



GATHERING AND EVENTS PLAN REVIEW SUBMISSION

ANSWER THE QUESTIONS BELOW AND SUBMIT THIS FORM TO THE ALLEN COUNTY DEPARTMENT OF HEALTH AT DAVE.FIESS@ALLENCOUNTY.US PLANS MUST BE SUBMITTED 7 DAYS PRIOR TO THE EVENT, BUT WE WILL NOT REVIEW PLANS FOR EVENTS MORE THAN 30 DAYS AWAY. Thank you!

Governor Holcomb’s Executive Order (20-48) requires plan approval from the local health department for any event or gathering with attendee amounts which exceed the limit automatically allowed in each respective county color-coded metric provided by the Indiana Department of Health as follows:

- Counties designated as BLUE, must submit plans for approval for more than 250 attendees
- Counties designated as YELLOW, must submit plans for approval for more than 100 attendees
- Counties designated as ORANGE, must submit plans for approval for more than 50 attendees
- Counties designated as RED, must submit plans for approval for more than 25 attendees

IN ADDITION, ALLEN COUNTY IMPLEMENTED FURTHER RESTRICTIONS ON EVENT & GATHERING SIZES AS FOLLOWS PER COUNTY COLOR-CODED METRIC:

- When Allen County is designated as ORANGE, plans must be submitted for events and gatherings over 50 attendees, but will not be approved for more than 250 attendees (that is the cap).
- When Allen County is designated as RED, plans must be submitted for events and gatherings over 25 attendees, but will not be approved for more than 100 attendees (that is the cap).

By submitting for this plan review, I hereby agree to the following (check the boxes):

- I have read and understand the statements above, am stating I am the person-in-charge of decision-making for the event for which plans are being submitted, and agree not to proceed with an event over the representative attendee cap set above.
- I submit that all information on this plan review document and any corresponding event documents is accurate, honestly presented, and I will ensure any required steps that are noted below WILL be completed, complied with, or upheld.
- I understand that I am submitting this plan review request on the date denoted below and understand it will be reviewed under the county color code at the time of submittal. If this changes before the event occurs, I am responsible for resubmitting the plan if it will change anything for our event. I cannot assume that a higher number of attendees are automatically allowed and know I must receive approval to deviate from what I’m submitting here.

Organization, Gathering or Event Name:	Hurricane Soccer Inc, Hurricane Futsal		
Contact Name:	John (Jack) Ryan	Contact Phone:	(260) 750-6612
Contact Email:	Jack.Ryan@HurricaneSoccer.org		
Date Questionnaire Submitted to DOH:	18Nov2020		
Date(s) of Event, Gathering or Festival:	Nov 14, 21, Dec 05, 19, Jan 02, 09, 23 30, Feb 06, 20, 27, Mar 06		
Location of Event, Gathering or Festival:	6600 N. Clinton St. Concordia Theological Seminary		
Projected Attendance Number:	175 in Orange or Lower Color Coding and/or only 80 in Red		
Department of Health Reviewer Name:	David Fiess	Date Plan Reviewed:	11/18/2020
Color-Coded Level at Time of Review:	Red		

YOU WILL CHECK THE APPROPRIATE ANSWER FOR EACH CATEGORY ON THE NEXT PAGE, AND THEN YOU **MUST** EXPLAIN YOUR PLAN/STEPS IN THE NOTES SECTION BELOW THE CHECKBOXES. YOU ARE WELCOME TO SUBMIT A FULL PLAN WITH THIS DOCUMENT, BUT EITHER WAY, **YOU MUST** COMPLETE THIS DOCUMENT AS WELL.

Question/Issue: (and then describe your plan/steps in the notes section for each)

	HOW WILL THE WEARING OF FACE MASKS/COVERINGS BE ENFORCED AT YOUR EVENT?		
Notes:	Face Mask/Covering are mandated to be allowed entry into facility		
	What method will be used to recommend that staff, participants, and/or customers/spectators stay home if ill or experiencing symptoms of COVID-19; provide tools for staff, participants, and/or customers/spectators to self-screen before arriving at the event; and, explain that if staff, participants, and/or customers/spectators arrive ill or displaying symptoms of COVID-19, they will be sent home? SPECIFY BELOW HOW THIS WILL OCCUR!		
Notes:	Self-Screening and Respectful Reporting reminders sent weekly, by staff, and Coaches		
<input checked="" type="checkbox"/> N/A	How will food service operations safely operate during the event?		
Notes:			
	How will social distancing measures be put into place AND ENFORCED by the event venue, staff, or others to ensure all requirements are met for overall safety (including announcements, enforcement steps when non-compliance is observed, posting of signs that encourage social distancing and frequent handwashing, etc.)? SPECIFY BELOW HOW THIS WILL OCCUR!		
Notes:	Bleachers are marked off, signage used to mark “No Seating” and Social Distance signage posted throughout		
<input type="checkbox"/> N/A	Specify below how gatherings before and after the event will be discouraged (such as picture-taking, hospitality gatherings in a small room or congregate setting, etc.)?		
Notes:	30min between games, so spectators and their athletes have 10mins after games to leave, so facility can be thoroughly sanitized before next group arrives no earlier than 15mins before game time		
	How will you ensure the attendee limit is not exceeded? PLEASE SPECIFY YOUR PLAN FOR COUNTING AND REGULATING ALL ATTENDEES!		
Notes:	Coaches take and communicate a Headcount of participants each week and each team is limited by rosters of no more than 8/team, 4 teams/hr, 1 Spectator/athlete during Red, with staff no more than 80 people/hr. During orange family of 5, with staff no more than 175 people/hr.		
<input checked="" type="checkbox"/> Y	<input type="checkbox"/> N	<input type="checkbox"/> N/A	Will your organization/event provide hand sanitizer and similar hygiene supplies for staff, participants, and customers/spectators? (Not required, only suggested when feasible.)
Notes:	Hand sanitizer stations upon entry doors and before exits doors, at top and bottom of stairwells		
<input type="checkbox"/> N/A	Specify your exact plan below for ensuring appropriate provision of facilities for handwashing and your plan for frequency and method of cleaning (commonly touched surfaces, restrooms, etc.)		
Notes:	Bathrooms used for handwashing after games, after staff sanitizes all touch points with 70% Isopropyl Alcohol spray and wipes. Balls sprayed with 10% bleach solution after games and swapped out at half time		
<input type="checkbox"/> N/A	Specify your plan for gathering the appropriate information on all employees, attendees, spectators or participants (such as sign-in sheets which gathers all contact information for participants) in the event that a positive case of COVID-19 is reported and contact tracing of your event/gathering is required.		
Notes:	GroupMe texting to all Coaches for Headcount of their teams, communicated weekly. Signup genius used for Staff working hours. Game Card Rosters used by Refs to Check-in athletes per game.		

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

- Event plan seems to comply with requirements and most items are denoted appropriately for safety. Event is approved to proceed with compliance with any noted items above.
- Event plan does not meet minimum requirements and must be updated as it is missing major elements or clarity to ensure each safety component will be appropriately completed. RESUBMISSION REQUIRED BEFORE EVENT MAY OCCUR.
- THIS EVENT IS NOT APPROVED and may not occur.

Explanation by Reviewer:

ADDITIONAL NOTES: