

SAFE CHURCH AUDIT CHECKLIST

(rev. 12/2023)

Church/Institution Name _____ City/Town _____

Policy Implementation

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| 1. Does the congregation/institution have a safeguarding policy (or policies) in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Does the policy taken into account the updated safeguarding guidelines from 2018 General Convention? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Does the policy cover children and youth? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Does the policy cover vulnerable adults and other populations? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Does the policy cover Internet-use, social media, etc.? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Does the policy cover workplace harassment? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. What was the date of the last Safe Church audit/checklist? | _____ |

Training & Personnel

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| 8. Have all clergy in the parish attended Safe Church Training in the past 3 years? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9. Have all paid staff attended Safe Church Training in the past 3 years? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 10. Have all paid staff had a background check in the past 5 years? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 11. Are all volunteers who work with children, youth, or vulnerable adults required to have been previously involved with the church/institution for at least 6 months? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 12. Have all children and youth ministry volunteers/leaders participated in Safe Church Training in the past 3 years? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 13. Have all children and youth ministry volunteers/leaders had a background check in the past 5 years? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 14. Have all Eucharistic Visitors and others involved in pastoral care to those off-site participated in Safe Church Training in the past 3 years? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 15. Have all Eucharistic Visitors and others involved in pastoral care to those off-site had a background check in the past 5 years? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 16. Does your congregation/institution have a safe church officer/coordinator/minister other than the clergy person in charge? If Yes, please list the person's name, phone number, and email address below: | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Building & Grounds

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| 17. Do offices used for meeting and classrooms used for vulnerable populations have windows or windows in the doors? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 18. Are all unlocked entrances during worship and program times monitored? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 19. Is there an established protocol for controlling who has keys to the church campus? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 20. Are all Internet-enabled computers password protected? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 21. Does your church/institution have WiFi? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| A. If Yes, is the network password protected? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| B. Is there any filtering software to prevent accessing inappropriate content? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| C. Do you have rules about how that login information can be shared? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 22. Are all personnel files and records containing private parishioner information secured by at least two locks (for example: a locked cabinet in a locked room)? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 23. Do you have a building/facilities use policy in effect for outside groups? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 24. Does the church office maintain a file of incident reports, regarding issues or concerns related to buildings/grounds events and safeguarding-related issues? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Ministry Considerations

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| 25. Are all off-site child and youth events cleared by the Vestry/Mission Council AND the clergy person-in-charge prior to their occurrence? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 26. Are there <i>at least</i> two unrelated adults (who have been background checked and Safe Church Trained) at all events and programs involving children and youth? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 27. Are pastoral care ministries to the elderly, sick, hospitalized, etc. always done in pairs of unrelated adults? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 28. Are all church-affiliated online groups administered by at least two, unrelated adults? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 29. Area photo releases/permission slips completed for all children and youth whose photos are posted online? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 30. Is building use coordinated (through calendars or designated persons) to avoid conflicting programs, such as AA groups using the same part of the building as Girl Scouts, etc.? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 31. Does your church/institution require outside groups who regularly use the facilities to sign an indemnification agreement or waiver of liability? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 32. Does your church/institution require outside groups who regularly use the facilities to obtain their own liability insurance? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| A. Do outside groups present a copy of the insurance certificate annually? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Signature of Person Completing Form

Date

Written Name of Signer

Title at Church/Institution