

**KISSEL ENTERTAINMENT, LLC.**

# **2020 PLAN OF ACTION FOR FAIRS**

**\*May be altered as CDC guidelines evolve and recommendations change\***

# MIDWAY ACTION PLAN

- Directional arrows on the ground to help the flow of traffic.
- Ample signage throughout to promote social distancing.
- No switch back queues.
- Markings on the ground 6' distancing for all queues (rides, ticket sales, food sales)



**“THE MOST WORTH-WHILE THING IS TO  
TRY TO PUT HAPPINESS INTO THE LIVES  
OF OTHERS.”**

**LORD ROBERT BADEN-POWELL; FOUNDER OF SCOUTING**

# MIDWAY ACTION PLAN

- Ample hand sanitizer stations throughout the midway.
- Rider capacity to be set on CDC and local government recommendations.
- All food cafe employees to wear face mask and gloves at all times.
- Promote credit card sales to limit contact with cash.
- Request all parents to buckle their children (with ride operator assist and checking)
- Team members to remind customers of social distancing practices.
- All major touch points to be cleaned prior to opening & consistently throughout operation.
- Promote advance sale tickets to reduce guest contact.
- All team members to have health check prior to beginning of shift. Including temperature checks daily.
- Guest will be seated with members of their party.

- **All team members will be trained on COVID-19 and how to interact with the public**
- **All team members will be required to wash their hands prior to their shift and regularly throughout their shift.**
- **Sanitation teams will regularly disinfect major touch areas for the safety of patrons and team members.**
- **All seating areas on the attractions will only allow parties from the same household or proper social distancing.**
- **There will be a marked entrance and exit for the midway.**
- **All riding game concessions will be thoroughly cleaned prior to patrons use and after patrons use.**

# Kissel Entertainment Daily Health Check



1. Has the team member washed their hands prior to the start of shift  
 Yes     No (Please ask them to do so)

2. Ask the team member if they have any of the following respiratory symptoms?

- |   |  |   |                                      |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Cough                |  | <u>Or at least TWO of these symptoms</u>            |                                      |
| <input type="checkbox"/> Shortness of breathe |  | <input type="checkbox"/> Fever                      | <input type="checkbox"/> Chills      |
|   |  | <input type="checkbox"/> Repeated shaking W/ chills | <input type="checkbox"/> Muscle pain |
|   |  | <input type="checkbox"/> Headache                   | <input type="checkbox"/> Sore throat |
|   |  | <input type="checkbox"/> New loss of taste or smell | <input type="checkbox"/> Vomiting    |
|   |  | <input type="checkbox"/> Diarrhea                   |                                      |

- If yes, restrict team member from beginning shift
- If no, proceed to question #3

3. Check team member temperature. Results: \_\_\_\_\_  Fever Present?

- If yes, restrict team member from beginning shift
- If no, proceed to question #4

4. Ask team member if they have been in contact with any known COVID-19 cases.

- Yes     No

- If yes, restrict team member from beginning shift

Team member can begin shift after passing all sections.

Team member full name: \_\_\_\_\_

Team member signature: \_\_\_\_\_

Date: \_\_\_\_\_

Facilitator full name: \_\_\_\_\_

Facilitator signature: \_\_\_\_\_



**#FAIRSTRONG**

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