



3964 Castleman Ave.
Saint Louis, MO 63110
(314) 776-7837
school@stmargaretstl.org

September 6, 2024

St. Margaret of Scotland Families:

Each year it is our responsibility, as a caring Catholic community, to provide a curriculum that teaches the students appropriate boundaries and personal safety. The Charter for the Protection of Children and Young People requires the Archdiocese of St. Louis to ensure that all children in both day school and parish school of religion programs receive information that allows them to participate in their own personal safety. The curriculum, "Safe Touch," is taught by a specially trained educator or volunteer and is age-appropriate. The lessons focus on safety in a non-threatening manner and consist of one class period. The goal of the curriculum is to provide students with safety tools they can use immediately. In addition, resources from Netsmartz.org may be utilized throughout the year by classroom teachers. Netsmartz.org is a free educational resource for educators and parents that provides helpful information, games, videos, and activities that reinforce technology safety in an age-appropriate and fun manner.

The Safe Touch curriculum was developed in partnership with West County Psychological Associates, the Archdiocesan Child Safety Committee, as well as educators and school administrators. The curriculum has been updated to include sex trafficking and to provide more information for you as the parent. It is our hope that you take an active role in reviewing the materials. Please continue to reinforce these ideas and rules by asking your child questions, actively monitoring your child's online behaviors, and participating in any activities that may be sent home.

If you have any questions or would like to preview the materials prior to the curriculum being presented, please contact your child's teacher. You may also choose to "opt-out" your child if you prefer that they receive the information from you at home. An "opt-out" form is attached to this letter and must be signed and returned. More details about the program can be found on our website.

The Safe Touch curriculum will be presented starting the week of September 9th and concluding on Sept 19th. Individual teachers will let parents know what day their students will be taught Safe Touch.

God Bless,

A handwritten signature in black ink that reads "Patrick Holley".

Patrick Holley

In the end, it's the beginning that counts.

SAFE TOUCH PROGRAM PARENT OPT OUT AGREEMENT

Please Sign No. I or No. II

I. I/We have requested to have my/our child(ren) excused from attending the Safe Touch Program of the Archdiocese of St. Louis. In excusing my/our child(ren) from attending this program, I/we acknowledge the following:

- 1. The Safe Touch Program was offered to my/our child(ren);**
- 2. I/we have decided not to allow my/our child(ren) to participate in the Safe Touch Program; and**
- 3. I/we have accepted the Safe Touch Program training materials.**

In my/our role as parent(s)/guardian(s), and above all others, the primary educator(s) of my/our child(ren), I/we will be vigilant and take such measures, including the instruction of my/our child(ren) by me/us, as I/we determine necessary and appropriate to protect my/our child(ren) from crimes of sexual harassment and molestation.

Name(s) of Child(ren): _____

Parent(s)/Guardian(s): _____

Date: _____

Parish: _____

II. I/We have requested to have my/our child(ren) excused from attending the Safe Touch Program of the Archdiocese of St. Louis. In excusing my/our child(ren) from attending this program, I/we acknowledge the following:

- 1. The Safe Touch Program was offered to my/our child(ren);**
- 2. I/we have decided not to allow my/our child(ren) to participate in the Safe Touch Program; and**
- 3. I/we have declined to accept the Safe Touch training material**

In my/our role as parent(s)/guardian(s), and above all others, the primary educator(s) of my/our child(ren), I/we will be vigilant and take such measures, including the instruction of my/our child(ren) by me/us, as I/we determine necessary and appropriate to protect my/our child(ren) from crimes of sexual harassment and molestation.

Name(s) of Child(ren): _____

Parent(s)/Guardian(s): _____

Date: _____

Parish: _____