



DEPARTMENT OF THE NAVY
HEADQUARTERS UNITED STATES MARINE CORPS
3280 RUSSELL ROAD
QUANTICO VA 22134-5103

IN REPLY REFER TO:
NAVMC 1710.7
M&RA (MF)
26 NOV 2024

NAVMC 1710.7

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

Subj: Child and Youth Programs (CYP) Positive Guidance and Appropriate Touch Protocol

Ref: (a) MCO 1710.30
(b) Caring for Our Children: National Health and Safety Performance Standards
(c) National Association for the Education of Young Children (NAEYC) Early Childhood Program Standards

Encl: (1) Child and Youth Programs (CYP) Positive Guidance and Appropriate Touch Protocol

1. Purpose. To provide practices, requirements, and guidance for positive relationships and appropriate physical contact between Child and Youth Programs (CYP) Professionals and participants. Appropriate physical contact is necessary for growth, nurturing, guidance, and a sense of security among participants.
2. Background. Positive guidance and appropriate touch are essential in developing healthy relationships between CYP Professionals, children, and families.
3. Processes. The following processes are in place to ensure CYP Professionals provide positive guidance and appropriate touch to all children served.
4. Information. Headquarters, 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.

BALOCKI.MARIE.C
LAIRE.1160469494

Digitally signed by
BALOCKI.MARIE.CLAIRE.11604
69494
Date: 2024.11.26 15:47:50 -0500

M. C. Balocki
Director
Marine and Family
Programs Division

DISTRIBUTION: PCN 10048000900

DISTRIBUTION STATEMENT A: Approved for public release; distribution is unlimited.

Child and Youth Programs (CYP) Positive Guidance and Appropriate Touch Protocol

1. Essential for Child and Youth Development. Appropriate guidance and positive relationships are essential to help each child feel safe and secure; develop healthy self-esteem; respect themselves and others; and learn to cope with a variety of stressors.

2. Positive Interactions While Caregiving. Child and Youth Programs (CYP) Professionals develop positive, individualized relationships with children and youth by providing care that is responsive, attentive, consistent, comforting, supportive, and culturally sensitive.

a. Professionals provide positive caregiving, which includes, but not limited to:

(1) Building positive relationships between Professionals and families.

(2) Building positive relationships between Professionals and participants.

(3) Helping participants make friends and develop interpersonal skills.

(4) Expressing warmth through behaviors such as physical affection, eye contact, tone of voice, and smiles.

(5) Fostering participant's emotional well-being by demonstrating respect and creating a positive emotional climate demonstrated in frequent social conversations, joint laughter, and affection.

(6) Interacting with participants frequently and promoting self-esteem, self-confidence, and positive feelings toward learning.

b. Professionals consider participant's unique personalities and needs by actively engaging with them, and relating to them in positive ways by:

(1) Helping them feel welcome, comfortable, and supported.

(2) Encouraging and recognizing their work and accomplishments.

(3) Engaging in frequent meaningful, extended, and reciprocal conversations.

(4) Responding to questions and requests by using effective communication strategies.

(5) Being consistent and following through.

(6) Stating clear expectations that include input from participants.

c. Professionals function as a secure foundation for participants. Professionals respond promptly in developmentally appropriate ways to participant's positive intentions, negative emotions, and feelings of hurt or fear by providing comfort, support, and assistance.

(1) Professionals encourage participants to make appropriate choices and become more responsible.

(2) Professionals encourage participants to appropriately express their emotions, both positive (e.g., joy, pleasure, excitement) and negative (e.g., anger, frustration, sadness).

(3) Professionals address and reduce challenging behaviors or unsafe peer interactions in accordance with (IAW) the United States Marine Corps (USMC) Behavior Support Process located in the Ethos Learning Management System.

(4) Professionals address behaviors to include but not limited to teasing, bullying, harassment, and aggression and take steps to address the behavior.

d. Professionals ensure respectful attitudes and behaviors towards gender, race, religion, family background, special needs, and culture IAW reference (a).

e. CYP supports the social and emotional wellness of all Professionals to create a positive work environment outlined in Appendix A.

3. Guidance. Guidance is the way CYP Professionals help children know what it means to be a member of the community. It is how children learn the expectations for behavior. It means helping children learn from mistakes and make positive choices. This ensures children and youth are safe and protected, provides a positive climate that promotes healthy social and emotional development, and teaches and models appropriate behavior. Effective guidance from the CYP Professional involves de-escalating, helping children and youth express emotions, meaningfully redirecting them to program expectations, and maintaining a poised and compassionate response throughout interactions.

a. The foundations for all healthy social-emotional development in CYP includes nurturing, trusting relationships, a safe environment, effective strength-based communication, teaching, and practices.

b. Professionals facilitate the development of self-control in participants by using positive guidance techniques and strength-based communication. Expectations should match and respect the participant's developing capabilities.

c. Professionals use the following positive guidance techniques IAW references (b) and (c) to include, but not limited to:

(1) Ensuring the environment is arranged to avoid behavior problems and overstimulation (e.g., too much color, light, reflections, noise, and wall decorations), which may increase the likelihood of behavior challenges (and adjust the environment as needed).

(2) Modify the environment by making changes to accommodate the needs of individuals and groups of children when necessary.

(3) Use simple positive reminders to restate rules and give directions.

(4) Use logical consequences to help participants understand and be responsible for their actions.

(5) Focus on understanding the participant's behavior needs and avoid seeing the participant as "a problem."

(6) Help participants use their problem-solving skills to develop solutions.

(7) Have a few developmentally appropriate rules, agreements, or expectations. It is most effective to involve participants when establishing them. Avoid thinking children "know the rules" and ensure that in a fun and interactive way the group finds ways to refer back and restate the rules throughout the day.

(8) Reinforce positive behaviors through consistent encouragement.

(9) Respond to the individual needs of children with respect, acceptance, and appreciation.

(10) Use active listening skills, which encourage children to express their feelings.

(11) Encourage and demonstrate to children how to communicate when they need to describe feelings or needs. Teach children the specific words they can use to communicate needs. Communication may involve gestures, pictures, or objects.

(12) Assist children when they appear frustrated. CYP Professionals encourage independence but also support children to be successful in day-to-day activities.

(13) During behavior challenges, connect with a child's emotions or needs before giving the child a redirection prompt or expectation reminder.

(14) When connected with the child's emotions attempt to redirect the child's attention to a positive activity and/or behavior.

(15) Use age-appropriate strategies for smoother transitions (e.g., visual cues, verbal reminders, and transition activities such as songs and finger plays, etc.).

(16) Facilitate and teach children negotiation, effective problem solving, and conflict resolution skills.

(17) Teach children strategies to help them calm down when they are upset.

(18) Offer a "safe place" or "quiet area" when stressful situations arise. For young children, this includes a quiet area with soothing activity options such as calming visuals, books, puzzles, and puppets.

(19) Provide one-on-one time for each participant as often as possible.

d. Professionals are aware of and understand the types of discipline that are considered inappropriate. The following interactions are

inappropriate and prohibited in CYP:

(1) Corporal punishment or any humiliating, frightening, or threatening language or punishment.

(2) Verbal abuse, threats, abusive or profane language, criticism, or derogatory remarks about a child or family.

(3) Any form of emotional abuse, including any form of public or private humiliation, including threats of physical punishment.

(4) Rejecting, terrorizing, ignoring, isolating, corrupting, and/or exploiting a child or youth.

(5) Withholding or forcing naps, meals, or snacks; to include the denial of "seconds" until a child has finished everything on his/her plate.

(6) Punishing for toileting accidents or a lapse in toilet training.

(7) Withholding outdoor play as a form of punishment.

4. Appropriate Touch Versus Inappropriate Touch. Touch is an essential part of providing care for children and youth and must be used in a positive, affectionate manner. Inappropriate touch, by a CYP Professional, is prohibited IAW reference (a).

a. Appropriate touch is physical contact that respects the personal privacy and space of others. It is defined as touching that is gentle and positive, natural, and appropriate within the context of normal, acceptable adult and child interactions for the child's age.

b. Inappropriate touch is physical contact that does not respect the child's personal space, is harsh or negative in context. Inappropriate touch is uncomfortable, is not natural and can be harmful to children and youth. Inappropriate touch may involve force, harm, coercion, or other forms of exploitation of a child or youth.

c. When responding to unsafe behaviors, maintaining safety is the primary goal of CYP Professionals. CYP Professionals should never wait to act to ensure the safety of a participant.

5. Appropriate Touch. Appropriate Touch involves:

a. Recognizing the importance of physical contact for participant's nurturance and guidance.

b. Respecting the personal privacy and personal space of participants.

c. Maintaining the safety and well-being of participants.

d. Role modeling of appropriate touch by Professionals.

6. Inappropriate Touch

a. Inappropriate touch includes, but is not limited to:

(1) Corporal punishment such as spanking, hitting or punching,

slapping, pinching, shaking (this is life threatening behavior towards infants), exposure to extreme temperatures or other measures producing physical pain, and any form of physical punishment. Corporal punishment is not allowed in any CYP setting by any individual, including family members.

(2) Bodily harm from forceful pulling/jerking and/or "grabbing" a child or youth from any position. (Note: A physical response may be needed for a child with unsafe behavior because there is observable action that puts the child or others at risk for immediate harm and it is probable that the action will lead to actual injury. For example, if a child unexpectedly dashes into a parking lot, the CYP Professional may need to quickly remove the child or youth for his/her own safety.)

(3) Coercion (physical or emotional) or other forms of exploitation of the participant's lack of knowledge.

(4) An absence of intervention that results in the exposure of danger to participants.

(5) Failure to respect the participant's right to personal privacy and space.

(6) Any touching made for gratification of adult's desires at the expense of the participant.

(7) Violation of law or a known cultural taboo.

(8) Attempts to change participant behavior with adult physical force applied in anger.

(9) Encouraging the participant to use inappropriate touch.

b. Types of Touch by Age Category (table 1) provides examples of appropriate and inappropriate touch but is not limited to the examples listed.

Age Category	Appropriate Touch	Inappropriate Touch
Infant, Pre-toddler, and Toddler	<ul style="list-style-type: none"> ▶ Cuddling ▶ Holding ▶ Rocking ▶ Gently patting a child's back for a short period at rest time ▶ Sitting in the CYP Professional's lap ▶ Hugging ▶ Hand holding ▶ Kissing on the cheek, forehead, hand, or hair ▶ Stroking the hair to assist in resting ▶ Changing diapers and assisting with toileting (i.e., wiping child, putting on diaper rash cream, etc.) 	<ul style="list-style-type: none"> ▶ Pinching, hitting or punching, squeezing, slapping, shaking, arm twisting, or grabbing* ▶ Physically restraining a child** ▶ Any form of physical punishment ▶ Violating laws against adult/child physical or sexual contact ▶ Forcing of hugs, kisses, or other touches on the child ▶ Kissing a child on the lips ▶ Prolonged tickling ▶ Holding a child down on his/her cot to force napping

Preschool	<ul style="list-style-type: none"> ▶ Hand holding ▶ Assisting child with activities ▶ Child initiated hugs ▶ Assisting with toileting accidents if necessary ▶ Assisting a child with unsafe behavior by physically responding to protect everyone's health and safety** ▶ Sitting on CYP Professional's lap at the request of the child (i.e., verbal or nonverbal) 	<ul style="list-style-type: none"> ▶ Forced goodbyes ▶ Prolonged tickling ▶ Pinching, hitting, punching, squeezing, slapping, shaking, arm twisting, or grabbing* ▶ Restricting a child's movement by any means in any way ▶ Physically restraining a child** ▶ Any form of physical punishment ▶ Violating laws against adult/child physical or sexual contact ▶ Forcing of hugs, kisses, or other touches on the child. ▶ Kissing a child on the lips ▶ Holding a child down on his/her cot to force napping.
Youth and Teens	<ul style="list-style-type: none"> ▶ Sitting side-by-side with youth ▶ Touches on the shoulder ▶ Pats on the back ▶ Handshakes ▶ Assistance in taking care of injuries ▶ Hugging when initiated by the youth/teen ▶ Assisting a youth/teen with unsafe behavior to calm down by physically responding to protect everyone's safety** 	<ul style="list-style-type: none"> ▶ Youth sitting on a CYP Professional's lap ▶ Kissing ▶ Pinching, hitting, punching, squeezing, slapping, shaking, arm twisting, or grabbing* ▶ Any form of physical punishment ▶ Physically restraining a youth/teen ▶ Violating laws against adult/child physical or sexual contact ▶ Forcing of hugs, kisses, or other touches on the youth
<p>* Grabbing is inappropriate unless it protects the child or youth from <u>immediate danger</u>, protecting his/her safety.</p> <p>** A physical response may be needed for a child or youth with unsafe behavior because there is observable action that puts the child or youth or others at risk for immediate harm and it is probable that the action will lead to actual injury.</p>		

Table 1 - Types of Touch by Age Category

Appendix A

SOCIAL EMOTIONAL SUPPORT FOR TEACHERS

Child and Youth Programs (CYP) strives to create a positive social-emotional culture for children and teachers. Positive relationships among CYP personnel, participants, and families are the foundation of maintaining an effective workforce.

Direct Care Professional and Training and Curriculum Specialist Relationship

Maintaining a secure and respectful relationship with each Direct Care Professional (DCP) is a primary duty of the Training and Curriculum Specialist (TCS). One reason is so the TCS can quickly identify when a DCP is at risk for burnout or compassion fatigue. When the TCS and DCP have a trusting relationship, they can reflect and have honest discussions about performance and expectations, even when the topic includes personal stressors and challenges that may be affecting the DCP.

The importance of this relationship is one of the reasons TCS are expected to observe each DCP on a regular basis, and ensure they are providing appropriate interactions and experiences for children. The slightest behavioral changes could be an indicator that the DCP is experiencing increased stress or burnout.

Recognizing and responding to stress or burnout in DCPs is an important step in maintaining an effective workforce and preventing occurrences of inappropriate touch or guidance. TCS educate CYP Professionals on how to identify signs of high stress and burnout, as well as ways to mitigate stress levels. If the TCS has concerns about a DCP's behavior or performance, he/she consults immediately with a member of the Management Team.

Possible behavior changes that signal the CYP professional may be experiencing stress or burnout include:

1. Expressing discontent with aspects of his/her life (e.g., work, family life, social activities)
2. Easily irritated by daily challenges or issues with developmentally expected child behaviors
3. Experiencing sudden mood swings
4. Experiencing fatigue or being run-down (e.g., physically or emotionally)
5. Lack of motivation to complete activities or tasks
6. Changes in typical responses to children
7. Using a sharp tone in interactions with children or adults
8. Hyper quickness in responding/reacting when the situation does not appear to warrant it (e.g., overreacting)

If the management team is notified or notices indicators of burnout or stress, it's appropriate to schedule a check in to provide support and resources to meet the needs of the CYP professional. During check in meetings, management team members use objective language to describe factors related to burnout or stress as it relates to the professional's behavior, communication, or presence.

Prevention and Support

CYP management should establish a culture that encourages DCPs to reach out for support if they feel stressed or need help. DCPs need to know that support systems are in place and how to access them and asking for help when needed is a sign of social-emotional competence not an action that would expose them to reprimand. Shame or punishment is not associated with a CYP professional asking for assistance. CYP management is responsible for creating a culture in which CYP Professionals realize that in order to care for children, they must also take care of themselves.

In order to effectively prevent stress-related interactions, programs develop or incorporate an internal communication system to convey when CYP personnel are experiencing high stress that affects their engagement with a participant. This system will allow a code word or phrase to signal to other CYP Professionals that a staff member needs immediate support or assistance. This internal practice creates a safe and professional way to diffuse a CYP professional's stress reaction and provide support while enabling the program to continue providing care in a nurturing environment. Many programs already utilize a code system in day-to-day functions to communicate restroom breaks, ratio needs, behavior support, and classroom needs. In this case a code should be added for personnel's social-emotional support. When incorporating a code into an already established communication system or establishing an internal communication system that uses a code word or signal to alert the management a professional needs assistance, it is important to ensure the code word or signal has a positive or neutral connotation, supports professionalism, and can be communicated discretely to minimize any disruption to the classroom. For example, to verbally express a need for support, a Child Development Center (CDC) program could use a color code system (e.g., Code Blue: Program Assistant (PA) needs immediate support or assistance for social-emotional support) or a numbering system (e.g., Code 1: PA needs immediate support or assistance for social-emotional need).

Once the method and process for the internal communication system is determined, all staff are trained so they fully understand both the intent of the communication system and how to use it appropriately. Direct care staff should be trained to use a code system for internal communication. When using the internal communication system to communicate social-emotional support is needed for a direct care staff, the first personnel to respond, if available, would be a co-worker in the same room. Using the code within a team can express a request that a direct care staff member may be experiencing stress with a situation and want to switch duties. Alternatively, a DCP may offer a code to a team member who they feel is beginning to engage in a way that is affecting their behavior and interactions with children (e.g., getting visibly upset, frustrated or angry, overreacting to small issues, acting overwhelmed, etc.). If a direct care staff member is experiencing social-emotional stress and their co-worker is unavailable, then it is appropriate to call management with a code.

When the internal communication system is used, staff expect management or the TCS will respond immediately and professionally to ensure appropriate intervention and support is provided and disruption to the classroom is minimized. It is essential the management and/or TCS team use key follow-up strategies to:

1. Effectively monitor and address the staff member's on-going stress levels and support needs.
2. Mitigate the occurrence of future stress-induced interactions that may negatively impact the quality of care in the program.

Examples of follow-up strategies:

Regular Check-Ins. Offering support to a DCP who is experiencing acute stress or in need of assistance should not start and stop with a DCP's departure and re-entrance to the classroom following the use of a code for social-emotional distress. The management or TCS team must work with the DCP to discuss the sources of the stress and identify effective coping strategies and resources to manage and address that stress moving forward. For example, following the use of an internal communication code, a stressed DCP can be given a 15-minute break to calm down and compose him/herself. Before the DCP re-enters the classroom and resumes his/her duties, CYP management check-in with the DCP to discuss what transpired and identify both the cause of the stress and what supports may be helpful to manage a recurrence of the stress reaction in the future. The management team should schedule regular check ins throughout the rest of the workday and over the next few weeks to ensure the DCP is effectively using strategies to manage stress and to identify additional supports or resources, if needed.

Group Debrief. A "group debrief" is a holistic follow-up strategy that provides an opportunity for all CYP Professionals in a classroom to discuss an incident and observed stressors; identify supports that may help the team manage stress moving forward; and offer support to one another following the use of an internal communication code. Group debriefs may be held at the end of that workday or during lunchtime (as staffing schedules permit).

Continued Review and Evaluation of the Internal Communication System. The management and TCS team continually evaluate the use of the internal communication system to assess the following:

1. Optimal use of the system
2. System effectiveness as a prevention measure
3. Additional codes needed to address other types of program or classroom circumstances that may require immediate intervention (i.e., injury of child or staff, behavior challenges, classroom management)

In addition to the use of an internal communication system, the management and TCS team also use preventative strategies to mitigate the occurrence of future stress-related interactions in the classroom. For instance, since time management is often identified as a source of stress, the TCS can help CYP Professionals learn how to balance their work responsibilities more effectively by integrating information about time management strategies into their training and classroom observations. Some additional strategies for preventing or diffusing potential stressors are included below:

1. Provide training and other resources to direct care staff as necessary (e.g., time management training, stress reduction strategies, mental health and wellness brochures, etc.).
2. Encourage CYP Professionals to share their stressors by modeling expectations, being honest during conversations, listening to each other, and acknowledging that the early childhood and childcare profession is stressful and requires effective, proactive stress management.
3. Host trainings and events which honor CYP professional's skills and areas of expertise and provide opportunities for networking with others.

4. Encourage fun activities to build rapport and cohesion among CYP Professionals such as holding potluck meals when having staff meetings; planning fun contests for staff; and hosting team building activities.
5. Similarly, CYP Professionals need to ensure they can successfully maintain a healthy work-life balance and take time for self-care and their families. CYP Professionals who never say “no” and who try to do too much may find themselves overstressed and burned out in a very short period of time, which may increase the risk of inappropriate interactions with the children in care.
6. Provide resources and handouts with tips regarding self-care and stress management.
7. Eat healthful food.
8. Get regular exercise.
9. Get outdoors.
10. Get enough sleep.
11. Set boundaries.
12. Use breathing exercises.
13. Meditate.
14. Use a sense of humor.
15. Participate in/take up a new hobby or interest.
16. Talk with friends and/or family.