

# Way Forward Parish Plan - Team Checklist

## Episcopal Diocese of Milwaukee

Parish \_\_\_\_\_

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

Review Team                      A                      B                      C

**Bold Items are Mandatory**

1 Demographics

<b>Total Membership</b>	<input type="checkbox"/>	<b>Members Over Age 60 (Higher Risk)</b>	<input type="checkbox"/>	<b>Members with known CoVid Risk Factors not over age 60</b>	<input type="checkbox"/>
<b>% of Parish with CoVid19 Higher Risk Factors</b>	<input type="checkbox"/>				
<b>Clergy Higher Risk?</b>	<input type="checkbox"/>	<b>Supply Clergy Used?</b>	<input type="checkbox"/>	<b>Frequency of Supply Clergy Use</b>	<input type="checkbox"/>

2. Worship Spaces

<b>Number of Spaces</b>	<input type="checkbox"/>	<b>Separate Entrances?</b>	<input type="checkbox"/>	<b>Frequency of Use</b>	<input type="checkbox"/>
<b>Social Distancing Capacities Addressed</b>	<input type="checkbox"/>	<b>Entry and Exit Addressed</b>	<input type="checkbox"/>	<b>Other Activities Addressed? (Sunday School, Coffee Hour)</b>	<input type="checkbox"/>
<b>Space Isolation before Cleaning Addressed</b>	<input type="checkbox"/>	<b>Screening Questions?</b>	<input type="checkbox"/>	<b>Tenant Uses Addressed? (AA, Other Congregations)</b>	<input type="checkbox"/>
<b>Ventilation within Worship Space(s) Addressed</b>	<input type="checkbox"/>	<b>Air Conditioning and Heating Use Addressed</b>	<input type="checkbox"/>		

3. Worship Services

<b>In Person Worship Phase Start</b>	<input type="checkbox"/>	<b>On-Line Worship Option Addressed?</b>	<input type="checkbox"/>
<b>Types and Frequency of Services Addressed?</b>	<input type="checkbox"/>	<b>Officiants Assigned?</b>	<input type="checkbox"/>

**Service Requirements Addressed**

**Music Addressed?**

**Bulletins and Removal of Books Addressed**

**Offering Collection Addressed?**

3. Cleaning/Disinfection protocol? If you use a cleaning service, what are they able/ willing to do?

Cleaning Personnel Identified?

Cleaning Personnel higher Risk?

Disinfection Procedures Meet Requirements?

Spaces Isolated Properly Between Uses?

4. Protective Measures

**Screening Requirements Addressed?**

**Masks Required?**

Cleaning and Other Activities

**Non- Compliance Procedures Addressed?**

**Procedures for People with Illnesses?**

Stay at Home - Those with  
Higher Risk Factors Addressed

5. Coordination of Plan with Other Organizations

Local Health Department Contacted

Local Police Department Contacted

**Record of Local  
Review/Approval**

**Attendance Records Addressed?**

**Will Support Local Contact Tracing.**

**Insurance Company Coverage Reviewed**

Detailed Comments.