



Audit reporting period: July 1, 2009 through June 30, 2010

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Annual School Report for Child Protection Compliance

SCHOOL NAME _____ DATE _____ S-2

CITY _____ PHONE _____

NAME OF PERSON PREPARING REPORT _____

Number of **Educators** _____ (include principal and administrators)

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Background Checks

Number having background checks completed _____

Number whose background checks are not completed _____

Reason not completed _____

Expected date of completion _____

Inservice

Number of educators having inservices completed _____

Number of educators whose inservices are not completed _____

Reason not inserviced _____

Expected date of completion _____

Number of **Employees** _____

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Background Checks

Number having background checks completed _____

Number whose background checks are not completed _____

Reason not completed _____

Expected date of completion _____

Inservice

Number of employees having inservices completed _____

Number of employees whose inservices are not completed _____

Reason not inserviced _____

Expected date of completion _____

Number of **Volunteers** _____ (having regular contact with children during this audit period)

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Background Checks

Number having background checks completed _____

Number whose background checks are not completed _____

Reason not completed _____

Expected date of completion _____

Inservice

Number of volunteers having inservices completed _____

Number of volunteers whose inservices are not completed _____

Reason not inserviced _____

Expected date of completion _____

Total Number of **Catholic School Students** (Grades Preschool - 12) _____

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Of the above total number of students, how many are Preschool students? _____

Number of students with inservices completed _____

Number of students not inserviced (whose parents received the Parental Option Form and the Training Packet) _____

Number of students whose parents signed a Parental Option form as a **refusal** _____
(please submit **copies** of the signed **refusal** forms to the diocese)

Number of students whose parents signed a Parental Option form as an **absence** _____

Number of students whose parents **did not sign/return** a Parental Option Form _____

Inservicing for **PARENTS OF CATHOLIC SCHOOL STUDENTS**
Number of parents (households) who attended inservices or were sent information _____

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Adult Inservices

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Please list all adult inservices presented in the school from *July 1, 2009 through June 30, 2010*. List place, date and presenter for all inservices presented to adults.

Adult Inservices		
Place	Date	Presenter

Early reporting appreciated - required return by June 9, 2010

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