operations.
  - (d) Reviewing the CYP Professional's personnel file to identify patterns, issues, and other concerns.
  - (e) Document all information gathered or observed.
  - (f) Maintain a copy of all documentation in personnel file.
- (4) CYP management determines through experience and expertise if CYP Policy violation meets the threshold for child abuse and must be reported to FAP, PMO, and CWS. FAP is consulted anytime the manager has a question or needs assistance.

9. Determining When a Child and Youth Programs (CYP) Policy Violation Meets the Threshold for Reporting in accordance with (IAW) reference (a)

- a. The key criterion for distinguishing between suspected institutional child abuse and a CYP policy violation (that does not meet the criteria for child abuse) is the impact to the child and whether the act or omission caused immediate harm or placed the child or youth at risk for harm.
- b. When a CYP policy violation occurs, program quality standards have not been met and/or policies or protocols may not have been followed; however, a child or youth was not harmed or at risk for harm.
- c. A CYP Incident/Accident Review must be conducted any time a child was harmed or at risk for harm, and in instances where program quality standards may not have been met, and/or required procedures or practices may not have been followed. CYP Management considers the following to help discriminate between institutional abuse (child abuse) or CYP policy violation IAW

reference (a):

(1) How old is the child or youth? The level of physically appropriate touch for a 6-year-old is dramatically different from what should be used with a teenager.

(2) Where did the incident occur? A 6-year-old left unattended in an activity room is not at the same level of risk of harm as a 6-year-old left behind on a field trip.

(3) How long did the incident last? Depending on the age of the child and the location, a few minutes of inattention may pose minimal risk or may pose an immediate risk of harm to the child.

(4) What are the circumstances surrounding the incident? Grabbing a child who is about to run into the street is contextually different from grabbing a youth who is not listening to instructions.

d. Neglect vs Unattended Child Incident IAW reference (a).

(1) Neglect, as it relates to supervision, is determined by the degree that a child's health, safety, and well-being are threatened with harm. An unattended child incident may rise to the threshold of child neglect, but in most circumstances would be considered a CYP policy violation IAW reference (a).

(2) CYP Management utilizes the Unattended Child Incident Guide (Form MFY-7) located in Ethos LMS Library, when a report of an unattended child occurs. The guide will help CYP Management determine whether a report to FAP, PMO, and CWS is warranted.

(3) If the child was injured, while unattended, or found by a parent/adult (not CYP Personnel), then the incident is required to be reported to FAP, CWS, and HQMC CYP as a case of suspected child abuse/neglect and not as an unattended child incident.

e. Physical Abuse vs Appropriate Touch. Extenuating circumstances may occur that require a CYP Professional to forcibly move a participant to maintain his or her safety and well-being. The absence of intervention would result in potential harm to the participant. These actions do not violate CYP policy.

10. Personnel Action

a. A personnel action will be determined upon completion of the CYP policy violation review, and if CYP management concludes the CYP Professional's actions violated USMC CYP policy, CYP management consults with the HR point of contact to determine the appropriate disciplinary action for the CYP Professional.

b. CYP Management considers the following factors when determining appropriate personnel actions:

(1) Nature and seriousness of the offense on a continuum of possible policy violations.

(2) Employee's past disciplinary record and past work record.

(3) Consistency in the disciplinary action imposed (Have others been subject to the same disciplinary action for the same or similar violations?).

(4) Mitigating circumstances surrounding the violation (Were there unusual circumstances that contributed to the CYP Professional acting in the way he/she does not normally act?).

(5) Verify that the employee was aware of the applicable policy and protocol and understood the incident violated policy.

c. Upon determination of the personnel action, CYP Management notifies the CYP Professional of the personnel decision with a formal counseling statement, letter of reprimand, or other written notice of personnel action.

(1) HR maintains the original, formal notice of personnel action and CYP Management retains a copy in the personnel file at the facility IAW reference (n).

(2) CYP Management ensures the implementation and completion of the personnel action requirements, such as additional training or other remedial action.

11. Problematic Sexual Behavior in Children and Youth in accordance with (IAW) references (c) and (g)

a. Definitions

(1) Coordinated Community Response Team (CCRT). A multi-disciplinary team (MDT) composed of designated members with varied but complementary experience, qualifications, and skills that contribute to the achievement of the team's specific objectives, which include, but are not limited to, cooperative information sharing, collaborative and coordinated response, restorative resolution, effective investigations and assessments, evidence-based clinical interventions and rehabilitation, and prevention of Problematic Sexual Behavior (PSB).

(2) Exhibiting child or youth. A child or youth engaging in problematic sexual behavior. Replaces the term "perpetrator or offender" to reinforce person first language when referring to the behavior of children and youth.

(3) Impacted child or youth. A child or youth directly impacted by the problematic sexual behavior of another child or youth. Replaces the term "victim" to reinforce person first language when referring to the behavior and reaction of children and youth.

(4) Normative Sexual Behavior. Behaviors that involve parts of the body considered to be "private" or "sexual" (e.g., genitals, breasts, buttocks, etc.). These behaviors are common or typical for the child's developmental age and are not considered to be harmful by most experts. These sexual behaviors are considered developmentally normative when they occur infrequently and are easily distractible (i.e., child is responsive to redirection).

(5) Non-Normative Sexual Behavior. Behaviors that do not conform to or reflect an established normal for a child or youth's chronological age or

development functioning. These behaviors are disruptive to others and may be unresponsive to redirection.

(6) Problematic Sexual Behavior in Children and Youth (PSB-CY). Refers to behaviors initiated by children and youth under the age of 18 that involve sexual body parts (genitals, anus, buttocks, or breasts) in a manner that deviates from normative or typical sexual behavior and are developmentally inappropriate or potentially harmful to the individual initiating the behavior, the individual(s) impacted by the behavior, or others.

(7) Safety plan. A plan coordinated by FAP providers, as part of the multidisciplinary response, with input from family and children or youth who have engaged in PSB that outlines the safety and supervision guidelines for the home and other settings in which the child or youth may interact with other children or youth.

(8) Trauma-informed. A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization.

b. Prevention. CYP Professionals take the following steps to reduce the chance of sexual activity between children:

(1) Believe it happens.

(2) Identify participants at increased risk; both those who may be at risk of being abused and those at risk to initiate sexual activity with another child IAW reference (i).

(3) Identify and monitor high-risk areas, including but not limited to: bathrooms, swimming pools/locker rooms, naptime, and playgrounds. The best way to prevent sexual acting out is by careful supervision.

(4) Stop participants immediately if engaged in sexual activity or behavior that could lead to sexual activity.

(5) Educate children and parents.

c. Education

(1) CYP Professionals understand sexual behaviors of children and youth and can distinguish between what is normative, cautionary, or problematic IAW reference (r).

(2) CYP Professionals understand how to respond appropriately to sexual behavior IAW reference (h).

(3) All CYP Professionals, contractors, and specified volunteers receive training on PSB-CY prevention, identification, and reporting during orientation and annually thereafter.

(4) The following CYP Leadership positions receive training IAW reference (o) and are authorized to complete the PSB-CY NCRT: CYP

Administrators and Deputies; CYP Directors and Assistant Directors; Training and Curriculum Specialists; Behavior Specialists; CYP Nurses.

d. Responding to Normative, Cautionary, and Problematic Sexual Behavior

(1) CYP Professionals provide the following response to sexual behavior in the moment:

- (a) Pause and remain calm.
  - (b) Address immediate safety concerns for all children involved.
  - (c) Redirect by changing the environment and suggesting other activities.
  - (d) Listen to the participants to find out more information and understand the child's viewpoint.
  - (e) Teach by communicating expectations and rules. Reinforce appropriate behaviors.
- (2) CYP Professionals consult with CYP Leadership on normative, cautionary, and problematic sexual behaviors displayed by children and youth.

(a) CYP Leadership completes the PSB-CY Non-Clinical Referral Tool (NCRT) with input from the CYP Professional, who observed or was made aware of the behavior, to determine if a referral to FAP is necessary IAW reference (r).

(b) When a child's behavior is normative and falls under the normative category, the below internal process and procedures are followed:

- 1. CYP Leadership determines, on a case-by-case basis if communication with parents is necessary.
- 2. If parent communication is needed, both parents, those of the exhibiting and impacted (if applicable), are notified of the incident and what was done to support the children and the program's plan to provide additional supervision for the exhibiting child. Share information about specialized support that can be utilized if needed. Follow up and encourage the family to contact CYP leadership if additional help is necessary.
- 3. Keep documentation (e.g., anecdotal records, tracking sheet, and observation notes) of behavior (e.g., time of behavior, what is occurring in the classroom at the time, child's response to redirection, etc.), assess for frequency and redirect the behavior.
- 4. Staff should closely monitor the child to determine if the behavior continues, increases, or stops.

e. Reporting Cautionary and Problematic Sexual Behavior in accordance with (IAW) references (a), (g), and (s)

(1) CYP Professionals consult with CYP Leadership on non-normative sexual behaviors displayed by children and youth.

(2) CYP Leadership completes the PSB-CY NCRT with input from the CYP



Professional, who observed or was made aware of the behavior, to determine if a referral to FAP is necessary.

(3) When a child's sexual behavior falls under the cautionary or problematic categories, the below internal process and procedures are followed:

(a) Immediately notify the installation FAP office to make an official report and provide a copy of the PSB-CY NCRT. For after-hours reporting, the 24-hour on-call FAP number is used.

(b) Review information contained on NCRT with FAP POC.

1. If behavior is considered cautionary, FAP will determine if there will be notification and engagement of CCRT.

2. If behavior is considered problematic, FAP will notify the CCRT core members within 24 hours and assemble the CCRT within 72 hours of receiving the report. CYP will attend the CCRT meeting as a core member.

3. Discuss strategies for addressing the behavior (e.g., close observation and supervision)

(c) CYP Leadership notifies the exhibiting child's parents and informs them that a referral was made to FAP as soon as possible and within 24 hours. Parents are also made aware that a FAP representative will be in contact with them to offer guidance and support for next steps.

(d) CYP Leadership notifies the impacted child's parents as soon as possible and within 24 hours and offers support in a collaborative effort with FAP.

(e) Both sets of parents, those of the exhibiting and impacted (if applicable), are informed of what was done to support the children. CYP will share information about specialized support and resources that can be utilized if needed.

(f) Incidents of PSB-CY are highly sensitive and remain confidential. Except as otherwise required, CYP Professionals do not discuss the report and notification with anyone other than their installation chain of command, HQMC, FAP representatives, and the investigating authorities.

(g) All inquiries are referred to the investigating authorities IAW reference (g).

(h) For all incidents of cautionary and problematic sexual behavior, the HQMC CYP SIR is completed and submitted to HQMC within 24 hours of a referral to FAP.

(i) The program increases supervision and addresses safety concerns. Programs initiate a classroom/program review to ensure all supervision/redirection strategies are being implemented to mitigate any future behavior from occurring, including rearranging the child's environment to ensure all areas are easily seen by staff if needed IAW reference (h).

(j) If child safety is a concern, the exhibiting child does not return to care in CYP until the CCRT has met.

(k) Personnel working within the MFLC program, notify CYP Management when a report to FAP is made about any CYP participant or program IAW reference (a).

f. Supporting Families through Problematic Sexual Behavior in Children and Youth (PSB-CY)

(1) The program director will be the point of contact for communication, should there be any questions from families of children involved. Families and CYP Professionals are made aware of who the point of contact is for communication.

(2) Keep communication open with the impacted child's family and encourage the family to contact CYP leadership if additional help is needed.

(3) Work with the exhibiting child's parents and inform them of the plans for additional supervision and recommended next steps IAW reference (s). Update the parents to inform them of when a support is unsuccessful, or if the child behavior escalates and the child needs more intensive intervention.

g. Child and Youth Programs (CYP) Appointed Member of the Coordinated Community Response Team (CCRT)

(1) The CYPA is the CYP representative for the CCRT and receives training on PSB-CY and Trauma-Informed Care, from the Virtual Lab School, prior to participating. The CYPA will provide input on:

(a) Needs of all children, youth, and families involved in CYP and recommend strategies for meeting those needs within the CYP setting.

(b) The responses of the children, youth, and families to the notification of PSB and identify the engagement needs for parent(s) and legal guardian(s).

(c) Any immediate or subsequent action taken by CYP to address the behavior.

(d) Ongoing cultural factors and special needs relevant to the case.

(e) Current CYP-based safety and supervision plans.

h. Safety and Supervision Plans

(1) Safety and supervision plans enhance the capacity of CYP Professionals to effectively supervise and monitor the child or youth's behavior and intervene as appropriate.

(2) CYP and FAP collaborate to update the safety and supervision plan as needed. Safety and supervision plans are discussed in the CCRT and updated as needed.

i. Speaking About Children and Youth Who Display Sexual Behaviors

(1) CYP Professionals use words that communicate the situation objectively and accurately and avoid words that have many negative

connotations or stigmatize the child or youth.

(2) CYP Leadership ensures "children first" language is used when describing and reporting situations that involve PSB. The behavior does not define the child.

12. Threats of Harm in Child and Youth Programs (CYP)

a. CYP fosters the safety and well-being of children and the community. The health, safety, and well-being of CYP participants is sustained through a comprehensive approach, to include but not limited to:

(1) Caring and connection between children, CYP Professionals, and families to create protective factors and establish a climate that encourages positive interactions.

(2) Recognition of, and response to, threatening, or concerning behaviors.

(3) Engagement with the appropriate community resources to support children and families.

b. CYP works with local installation medical, behavioral health, safety, and emergency personnel leaders to create an integrated team approach and ensure a coordinated response for threats of harm to self or others.

(1) CYP Professionals notify the program director or designee when a participant makes any statement or engages in actions that indicate the threat of harm towards self or others. All instances of participant threats of harm towards self or others are assessed and appropriate steps are taken to ensure the participants' safety.

(2) Program directors follow established local installation procedures for responding to threats of harm towards self or others.

(3) In all incidents of threats of harm to self or others, the program director or designee will directly notify parents of the participants involved.

(4) A SIR is submitted to HQMC for all incidents of threats of harm to self or others within 24 hours.

13. Serious Harmful Behavior between Children and Youth

a. The definition of Serious Harmful Behavior between Children and Youth (HBCY) is any behavior initiated by a child or youth under the age of 18, excluding members of the Armed Services and emancipated minors, of a physical, sexual, or emotional nature that involves the intentional, actual or threatened, use of physical force, power, or verbal abuse against another child or youth under the age of 18 that results in or has a high likelihood of resulting in injury, death, or serious psychological harm that impairs functioning or development. Harmful behavior can include problematic sexual behavior between children and youth as defined in DoDI 6400.01, bullying, hitting, slapping, and threats with weapons. Serious harmful behavior between children and youth can also include, but is not limited to, illegal behavior such as aggravated assault, rape, and homicide.

b. DoD is in the process of developing policy and reporting guidelines for SHBCY. HQMC CYP will communicate all updates as they become available.