DIOCESE OF GARY AUDIT 2016/2017
ACTION PLAN

Name of Parish/School:				**City:**	
Schedule G	**ACTION PLAN**				
Please note: This audit year, please make sure you are documenting on the Schedules as to whether or not the individual IS COMPLIANT with their training and background check.					
List all employees, volunteers, and teachers who are not yet in compliance.					
Under column F, briefly describe how the person will meet the requirements.					
Please Print!					
Last Name	**First Name**	**Position**	**VIRTUS Training Compliant (Yes or No)**	**Background Check Compliant (Yes or No)**	**Comments -- Explain any items listed as NO.**