



## COVID-19 SAFETY PLAN REVIEW CHECKLIST

<b>Organization or Event Name:</b>			
<b>Contact Name:</b>		<b>Contact Phone:</b>	
<b>Contact Email:</b>			
<b>Date Plan Received:</b>			
<b>Plan Submitted for Review:</b>			
<b>Date(s) of Event, Fair or Festival:</b>			
<b>Location of Event, Fair or Festival:</b>			
<b>Projected Attendance Number:</b>			
<b>Department of Health Reviewer Name:</b>		<b>Date Plan Reviewed:</b>	

**IMPORTANT:** We have done our best to read and interpret your submitted plan(s) and apply the applicable guidance & requirements. Our comments and suggestions are simply an effort to make you aware of potential improvements that you may choose to incorporate, but unless otherwise stated below, they are not directives. Please note the following for clarity:

- *an effort to make your plan and implementation of it the safest as possible using the guidance and knowledge we have at the time of the review.*
- *any kind. The document is merely a guide for the review and a mechanism of communication for our comments of how well your plan appears to match the guidance/requirement delineated in the applicable guidance for your type of entity/venue/event/activity.*

MPVVRMR

MDMDPDR

DO DDVDPORR

I

.....  
**For this entity, the following Sections of this checklist were utilized:**

- 1-General Guidance (All Plans)
  - 2-Adult/Youth Rec. Sports/Activities
  - 3-Venues/Festivals/Events
  - 4-Schools
  - 5-Non-Sport School Activities
- .....

## Section 1 - General Guidance: (ALL PLANS)

Yes	No	N/A	Question/Issue:
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	1. Does the plan recommend or require staff, participants, and/or customers/spectators to wear face coverings?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	2. Does the plan recommend that staff, participants, and/or customers/spectators stay home if ill or experiencing symptoms of COVID-19?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	3. Does the plan state that the organization provide tools for staff, participants, and/or customers/spectators to self-screen before arriving at the event (such as a self-symptom survey)? (NOTE REGARDING ON-SITE TEMPERATURE SCREENING: While taking temperatures of participants/attendees is sometimes stated as a recommendation in certain guidance, we want to caution you that although we don't discourage taking temperatures as a screening tool, please be aware that with the ability to spread the disease prior to showing symptoms or the possibility that some people never display symptoms at all but are still infectious, taking temperatures is only a partially effective tool. While it helps to screen people out, it's not an absolute assurance that someone is not ill and infectious, and it's important to understand this so there is no false sense of security created when utilizing this practice.)
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	4. Does the plan explain that if staff, participants, and/or customers/spectators arrive ill or displaying symptoms of COVID-19, they will be sent home?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	5. Does the plan limit spectators at the event to enable appropriate social distancing?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	6. Does the plan encourage individuals 65 yrs of age and older or those in high-risk categories to not attend the event?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	7. Does the organization provide hand sanitizer and similar hygiene supplies for staff, participants, and customers/spectators?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	8. Does the plan state how social distancing is going to be maintained?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	9. Does the plan state that staff will be trained on social distancing, sanitation, and cleaning hands often?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	10. Does the plan discuss what the touchpoint surfaces are for frequent cleaning and disinfection?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	11. Does the plan discuss how often touchpoint surfaces will be disinfected?

<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>12. Does the plan require sign-in sheets and gather contact information for participants if a positive case of COVID-19 is reported? (This aids in contact tracing in the event of a positive case.)</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>13. Does the plan state signs that encourage social distancing and frequent handwashing will be posted at the entrances and around the venue/building or sports field/court/arena?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>14. Does the plan stagger start times to events to limit gatherings and the number of individuals present at the same time?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>15. Does the plan state that the social gathering requirements will be followed?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>16. Does the plan state there will be an employee counting the number of attendees at the event?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>17. Does the plan allow a single-family unit to sit together, but shows at least 6 foot spacing between multiple family units?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>18. Does the plan show separate entrances and exits for staff, participants, and spectators?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>19. Does the plan state how often restrooms will be disinfected?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>20. Does the plan state prevention signage (cover cough or sneeze, wash hands and avoid touching mouth, nose or eyes with unwashed hands) will be placed in the restrooms?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>21. Does the plan state that gatherings after the event will be discouraged?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>22. Does the plan include a diagram or site map?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	
<b>Recommendation:</b>			

## Section 2 - Adult/Youth Recreational/School Sports:

Yes No N/A Question:

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	1. Does the plan state that rosters of teams with participants' contact information will be available to support local public health contact tracing efforts if exposures occur?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	2. Does the plan limit the use of indoor spaces and keep locker room and shower areas closed?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	3. Does the plan state how concession stands will be safely operated?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	4. Does the plan encourage participants to bring their own necessary gear and equipment?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	5. Does the plan stated shared gear will be disinfected between users with an EPA-approved disinfectant?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	6. Does the plan state that handshakes, team huddles, and sharing of drinks, seeds, gum, etc. are not permitted?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	7. Does the plan recommend sign-ups and in-person communication occur online when possible?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	8. Does the plan state that bleacher seating has been removed or roped off?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	9. Does the plan show how participants will be spaced out 6 feet from each other during activities and throughout event to the extent possible?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	10. Does the plan allow for handwashing and/or sanitizer stations for umpires and officials?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	11. Does the plan discuss how the game ball (sports that use balls) is to be disinfected?
Recommendation:			

### Section 3 – Venues/Festivals/Events:

Yes No N/A Question:

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	1. Does your plan recommend or require staff, participants, and/or customers/spectators to wear face coverings?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	2. Does your plan recommend that staff, participants, and/or customers/spectators stay home if ill or experiencing symptoms of COVID-19?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	3. Does your plan state that the organization provide tools for staff, participants, and/or customers/spectators to self-screen before arriving at the event (such as a self-symptom survey)? (NOTE REGARDING ON-SITE TEMPERATURE SCREENING: While taking temperatures of participants/attendees is sometimes stated as a recommendation in certain guidance, we want to caution you that although we don't discourage taking temperatures as a screening tool, please be aware that with the ability to spread the disease prior to showing symptoms or the possibility that some people never display symptoms at all but are still infectious, taking temperatures is only a partially effective tool. While it helps to screen people out, it's not an absolute assurance that someone is not ill and infectious, and it's important to understand this so there is no false sense of security created when utilizing this practice.)
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	4. Does your plan explain that if staff, participants, and/or customers/spectators arrive ill or displaying symptoms of COVID-19, they will be sent home?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	5. Does your plan encourage individuals 65 yrs of age and older or those in high-risk categories to not attend the event?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	6. Does your plan state how food service will safely operate during an event?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	7. Does your plan state the social distancing measures to be taken by the venue?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	8. Does your plan state how the venue/site is going to enforce social distancing during intermission of an event, food-service areas, or while awaiting seating or entry?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	9. Will ropes and stanchions, as well as markings on the ground to keep people 6 feet from each other be used?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	10. Does your plan state that gatherings before and after the event will be discouraged (such as picture-taking, hospitality gatherings in a small room or congregate setting, etc.)?
Notes:			

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>11. Does your plan state that staff/volunteers will be trained on social distancing, sanitation, and cleaning hands often and ensure compliance with the plan?</b>
<b>Notes:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>12. Does your plan state how the venue is going to space out seating OR standing (in line, for example) for attendees to achieve appropriate social distancing at all times?</b>
<b>Notes:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>13. Does your plan limit spectators at the event to enable appropriate social distancing?</b>
<b>Notes:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>14. Does your plan state how social distancing is going to be maintained during the event at all areas of concern?</b>
<b>Notes:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>15. Does your plan state how merchandise sales will occur – reducing the touching of items and again, socially distancing people while waiting in line or shopping?</b>
<b>Notes:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>16. Does your plan state how the space between musicians at concerts will be expanded to prevent the transmission of aerosols?</b>
<b>Notes:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>17. Will your organization provide hand sanitizer and similar hygiene supplies for staff, participants, and customers/spectators? (Not required, only suggested when feasible.)</b>
<b>Notes:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>18. Does your plan state signs that encourage social distancing and frequent handwashing will be posted at the entrances and around the event, fair or festival?</b>
<b>Notes:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>19. Does your plan discuss the use of handwashing and hand sanitizer stations by the Porta-Jons or event restroom areas if not an actual fixed facility in a building?</b>
<b>Notes:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>20. Does your plan state prevention signage (cover cough or sneeze, wash hands and avoid touching mouth, nose or eyes with unwashed hands) will be placed in the restrooms or by the Porta-Jons?</b>
<b>Notes:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>21. Does your plan state employees will wear gloves when handling food, tickets or any items on which the virus can be transmitted and be trained on how to safely remove them?</b>
<b>Notes:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>22. Does your plan require sign-in sheets and gather contact information for participants if a positive case of COVID-19 is reported? (This aids in contact tracing in the event of a positive case and is more applicable at actual events)</b>

			where people attend, stay, view, participate, etc., vs. short gatherings where they pick something up and leave.)
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	23. Does your plan state “virtual” queuing for ingress is being used for arrival and seating for large events? [Event organizers can schedule staggered ingress in order to minimize the number of people waiting in line.]
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	24. Does your plan stagger start times to events to limit gatherings and the number of individuals present at the same time?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	25. Does your plan state that the social gathering requirements will be followed (if there are attendee caps in place at the time of your event)?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	26. Does your plan state there will be an employee counting the number of attendees at the event (if there is a capacity cap in place at the time of your event)?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	27. Does your plan show separate entrances and exits for staff, participants, and spectators?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	28. Does your plan ensure protective shielding for ticket windows, food purchase windows or merchandise areas?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	29. Does your plan state security personnel will be wearing N95 respirators and gloves to do pat-downs and bag checks, since they will be within 6 feet of the attendees?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	30. Does your plan discuss what the high touchpoint surfaces are for frequent cleaning and disinfection?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	31. Does your plan discuss how often high touchpoint surfaces will be disinfected in the site/facility/venue?
Notes:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	32. Does your plan state how often restrooms or Porta-Jons will be disinfected?
Notes:			

## Section 4 – Schools

Yes No N/A Question:

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	1. Does the plan provide an alternative command structure if administrative and/or key employees are unable to work?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	2. Does the plan provide more flexibility and remove punitive measures for absences when there is a determined illness, a localized outbreak or exposure of a contagious disease?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	3. Does the plan state predetermined thresholds for mitigation strategies?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	4. Does the plan state how cleaning/disinfecting supplies will be inventoried and provided to the schools for thoroughly cleaning and disinfecting all buildings, desks, buses, equipment, and other surfaces prior to students and/or staff returning and after they return?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	5. Does the plan discuss how safety drills will be run during the virus time frame?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	6. Does the plan discuss how all staff, including teachers, assistants, administration, custodial staff, and students will practice social distancing?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	7. Does the plan discuss how the school system's superintendent/director will be notified about employee and student illnesses/absences?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	8. Does the plan discuss how staff and students will be screened prior to entering the school building?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	9. Does the plan discuss how staff and students will be granted adequate time for handwashing, sanitizing desks, and other hygiene practices?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	10. Does the plan discuss how the school building's clinic/nursing area will be modified to handle a larger number of possibly ill students and/or staff?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	11. Does the plan discuss that a separate room is made available for symptomatic students waiting to be picked up from the school?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	12. Does the plan discuss providing schools with touch-free thermometers, cleaners, disinfectants, hand soap, tissues, touch-free trash cans, and other relevant supplies?
Recommendation:			



<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>13. Does the plan provide guidance related to serving students with special needs?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>14. Does the plan discuss student (including mental health) and employee health plans being revised?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>15. Does the plan address prevention measures for visitors to the school buildings, including volunteers, visitors, collegiate interns, and deliveries?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>16. Does the plan address the usage of school facilities after-hours and on weekends, including sports leagues, vendor events, etc.?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>17. Does the plan state how substitute teachers will be trained on the school's prevention measures?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>18. Does the plan discuss how ill students and employees will be able to return after exclusion?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>19. Does the plan require or recommend that students and/or employees wear face coverings?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>20. Does the plan state that drinking fountains will not be available to students and staff?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>21. Does the plan state how shared resources are going to be discouraged or at least how the resources will be disinfected between use?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>22. Does the plan discuss how meal services will be handled?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>23. Does the plan discuss prevention measures for physical education classes?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>24. Does the plan discuss extra-curricular and co-curricular activities and prevention measures?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>25. Does the plan discuss the prevention measures for homebound teachers meeting their students at non-school locations, including the students' homes?</b>
<b>Recommendation:</b>			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	<b>26. Does the plan discuss the prevention measures for school bus transportation for students to and from school, as well as for use by off-site school trips and athletes?</b>
<b>Recommendation:</b>			

## Section 5 – Non-Sport School Activities:

Yes No N/A Question:

<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	1. Does the plan limit the number of students in storage and changing rooms?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	2. Does the plan state how social distancing will be maintained between musicians/participants?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	3. Does the plan state directors/teachers/assistants are recommended/required to wear face coverings if have to work closely with a student?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	4. Does the plan have students playing the same instruments in “pods” of 5 – 10 students so if someone develops an infection there is limited exposure and the known students in the “pod” can be identified to the local health department?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	5. Does the plan state rehearsals may take place outdoors and if the weather is not cooperative, rehearsals may be canceled?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	6. Does the plan stated shared instruments, equipment, and sheet music will be disinfected between users with an EPA-approved disinfectant?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	7. Does the plan state that students are to be encouraged to shower and wash their rehearsal clothing immediately upon returning to home?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	8. Does the plan state that rosters with participants’ contact information will be available to support local public health contact tracing efforts if exposures occur?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	9. Does the plan state students should bring their own water bottle and told not to share water bottles?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	10. Does the plan state how social distancing is to occur on transportation to events?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	11. Does the plan state that larger rooms/locations should be used for indoor rehearsal space?
Recommendation:			
<input type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	12. Does the plan state how students are to enter/exit rehearsal spaces to prevent large gatherings at the doors?
Recommendation:			

-----**Department of Health Use Below**-----

- Event plan seems to comply with requirements and most items are denoted appropriately for safety.
- Event needs to include the denoted missing requirements for safety before proceeding with event.
- Event does not meet requirements and must resubmit a more comprehensive plan.
- It is recommended that this event does not occur as it is considered a very high-risk type of event by nature of its type, number of attendees, location, inability to enact the safety recommendations, or the like.

**Notes:**

*Resubmission or questions can be sent via email to [healtheventplans@hamiltoncounty.in.gov](mailto:healtheventplans@hamiltoncounty.in.gov)*