



NazareneSafe – Corrective Action Plan as of _____

Insert Date

Name of Church: _____

Lead/Senior Pastor: _____

Thank you for developing your NazareneSafe Corrective Action Plan.

Instructions: If you answered “NO” to any questions on your “NazareneSafe Annual Update Compliance Questionnaire,” please provide the requested information below. Once completed, please have it approved by your lead pastor and church board, then forward a copy to Jacquie Gomez, DRC Exec. Admin, admin@vanaz.org.

1. Date when your written Minor Protection Policy (MPP) will be in place? _____

2. Date your MPP will be reviewed/approved by your Church Board and forwarded to the DRC? _____

3. Who will lead the day-to-day implementation of your MPP? _____

4. When will required training (in compliance with your MPP) be conducted? _____

5. Who will track the written record of people who complete MPP training? _____

6. When will required background checks (first time and renewals) be completed? _____

7. Who will track the background checks? _____

If you have any questions, please contact Pastor Greg Norwood at greg@connectingpointe.org or Felicidad Martinez felicidad@cotnaz.org for assistance.

Please certify the above information is correct and approved by your church board.

Board Approval Date _____

Pastor Name _____

Date _____

Pastor Signature _____

Church Board Secretary Name _____

Date _____

Church Board Secretary Signature _____