**DIOCESE OF KANSAS CITY-ST. JOSEPH**

**SCHOOL SAFE ENVIRONMENT COMPLIANCE FORM FOR 2020-21 SCHOOL YEAR**

***Please complete this form and return to the OCYP by 10/1/20.***

Scan/email to ocyp@diocesekcsj.org OR fax to the attention of OCYP at 816-817-7219 OR

mail to OCYP at PO Box 419037, KCMO 64141-6037

Name of School/Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City of School/Center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total 2020-21 Enrollment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_ Number of **Paid Certified Teachers/Administrators,** part-time and full-time

\_\_\_\_\_\_\_\_ Number of **Paid School Support Staff**, part-time and full-time

\_\_\_\_\_\_\_\_ Number of **Volunteers** working with children/youth (i.e. parents, tutors, coaches)

**ATTESTATION BY PRINCIPAL OR ECC DIRECTOR:**

With my signature, I attest that all school employees, and all volunteers serving at this school, are in compliance with the following safe environment requirements and that we have proof of compliance:

1. Completion of a VIRTUS *Protecting God’s Children* workshop (or two online training modules due to COVID-19) or have pre-registered and will be attending a workshop, as verified within the VIRTUS database.
2. Background checks have been completed every 5 years, or are in the process of being completed, as verified within the VIRTUS database.
3. Signed acknowledgements of commitment to our code of conduct policy, *Ethics and Integrity in Ministry* (EIM) *Code of Conduct Policy,* as verified within the VIRTUS database.

**Signature of Principal/ECC Director**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE COMPLETED BY THE SAFE ENVIRONMENT COORDINATOR:**

Name of Safe Environment Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email of Safe Environment Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With my signature, I attest that I am responsible to complete and submit the “Circle of Grace” audit report for this school/center by June 1, 2021:

**Signature of Safe Environment Coordinator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_