

**Converse County
Request for Exception**

In accordance with the third continuation and modification of statewide Public Health Orders 1-3 issued by Governor Gordon on April 28, 2020, a Request for Exception is made for a variance to the Orders.

Facility Name:	Converse County School District #1/ Douglas Recreation Center – Nida Field	Telephone:	307-358-4231
Contact Person:	Monty Gilbreath	Telephone:	
		Email:	mgilbreath@ccsd1.org
Mailing Address:	Mailing: 615 Hamilton Street Physical Address: 1703 Hamilton Street	Fax Number:	307-358-4252
City:	Douglas	State/Zip:	Wyoming, 82633
Order # for which this exception is being requested: See Below			
Date on which this exception will begin: May 11, 2020			
Basis for Exception			
<p>The specific reason(s) for the request, including why compliance with the order cannot be accomplished or should be given special consideration:</p> <p>Wyoming American Legion Baseball On-Field Operations Plan for Practices has been submitted to begin practices based on the Governor's restrictions. We are asking for this exception. Our organization's plan has been submitted in detail in via other forms, please refer to those for specifics and further details.</p>			

Please explain in detail how the health and safety of the customers/ patrons/staff will be maintained if this exception is granted. Specifically: how you will keep customers/patrons six (6) feet apart, how you will ensure proper cleaning is maintained, how you will provide face masks for clients and/or staff, etc.

- No more than 9 people (including coaches and players) allowed on any 1 field at a time, with different entrances and different exits required for groups. NO INTERMINGLING!
- Batting will have separate entrances/exits are required. NO INTERMINGLING!
- Healthy participants only (coaches/players). No spectators/parents/media allowed in the facility.
- Player/coaches will have their temperatures recorded prior to every practice.
- Players will stay more than 6 feet apart from each other.
- No team water jugs; no sunflower seeds; bring your own drinks, use your own.
- Dugouts, locker rooms and indoor facilities are closed.
- No scrimmages/modified games allowed ^{during} this initial practice time.
- No intermingling (cross-pollination) of players allowed as one group leave field and another enters (15 minutes between practice times, to allow one group to leave and another to arrive).
- Required hand washing: Hand sanitizer will be available for players; team will provide hand sanitizer at the field.
- There will be NO restrooms available.
- Equipment storage area disinfected after each practice by coaches.
- Batting gloves are required; bats are disinfected after each practice.
- Each player will have their own batting helmet assigned to them. Helmet shall be disinfected after every practice by coach.
- Catchers gear will be assigned to each catcher. No swapping of gear. Catcher gear will be disinfected after every practice by coach.
- Practice balls will be disinfected after every practice by coaches.
- Coaches will clean all areas prior to and after each practice.

By signing below, I attest that all information provided in this document is correct and will be followed. I also acknowledge that, if granted a copy of the approval will be clearly posted on the entrance to the facility it pertains to.

I understand that this request will be returned to Converse County Public Health and they will forward it to the County Health Officer. It will then be forwarded to the State Health Officer for approval. The time line for state approval is unknown at this time.

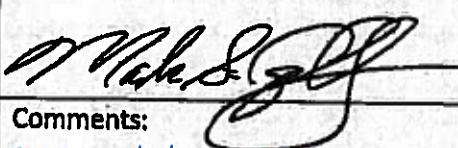

I understand I will not be able to operate under this plan until the request is approved.

I also understand approvals will be data-driven and based on state and county metrics.

By executing this request for exemption, the undersigned hereby acknowledges that they have reviewed the requirements of all statewide health orders, that the County Health Officer, the Incident Management Team and its members, as well as Converse County, Wyoming and its officials, have in no way represented whether or not this request will be successful and that the undersigned has completed this request without any promise or understanding from any of the above that this request will be approved. The approval authority lies first with the County Health Officer. If the Request satisfies the County Health Officer's review the Request will be forwarded to the State Health Officer for approval. Approvals are largely based upon the contents of the Request for Exemption.

PRINTED NAME Monty Gilbreath	SIGNATURE Monty Gilbreath	DATE SIGNED May 7, 2020
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Submit completed form to: johnna.shepherd1@wyo.gov

Office Use Only			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with revisions <input type="checkbox"/> Not Approved	Comments:		
Signature: Mark S. Campbell M.D., County Health Officer		Date Signed:	5/7/2020
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Approved with revisions <input type="checkbox"/> Not Approved	Comments: <i>In addition to screening for fever before practice, ask about other symptoms of COVID-19 as well (cough, shortness of breath, fevers/chills, muscle pain, sore throat, new loss of taste or smell)</i>		
Signature: Wyoming State Health Officer		Date Signed:	5/8/20

Customer/Patron Use Only

If you feel this facility is non-compliant with the posted Covid-19 operating plan, please call 358-2536 or email: johnna.shepherd1@wyo.gov