COVID-19 READINESS CHECKLIST
ORANGE PHASE REGATHERING ON CHURCH PROPERTY
FOR WORSHIP AND OTHER PUBLIC USE

Name of church or institution:

Address:

Office phone number:

Website address:

Name of applicant submitter:

Email contact:

Phone contact:

Desired date to regather for worship:

Desired date to regather for other public uses:

Maximum social distancing seating capacity of worship space(s):

Will you have the following ready by your requested regathering date?

❑ Pews (if applicable) clearly marked to designate allowed seating
❑ Social distancing capacity in all gathering spaces has been determined
❑ Ushers or greeters trained according to diocesan guidelines
❑ Team or staff trained to clean and disinfect according to diocesan guidelines
❑ Sufficient cleaning and disinfecting supplies available
❑ Signage at entrances, exits and access points (including handicap) clearly communicated
❑ Sign in sheet for attendees
❑ Congregation received communication for regathering in Phase II, including Covenant for Regathering
❑ Communicated with all other public users/groups and provided copies of Covenant for Regathering for Outside Groups
❑ Online or telephonic worship available as option for those not attending services in person
❑ Offering plate available near main entrance and other access points to worship space
☐ Paper bulletins and copies of Covenant for Regathering available on Sundays on table near entrance and available to outside groups that use the property
☐ Prayer books, hymnals and other materials removed from worship space
☐ On-line giving available through website or social media
☐ Extra masks available
☐ Hand sanitizer available near all entrances
☐ Reviewed liability insurance coverage
☐ Food or beverages not available before or after worship or meetings
☐ Other user groups notified of Covenant for Regathering for Groups and diocesan guidelines

If no to any of the above, please explain circumstances:

Our specific logistics for how to distribute communion:

Other logistics may be attached.

We the undersigned declare the information on this application to be accurate to the best of our knowledge and we promise to maintain the standards outlined in the Diocese of Maryland Covid-19 Response Guidelines to the best of our ability. Furthermore if we are unable to provide any safety measures as outlined above, then we will cease to provide access until the measures can be reinstated.

Minimum two signatures required:

________________________________________________________________________
Clergy in charge (or warden in absence of clergy)

________________________________________________________________________
Warden or officer of vestry

Date: May 20, 2020
DIOCESAN STAFF USE ONLY:

Receipt date:

County hospitalizations for COVID-19 declined at least 14 days as of ____________(date)

County guidelines allow for gatherings of up to _____ persons

Testing capacity in county:

Reviewed and approved by: