

# HAMILL LAW & CONSULTING

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July 20, 2022

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*Re: Item 2 of July 26 Board of Supervisors Meeting; Arbitrary and Capricious Public Health Measures*

To Whom It May Concern:

My office represents the Alliance of Los Angeles County Parents, a coalition of parents of children who attend childcare programs, K-12 schools, and/or play youth sports in the County of Los Angeles (“Alliance”).

As you know based on my previous letter dated February 6, 2022, Alliance is a community group organized for the purpose of representing the interests of Los Angeles County children subjected to harmful and restrictive COVID-19 mandates by local education agencies, the County of Los Angeles, and the State of California. The Alliance advocates for fair, humane, and equal treatment of all children within Los Angeles County, for removal of all unnecessary, harmful, and unjustified restrictions against children, and for providing children with a full return to normalcy.

On July 13, 2022, the Los Angeles County + USC Medical Center held its weekly internal town hall meeting. During this meeting, a recording of which is available at [https://www.youtube.com/watch?app=desktop&v=\\_fGuA-nU7EI&t=469s](https://www.youtube.com/watch?app=desktop&v=_fGuA-nU7EI&t=469s), Epidemiologist and Infectious Disease Division Service Chief Dr. Paul Holtom, Chief Medical Officer Dr. Brad Spellberg, and Chief Executive Officer Jorge Orozco spoke candidly about the current state of covid.

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The physicians expressed calm and reassuring observations of a decrease in severity of covid. Among the statements made by the physicians were the following:

- “[W]e’re just seeing nobody with severe COVID disease.” – Holtom.
- “[W]e have no one in the hospital who had pulmonary disease due to COVID. Nobody in the hospital.” – Holtom.
- “[C]ertainly there is no reason from a hospitalization due to COVID perspective, to be worried at this point.” – Holtom.
- “We’re seeing a lot of people with mild disease in urgent care or ED who go home and do not get admitted.” – Spellberg.
- “A lot of people have bad colds, is what we’re seeing.” – Spellberg.
- “It is just not the same pandemic as it was, despite all the media hype to the contrary.” – Spellberg.

The video was shared widely on social media. It came as a relief to thousands of people who have been living in constant fear for over two years.

On July 18, 2022, the Los Angeles County Department of Public Health media team released a statement on behalf of Los Angeles County’s LAC + USC Medical Center attempting to spin the statements made during the town hall video. The statement said, among other things, covid “remains a very serious public health threat that we must continue to fight with every tool available, including vaccines, masking, social distancing, and treatment.” The statement represented a complete reversal in tone from what Drs. Spellberg and Holtom said about covid.

Headlines like “California COVID hospitalizations have quadrupled” (available at: <https://www.sgvtribune.com/2022/07/19/california-covid-hospitalizations-have-quadrupled-who-is-getting-really-sick/>) in the media followed shortly thereafter.

An understanding of the truth regarding the lessening severity of covid and an accurate assessment of data is critical for the people of Los Angeles County, especially children. The ability of children to live normal, unrestricted lives depends on what the Board of Supervisors decides to do with the public health order on the agenda. Leaked documents show that the Department of Public Health has already arranged for employees to work overtime starting July 30 to enforce a new indoor mask mandate, despite providing no public analysis weighing the harms and benefits of such an order.

Many of the children our group represents are speech delayed. Some of these children spent lunch and recess alone when masks were mandated because their peers could not understand them. Their speech delays were caused by forced masking throughout their formative years, and worsened by their inability to receive adequate in-person speech therapy. The County of Los

Angeles' arbitrary and harmful public health policy is the direct and proximate cause of these harms.

All evidence, including admissions by the County's own physicians, shows that covid is extremely widespread, and is not causing severe disease. Hospitals are not overwhelmed. There is no evidence to support that covid should be treated any differently than the flu, or as Dr. Spellberg says, "a very bad cold" at this point.

By forcing children to mask, Supervisors Hahn, Mitchell, Kuehl, and Solis significantly harm their social and emotional development. Forcing speech delayed children to mask is like forcing those children into isolation. For a more comprehensive explanation of the harms to children caused by the County's health policy, please see [www.urgencyofnormal.com](http://www.urgencyofnormal.com).

Even when covid was far more severe, children were not at high risk. There has been no analysis by the Department of Public Health regarding the age stratification of risk, and no effort made to tailor mitigation efforts in a way that reflects that stratification and attempts to minimize harms to children. There has not even been an acknowledgement by this Board of Supervisors that their policies harm children.

Any implementation of a mask mandate at this point would be arbitrary and capricious based on admissions made by the County's own physicians. The County cannot now retract the statements made by medical doctors spontaneously, candidly, and honestly. The statement crafted by the Department of Public Health media team after the fact erodes any trust the people of Los Angeles may have once had in the County's Department of Public Health.

If the County proceeds with issuing a new health order that forces children to cover their faces, which will significantly harm children and provide no demonstrable public health benefit, we will have no choice but to file a petition for writ of mandate and complaint for violation of 42 U.S. Code section 1983, the Equal Protection Clause of the California Constitution, declaratory and injunctive relief. We would very much like to avoid incurring attorney's fees and wasting taxpayer resources to litigate this matter. We would strongly prefer that such resources be allocated to programs that help restore full normalcy to children.

Please contact me at your earliest convenience to discuss this matter.

Very Truly Yours,



Julie Hamill

Counsel for Alliance of Los Angeles County Parents

Enclosure: February 6, 2022 Letter and Draft Writ Petition

# HAMILL LAW & CONSULTING

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February 7, 2022

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*Re: Petition for Writ of Mandate and Complaint for Violation of Equal Protection Clause of the California Constitution, Declaratory and Injunctive Relief*

To Whom It May Concern:

My office represents the Alliance of Los Angeles County Parents, a coalition of parents of children who attend childcare programs, K-12 schools, and/or play youth sports in the County of Los Angeles ("Alliance").

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Alliance is a community group organized for the purpose of representing the interests of Los Angeles County children subjected to harmful and restrictive COVID-19 mandates by local education agencies, the County of Los Angeles, and the State of California. The Alliance advocates for fair, humane, and equal treatment of all children within Los Angeles County, for removal of all unnecessary, harmful, and unjustified restrictions against children, and for providing children with a full return to normalcy.

Parent members of the Alliance are struggling to explain to their children why Governor Gavin Newsom, Los Angeles Mayor Eric Garcetti, and tens of thousands of screaming fans can gather unmasked at SoFi Stadium, while children and toddlers remain masked in school, childcare, and youth sports.

Enclosed is a petition for writ of mandate and complaint for violation of the Equal Protection Clause of the California Constitution, declaratory and injunctive relief. We provide this copy to you in advance of filing in an attempt to resolve the Alliance's claims. We would very much like to avoid incurring additional attorney's fees and wasting taxpayer resources to litigate this matter. We would strongly prefer that such resources be allocated to programs that help restore full normalcy to children.

Please contact me at your earliest convenience to discuss this matter. If my office does not receive a response by February 10, 2022, we will proceed with legal action.

Very Truly Yours,



Julie Hamill

Counsel for Alliance of Los Angeles County Parents

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5 Attorney for Petitioner  
ALLIANCE OF LOS ANGELES COUNTY PARENTS

7 **SUPERIOR COURT OF THE STATE OF CALIFORNIA**  
8 **FOR THE COUNTY OF LOS ANGELES**

9 ALLIANCE OF LOS ANGELES COUNTY  
10 PARENTS, an unincorporated association

11 Petitioner and Plaintiff,

12 vs.

13 GAVIN NEWSOM, in his official capacity as  
14 Governor of the State of California;  
15 CALIFORNIA HEALTH AND HUMAN  
16 SERVICES AGENCY; MARK GHALY, in his  
17 official capacity as Secretary of the California  
18 Health and Human Services Agency;  
19 DEPARTMENT OF PUBLIC HEALTH OF THE  
20 STATE OF CALIFORNIA; TOMAS ARAGON,  
21 in his official capacity as Director of the  
22 California Department Of Public Health;  
23 COUNTY OF LOS ANGELES COUNTY  
24 DEPARTMENT OF PUBLIC HEALTH;  
25 MUNTU DAVIS, in his official capacity as  
26 Health Officer for the County of Los Angeles;  
27 BARBARA FERRER, in her official capacity as  
28 Director of the County of Los Angeles  
Department of Public Health; and DOES 1  
through 25, inclusive,

Respondents and Defendants.

Case No.:

**VERIFIED PETITION FOR WRIT OF  
MANDATE (CCP 1085); COMPLAINT  
FOR VIOLATION OF EQUAL  
PROTECTION CLAUSE, DECLARATORY  
AND INJUNCTIVE RELIEF**

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**INTRODUCTION**

1. If COVID-19 is so dangerous that toddlers must wear masks all day to prevent community spread, then it is far too dangerous to host 70,000 fans for the Super Bowl at SoFi Stadium. If it is safe enough to host the Super Bowl at SoFi Stadium, we must unmask the toddlers.

**PARTIES**

2. Petitioner and Plaintiff ALLIANCE OF LOS ANGELES COUNTY PARENTS (“Petitioner” or “Alliance”) is an unincorporated association composed of and supported by parents of children in Los Angeles County who attend childcare programs and K-12 schools, and/or play youth sports in the County. Petitioner Alliance is a community group that was organized for the purpose of representing the interests of Los Angeles County children subjected to harsh and restrictive mandates by local education agencies, the County of Los Angeles (“County”), and the State of California (“State”). One of its goals is to advocate for fair, humane, and equal treatment of all children within the County and to remove all unnecessary, harmful, and unjustified restrictions against children and provide children with a full return to normalcy. Members of Alliance reside within the County, own real property within the County, have children who attend childcare or K-12 schools in the County, and/or play youth sports in the County.

3. Since a matter of public right is at stake, Petitioner need not show any legal or special interest, as Petitioner is “interested as a citizen in having the laws executed and the duty in question enforced.” *Save the Plastic Bag Coalition v. City of Manhattan Beach* (2011) 52 Cal.4th 155, 166. This public right exception “promotes the policy of guaranteeing citizens the opportunity to ensure that no governmental body impairs or defeats the purpose of legislation establishing a public right.” *Green v. Obledo*, (1981) 29 Cal.3d 126, 145.

4. Defendant and Respondent Gavin Newsom is Governor of the State of California and is sued in his official capacity as such.

5. Defendant and Respondent California Department of Health and Human Services of the State of California (“HHS”) is an agency of the State of California.





1 **STATEMENT OF FACTS**

2 15. Despite being among the lowest-risk demographic for serious illness and death from  
3 COVID-19<sup>1</sup>, children in Los Angeles County have been subjected to some of the most restrictive  
4 mandates in the country.

5 16. In January 2022, CDPH and LADPH issued new COVID-19 mandates which are  
6 described in detail below.

7 **STATE OF CALIFORNIA PUBLIC HEALTH ORDER**

8 17. On January 5, 2022, CDPH issued Guidance for the Use of Face Masks (“State  
9 Order”), which is attached here as Exhibit A and incorporated by this reference. According to the  
10 State Order:

11 “Over the last two weeks, the statewide seven-day average case rate has increased by  
12 more than sixfold and hospitalizations have doubled... Given the current hospital  
13 census, which is over capacity, the surge in cases and hospitalizations has materially  
14 impacted California’s health care delivery system within many regions of the state.  
15 Staffing levels are also increasingly impacted by COVID-19 transmission in many  
16 critical sectors.”

17 18. The State Order provides in part: “[t]o ensure that we collectively protect the health  
18 and well-being of all Californians; keep schools open for in-person instruction; and allow  
19 California's economy to remain open and thrive, the California Department of Public Health  
20 (CDPH) is requiring masks to be worn in all indoor public settings, irrespective of vaccine status,  
21 until February 15, 2022.”

22 19. The State Order does not include any legal authority for the State Director of Public  
23 Health to mandate indoor masking statewide.

24 **LOS ANGELES COUNTY PUBLIC HEALTH ORDER**

25 20. On January 10, 2022, LADPH issued a public health order entitled “Responding  
26 Together at Work and in the Community; Beyond the Blueprint for a Safer Economy, High  
27 \_\_\_\_\_

28 <sup>1</sup> See, e.g., <https://www.wsj.com/articles/in-children-risk-of-covid-19-death-or-serious-illness-remain-extremely-low-new-studies-find-11625785260>

1 Transmission- Encouraging Covid-19 Vaccination and Booster Dose Coverage with Significant  
2 Risk Reduction Measures” (the “County Order”). A copy of the Order is attached hereto as Exhibit  
3 B and incorporated by this reference.

4 21. According to the County Order:

5 “Epidemiological evidence demonstrates that the rate of community transmission,  
6 hospitalizations, and testing positive rates have all significantly increased since  
7 November 26, 2021. Although nearly 16.5 million vaccine doses have been  
8 administered and nearly 7 million residents ages 5 and older and fully vaccinated  
9 against COVID-19 in Los Angeles County, COVID-19 infection remains a  
10 significant health hazard to all residents.” (Parag. 14).

11 22. The County Order’s “primary intent is to reduce the transmission risk of COVID-19  
12 in the County for all...”

13 23. The County Order includes the following appendices. Copies of Appendix S and T1  
14 are attached here as Exhibits C and D, respectively, and incorporated by reference:

- 15 • Appendix K: Reopening Protocol for Day Camps
- 16 • Appendix K-1: Reopening Protocol for Overnight Organized/Children’s Camps
- 17 • Appendix S: Protocol for Organized Youth Sports
- 18 • Appendix T1: Reopening Protocols for K-12 Schools
- 19 • Appendix T2: Protocol for Covid-19 Exposure Management Plan in K-12 Schools.

20 24. The County Order was issued under the authority of California Health and Safety  
21 Code sections 101040, 101085, and 120175.

22 25. The local health officer may take any preventive measure that may be necessary to  
23 protect and preserve the public health from any public health hazard during any “state of  
24 emergency.” Health & Safety Code section 101040.

25 26. Each health officer knowing or having reason to believe that any case of the diseases  
26 made reportable by regulation of the department, or any other contagious, infectious or  
27 communicable disease exists, or has recently existed, within the territory under his or her  
28

1 jurisdiction, **shall take measures** as may be necessary to **prevent the spread of the disease or**  
2 **occurrence of additional cases**. Health & Safety Code section 120175.

3 27. According to LADPH, the County Order is  
4 “based on the following determinations: continued evidence of sustained and High  
5 community transmission of COVID-19 within the County; documented  
6 asymptomatic transmission; scientific evidence and best practices regarding the most  
7 effective approaches to slow the transmission of communicable diseases generally  
8 and COVID-19 specifically; evidence that millions of people in the County  
9 population continue to be at risk for infection with serious health complications,  
10 including hospitalizations and death from COVID-19, due to age, pre-existing health  
11 conditions, being unvaccinated or not eligible for vaccination, and the increasing  
12 presence of more infectious variants of the virus the causes COVID-19 and which  
13 have been shown to cause more severe disease being present in the County;  
14 preliminary evidence that suggests that fully vaccinated people who do become  
15 infected can spread the virus to others; and further evidence that other County  
16 residents, including younger and otherwise healthy people, are also at risk for serious  
17 negative health outcomes and for transmitting the virus to others, and emergency of  
18 the new Omicron variant. The [County] Order’s intent is to continue to reduce the  
19 risk of COVID-19 infection for all, especially those who are not or cannot be fully  
20 vaccinated against COVID-19 in the County.” (Exh. B, parag. 12)

21 28. Further:  
22 “Existing community transmission of COVID-19 in Los Angeles County remains  
23 High and continues to present a high risk of infection and harm to the health of those  
24 who are not or cannot be vaccinated against COVID-19. COVID-19 vaccinations are  
25 widely available to those 5 years and older. New variants of the virus that may  
26 spread more easily or cause more severe illness are increasingly present in our  
27 county and remain a risk for both those who are fully vaccinated as well as those  
28 who are not vaccinated against COVID-19. As of January 9, 2022, there have been at

1 least 1,967,443 cases of COVID-19 and 27,785 deaths reported in Los Angeles  
2 County. Increased interactions during the Thanksgiving Holiday among members of  
3 the public have resulted in an increased number of daily new cases. As of January 3,  
4 2022, the 7-day average daily case rate is now at 262.5 cases per 100,000 people,  
5 indicating High community transmission, in the absence of capacity limits and  
6 physical distancing requirements across sectors in both indoor and outdoor setting.  
7 Making the risk of community transmission worse, some individuals who contract  
8 the COVID-19 virus have no symptoms or have only mild symptoms, and so are  
9 unaware that they carry the virus and are transmitting it to others. Because even  
10 people without symptoms can transmit the virus, and because new evidence shows  
11 the infection is now more easily spread, universal indoor masking is a risk reduction  
12 measures that is prove to reduce the risk of transmitting the virus.” (Exh. B, parag.  
13 13)

14 **CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ENFORCEMENT**

15 29. The California Department of Social Services (“CDSS”) FAQ for Child Care  
16 Facilities and Providers states the following:

- 17 • “Child care providers must ensure compliance with the current CDPH Guidance for  
18 the Use of Masks. As of June 15, 2021, the use of face coverings is required by the  
19 California Department of Public Health (CDPH) and the Division of Occupational  
20 Safety and Health (Cal/OSHA) in child care indoor settings regardless of vaccination  
21 status.
- 22 • Never place face coverings on babies or children under 2 years of age because it  
23 poses a danger and risk for suffocation.
- 24 • Children should not wear face coverings while sleeping.
- 25 • Child care providers and licensees must ensure the use of face coverings does not  
26 cause children to overheat in hot weather.”<sup>2</sup>

27 \_\_\_\_\_  
28 <sup>2</sup> <https://www.cdss.ca.gov/inforesources/cdss-programs/community-care-licensing/child-care-licensing/covid-19-child-care-resources/faqs-for-licensed-child-care-facilities-and-providers>

1 30. CDSS treats the State Order as law, and uses it to revoke childcare facility licenses.  
2 For example, CDSS' complaint against Foothills Christian Ministries, Inc. ("Foothills"), claims  
3 "staff and children are not wearing face coverings (required by DPH guidance) while indoors which  
4 is an immediate health, safety and personal rights risk to children in care." A copy of the CDSS  
5 complaint is attached hereto as Exhibit E and incorporated by this reference.

6 31. CDSS contends that failure to force staff and children to wear face coverings violates  
7 Title 2, California Code of Regulations, section 101223(a)(2), which requires licensees to ensure  
8 that each child is accorded "safe, healthful and comfortable accommodations, furnishings and  
9 equipment to meet his/her needs." (See Exh. E).

10 32. CDSS is in the process of revoking Foothills' license on the grounds that toddlers  
11 and staff were not masked pursuant to the State Order.

12 33. Every licensed childcare facility in the County must follow the State Order and  
13 County Order or face revocation and penalties. The requirements in these orders harm children,  
14 especially those with speech and developmental delays. Accordingly, many parents, including  
15 members of Petitioner, have had to remove their children from licensed childcare facilities in the  
16 County and as a result have been forced out of work.

17 **ENFORCEMENT FOR THEE, BUT NOT FOR ME**

18 34. CDSS aggressively enforces the State Order<sup>3</sup> against childcare facilities. In addition  
19 to revoking the license of a preschool for failing to mask toddlers, CDSS has banned the director  
20 from ever working in childcare again.<sup>4</sup>

21 35. In Los Angeles County, school districts threaten children with suspension if they  
22 remove their masks at any time, based on the County Order. (See, Exhs. B and C).

23  
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26 \_\_\_\_\_  
27 <sup>3</sup> Due to the ever-changing nature of public health guidelines, the State Order and County Order, as used in this petition,  
include predecessor orders and subsequent orders. The specific orders cited in this petition are current as of the date of  
28 this petition.

<sup>4</sup> <https://www.cbs8.com/article/news/local/ca-shuts-down-foothills-christian-preschool-violating-mask-mandate/509-8621f316-70c0-41d0-9325-ed7482203235>

1 36. John Burroughs High School in Burbank, California, suspended their entire baseball  
2 team for two weeks after its members briefly removed their masks for a photo outdoors.<sup>5</sup>

3 37. The Superintendent of the Palos Verdes Peninsula Unified School District has  
4 threatened parents that their children will be sent home if they fail to wear a mask at school.

5 38. LADPH Guidance for Early Childhood Education Providers requires licensed  
6 childcare facilities to mask toddlers in diapers at all times, except during naps, at which point they  
7 unmask to avoid potential suffocation. A copy of the Guidance is attached here as Exhibit F.  
8 Because toddlers breathe while sleeping and COVID-19 is airborne, the nap period completely  
9 negates any purported benefit of masking toddlers all day.

10 39. The County provides an online form and hotline to report COVID-19 mandate  
11 violations,<sup>6</sup> and routinely uses social media to encourage Angelenos to report health order  
12 violations. On information and belief, the hotline is utilized to report small businesses, schools and  
13 childcare facilities, but not Mega Event spaces like SoFi Stadium.

14 **DESPITE HOSPITAL CAPACITY CONCERNS AND HIGH COMMUNITY**  
15 **TRANSMISSION, LOS ANGELES COUNTY WILL HOST THE**  
16 **SUPER BOWL ON FEBRUARY 13, 2022**

17 40. Despite the ongoing COVID-19 state of emergency and recent increase in  
18 restrictions on children, the Super Bowl is scheduled to take place at SoFi Stadium in Los Angeles  
19 County on February 13, 2022. The Super Bowl is classic American entertainment in the form of a  
20 professional football game that, along with its attendant events, attracts hundreds of thousands of  
21 fans from across the globe. SoFi Stadium has capacity to hold 70,240 people.

22 41. Any event with more than 5,000 attendees is considered a “Mega Event” under State  
23 and Local health orders.

24 42. The County Order requires that all attendees at Mega Events wear face masks at all  
25 times, except when actively eating or drinking. (Exh. B, parag. 11(c)(ii)).<sup>7</sup>

26 \_\_\_\_\_  
27 <sup>5</sup> <https://www.nbclosangeles.com/news/coronavirus/southern-california-coronavirus/burroughs-high-varsity-baseball-team-suspended-coronavirus-masks-health-order-violation-burbank/2540482/?amp>

28 <sup>6</sup> <https://ehservices.publichealth.lacounty.gov/servlet/guest?service=0&formId=4&saveAction=5>

<sup>7</sup> There is debate over whether SoFi is an indoor or outdoor venue, but both indoor and outdoor Mega Event rules require masking at all times unless actively eating or drinking.

1 43. The State Order requires masks “for all individuals in all indoor public settings,  
2 regardless of vaccination status from December 15, 2021 through February 15, 2022 [surgical  
3 masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are recommended].”

4 44. SoFi Stadium posts signs at the venue advising guests to wear masks at all times  
5 when not actively eating or drinking.

6 45. On Sunday, January 30, 2022, SoFi Stadium hosted the NFC Championship game  
7 between the San Francisco 49ers and the Los Angeles Rams.

8 46. Many celebrities and politicians attended the NFC Championship Game, including  
9 California Governor Gavin Newsom, Los Angeles Mayor Eric Garcetti, and San Francisco Mayor  
10 London Breed (the “Public Officials”).

11 47. Live video coverage of the NFC Championship Game and photos posted by Earvin  
12 Magic Johnson on Instagram depict the Public Officials and tens of thousands of other fans inside  
13 SoFi Stadium without masks.

14 48. In Mr. Johnson’s photograph with Governor Gavin Newsom, taken from inside a  
15 luxury box, neither Mr. Johnson nor Mr. Newsom is wearing a mask. Mr. Newsom is not eating or  
16 drinking, nor does Mr. Newsom have a mask in his hand or around his neck. A copy of the  
17 photograph is attached here as Exhibit G.

18 49. In Mr. Johnson’s photograph of Los Angeles Mayor Eric Garcetti, San Francisco  
19 Mayor London Breed, and Mr. Johnson, no one is wearing a mask. A copy of the photograph is  
20 attached as Exhibit H.

21 50. Despite an uproar from Los Angeles County parents over the hypocrisy of the Public  
22 Officials violating the State Order and County Order, on information and belief, neither the State of  
23 California nor the County of Los Angeles has taken any enforcement action against SoFi Stadium<sup>8</sup>  
24 or its attendees.

25 51. Publicly available photos and videos depict similar scenes at Mega Event spaces like  
26 Dodger Stadium, the Crypto.com Arena, the Shrine Auditorium, among others. To illustrate,

27 \_\_\_\_\_

28 <sup>8</sup> While SoFi Stadium is the example used for this writ due to the timing of the Super Bowl, there are countless other  
Mega Event venues in Los Angeles County where thousands of unmasked people routinely gather.

1 attached as Exhibit I is a photo depicting a February 6, 2022 concert at the Shrine Auditorium.  
2 Alliance member parents struggle to explain to their children why massive crowds of adults can  
3 stand shoulder to shoulder without masks, but children and toddlers cannot remove their masks in  
4 the classroom.

5 **THE SUPER BOWL WILL INCREASE COVID-19 CASES AND HOSPITALIZATIONS**

6 52. If COVID-19 is so dangerous that diapered toddlers must be masked all day,  
7 elementary school children are benched for a mask slip, and high school children are suspended for  
8 removing masks for a photo outdoors, then it is far too dangerous to allow a Mega Event like the  
9 Super Bowl take place in Los Angeles County.

10 53. If we are to believe the County Order and State Order, Los Angeles County hospitals  
11 are over capacity.

12 54. The NFC Championship on January 30, 2022 showed that mask-wearing is not  
13 enforced inside SoFi Stadium. Even State and County Public Officials removed their masks, and  
14 posed for photographs knowing the public would see them. Accordingly, any expectation that fans  
15 will be masked at the upcoming Super Bowl is unrealistic.

16 55. During a telephone call with LADPH on February 2, 2022, a member of Petitioner  
17 organization called LADPH and spoke to an employee named "Letitia."

18 56. Petitioner member asked Letitia when the indoor mask mandate would be rescinded.

19 57. Letitia responded by saying "I don't know," and told Petitioner member that the  
20 mask mandate is important because the Super Bowl will cause cases to rise.

21 58. Letitia stated "everybody takes their masks off [at football games]," and people are  
22 screaming and hugging.

23 59. Petitioner member asked, "[w]hy are we having the Super Bowl if we think it will  
24 cause an increase in cases and death?"

25 60. Letitia responded "we don't make the law," that it's "political" and the County could not  
26 have stopped the Super Bowl. Letitia told Petitioner member to call the Governor.

27 61. If it is safe enough for Los Angeles County to welcome more than 70,000 screaming  
28 fans from around the world to SoFi Stadium for an unmasked Mega Event, then it is safe enough to



1 unmask Los Angeles County children, who are at statistically much lower risk of negative COVID-  
2 19 outcomes than adults.

3 62. If it is not safe enough to unmask children at school, then the State and County  
4 Orders should be strictly enforced at the Super Bowl. If the State and County cannot strictly enforce  
5 their public health orders at SoFi Stadium, then the Super Bowl should be cancelled.

6 63. If there is truly a COVID-19 emergency, then by refusing to strictly enforce the State  
7 Order and County Order at SoFi Stadium, and by not postponing or canceling the Super Bowl  
8 during the ongoing state of emergency and COVID-19 surge, County and State respondents  
9 jeopardize the health and safety of Los Angeles County residents and have abused their discretion.

10 64. Further, by enacting and enforcing more restrictive mandates against children, who  
11 are at far lower risk of serious illness and death from COVID-19 than vaccinated adults, while  
12 refraining from enacting and enforcing such mandates against adults, respondents have acted in an  
13 arbitrary and capricious manner and accordingly abused their discretion.

14 **YOUTH SPORTS ARE HEAVILY RESTRICTED,**  
15 **WHILE ADULT SPORTS ARE UNRESTRICTED**

16 65. Football is considered a “high-risk” sport in the County Order applicable to youth  
17 sports.

18 66. The County Order, Protocol for Organized Youth Sports: Appendix S (“Appendix  
19 S”) requires, “[i]n outdoor settings, all coaches, staff, volunteers, referees, and officials when  
20 working with teams in settings where distancing is not feasible, and regardless of vaccination status,  
21 **must wear a mask at all times**. In all indoor settings, coaches, staff, volunteers, referees, officials,  
22 and spectators, regardless of vaccination status, **must wear a mask at all times**.” (Exhibit C).

23 67. With respect to participants, Appendix S requires “all participants, regardless of  
24 vaccination status, to **bring and wear masks**. Masks are required to be **always worn indoors** when  
25 participants are not actively practicing, conditioning, competing, or performing. Masks are also  
26 required while on the sidelines, in team meetings, and within locker rooms and weight rooms. When  
27 actively practicing, conditioning, or competing in indoor sports, **masks are required by**  
28 **participants** as practicable. When actively practicing, conditioning, or competing in outdoor

1 moderate- and high-risk sports where distancing is not possible, **masks are required by**  
2 **participants**, as practicable. Encourage participants to bring more than one mask to practice or  
3 games in case their mask gets wet or soiled during play. Any face mask that becomes saturated with  
4 sweat should be changed immediately.” (Exhibit C).

5 68. With respect to coaches, Appendix S provides, “[w]hen outdoors, require all  
6 coaches, regardless of vaccination status, working with moderate- and high-risk sports teams where  
7 distancing is not feasible, to **bring and wear masks. Coaches must wear masks**, even when  
8 engaged in intense physical activity.” (Exhibit C).

9 69. Neither the County Order nor the State Order restricts collegiate or professional  
10 sports. (See Exhibits A and B).

11 70. In other words, despite being at much higher risk of serious illness and death from  
12 COVID-19, adults may play the “high risk” sport of football without COVID-19 restrictions.  
13 Neither the County nor the State imposes any mask requirements, test requirements, or vaccine  
14 requirements for non-youth sports.

15 71. Accordingly, Alliance parents will have to explain to their children why coaches and  
16 players participating in the Super Bowl will not be wearing masks, while children and their coaches  
17 are not allowed to remove their masks at school or on the field.

18 **MASK MANDATES IN SCHOOLS HAVE NO STATISTICAL IMPACT**  
19 **ON COMMUNITY SPREAD**

20 72. Data from more than 1.5 million students and staff at K-12 schools – before adult  
21 vaccination – proves that mask mandates do not impact student or teacher infection rates when  
22 adjusted for spread within the community.<sup>9</sup>

23 73. Based on a CDC report of data from November and December 2020 – prior to  
24 vaccine availability and during higher case prevalence – “lower incidence in schools that required  
25  
26  
27

28 <sup>9</sup> COVID-19 Mitigation Practices and COVID-19 Rates in Schools: Report on Data from Florida, New York and  
Massachusetts, Emily Oster, Rebecca Jack, Clare Halloran, John Schoof, Diana McLeod, medRxiv  
2021.05.19.21257467; doi: <https://doi.org/10.1101/2021.05.19.21257467>

1 mask use among students was not statistically significant compared with schools where mask use  
2 was optional.”<sup>10</sup>

3 74. Considering current vaccination, disease prevalence, hospitalization and death rates,  
4 there is insufficient evidence that continued mask mandates for California’s schoolchildren would  
5 provide a benefit that outweighs the potential harm.<sup>11</sup>

6 75. Additionally, a report in the New England Journal of Medicine summarizing data  
7 from Sweden in Spring of 2020 – when schools for children ages 16 and under remained open  
8 without requiring masks and vaccinations were not yet available – only saw 15 children hospitalized  
9 in the ICU out of 1,951,905 children (0.77 per 100,000) with zero deaths, and only 30 teachers were  
10 hospitalized in the ICU (19 per 100,000) – a rate similar to other occupations.<sup>12</sup>

11 76. In Florida during the fall of 2020, 45% of the state’s 2.8 million students received in-  
12 person instruction. Only 2% fell ill with COVID-19. Of those, only 0.5% required hospitalization.  
13 None died.

14 **CHILDREN HAVE ALWAYS BEEN AND REMAIN AT SIGNFICANTLY LOWER RISK**  
15 **OF SERIOUS ILLNESS AND DEATH FROM COVID-19 THAN ADULTS**

16 77. COVID-19’s effects exhibit a significant age gradient, falling much more harshly on  
17 the elderly and having little impact, statistically speaking, on children.

18 78. An unvaccinated child is at less risk of serious Covid illness than a vaccinated  
19 adult.<sup>13</sup>

20 79. The risk associated with COVID-19 increases exponentially with age.<sup>14</sup>

21 80. CDC data show that annual pediatric mortality from COVID is similar to that of the  
22 flu in unvaccinated children.<sup>15</sup>

23  
24  
25 <sup>10</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e1.htm>

26 <sup>11</sup> [https://ackerman-jill99 medium.com/save-our-schools-a-health-initiative-830dcd02863](https://ackerman-jill99.medium.com/save-our-schools-a-health-initiative-830dcd02863), citing

27 <https://www.cdc.gov/mmwr/volumes/70/wr/mm7021e1.htm>

28 <sup>12</sup> <sup>23</sup> <https://www.nejm.org/doi/full/10.1056/NEJMc2026670?query=TOC&fbclid=IwAR3fY8mbKoRontMlt-PNhZ7QK1h0SXxJ6Hoq7AOe4wn2TTIK6OPHApy7ISA>

<sup>13</sup> See, <https://www.nytimes.com/2021/10/12/briefing/covid-age-risk-infection-vaccine.html>

<sup>14</sup> Peter Bauer, Jonas Brugger, Franz König & Martin Posch, “An international comparison of age and sex dependency of COVID-19 deaths in 2020: a descriptive analysis;” 2021, Nature, Scientific Reports.

<sup>15</sup> [https://www.cdc.gov/nchs/nvss/vsrr/covid\\_weekly/index.htm](https://www.cdc.gov/nchs/nvss/vsrr/covid_weekly/index.htm); <https://www.cdc.gov/flu/about/burden/>

1 81. Long COVID is not a major risk to children. Studies consistently find that post-  
2 infection symptoms are similar in children who had COVID and children who had other, non-  
3 COVID infections.<sup>16</sup>

4 **MASKING HARMS CHILDREN AND HAS VERY LITTLE BENEFIT**

5 82. Over 150 studies show that masking toddlers and children during carries negative  
6 social, emotional, and psychological impacts.<sup>17</sup>

7 83. Reports on mask removal have noted social and emotional benefits for students.<sup>18</sup>

8 84. Recently, numerous California state<sup>19</sup> and local<sup>20</sup> public health officials have  
9 acknowledged growing calls from scientific experts that cloth masks are ineffective<sup>21</sup> in preventing  
10 the spread of COVID-19.

11 85. This shift is based on the recent unprecedented surge in cases throughout California  
12 despite a statewide mask mandate having been in place since December 15, 2021.

13 86. Aerosol scientists,<sup>22</sup> industrial hygienists and other experts have long maintained that  
14 cloth and surgical masks are ineffective at stopping COVID-19, with studies showing that cloth and  
15 surgical masks are only 10%-12% effective against airborne pathogens.<sup>23</sup>

16 87. As risk of infection from a pathogen is based on time and exposure, previous  
17 estimates that masks could provide anywhere from 5-45 minutes of protection<sup>24</sup> have now been  
18 reduced to seconds or minutes<sup>25</sup> as a result of the highly contagious Omicron variant.

19 88. However, instead of simply discontinuing the use of these ineffective masks and  
20 concluding that low case rates in schools<sup>26</sup> are the result of other more effective interventions, many

21 \_\_\_\_\_  
22 <sup>16</sup> [https://www.journalofinfection.com/article/S0163-4453\(21\)00555-7/fulltext](https://www.journalofinfection.com/article/S0163-4453(21)00555-7/fulltext);  
23 <https://link.springer.com/article/10.1007%2Fs00431-021-04345-z>

24 <sup>17</sup> <https://brownstone.org/articles/more-than-150-comparative-studies-and-articles-on-mask-ineffectiveness-and-harms/>

25 <sup>18</sup> <https://www.wbur.org/news/2021/11/12/hopkinton-high-school-mask-free-trial-policy>

26 <sup>19</sup> <https://twitter.com/SovernNation/status/1478850855449206784?s=20>

27 <sup>20</sup> [http://publichealth.lacounty.gov/media/Coronavirus/docs/protocols/Reopening\\_K12Schools.pdf?fbclid=IwAR2g-i4ADExXgH8pOnELwIQVM8pdvVPIKopnBS1bhcEeByB0xuqWqDUWM8](http://publichealth.lacounty.gov/media/Coronavirus/docs/protocols/Reopening_K12Schools.pdf?fbclid=IwAR2g-i4ADExXgH8pOnELwIQVM8pdvVPIKopnBS1bhcEeByB0xuqWqDUWM8)

28 <sup>21</sup> <https://www.wsj.com/articles/cloth-face-mask-omicron-11640984082>

<sup>22</sup> <https://twitter.com/kprather88/status/1432052441344712704?s=20>

<sup>23</sup> <https://aip.scitation.org/doi/10.1063/5.0057100>

<sup>24</sup> [https://11nfej4c7wie44voctzq1r57-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/Fact\\_Sheet\\_Face-Mask.pdf](https://11nfej4c7wie44voctzq1r57-wpengine.netdna-ssl.com/wp-content/uploads/2021/05/Fact_Sheet_Face-Mask.pdf)

<sup>25</sup> <https://twitter.com/akm5376/status/1425014228159717390?s=20>

<sup>26</sup> [https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission\\_k\\_12\\_schools.html?CDC\\_AA\\_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fscience-and-research%2Ftransmission\\_k\\_12\\_schools.html#schools-cov2-transmission](https://www.cdc.gov/coronavirus/2019-ncov/science/science-briefs/transmission_k_12_schools.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fmore%2Fscience-and-research%2Ftransmission_k_12_schools.html#schools-cov2-transmission)

1 public health officials and local education agencies are instead deciding that children should wear  
2 “better masks” – in the form of surgical masks or respirators such as N95s, KN95s and the like.

3 89. Surgical masks, however, are no more effective than cloth due to their poor fit  
4 (particularly on children), and respirators are highly-regulated medical devices which do not meet  
5 the requirements of the State of California’s K-12 mask requirement, and which State and federal  
6 government has explicitly *not* approved or recommended for children due to the serious safety risks  
7 of their prolonged use.

8 90. While the CDC claims “wearing a mask does not raise the carbon dioxide level in the  
9 air you breathe” because “cloth masks and surgical masks do not provide an airtight fit across the  
10 face,”<sup>27</sup> this statement clearly does not apply to respirators since they are specifically designed to  
11 create an airtight fit.

12 91. Decades of additional studies have documented the numerous side effects of wearing  
13 N95 respirators over several hours, including increased heart rates,<sup>28</sup> impedance of gaseous  
14 exchange and metabolic stress,<sup>29</sup> and increased nasal resistance (potentially due to the mask altering  
15 the actual physiology of the nose).<sup>30</sup>

16 92. Another review of the side effects of everyday use of masks and respirators from 65  
17 publications found the use of N95s caused a drop in oxygen levels, a rise in carbon dioxide levels,  
18 respiratory impairment and headaches.<sup>31</sup> One study specifically found that healthy students who  
19 wore KN95s experienced dizziness, listlessness, impaired thinking and concentration problems.<sup>32</sup>

20 93. Health care workers often report bruising, scarring, rashes and other physical  
21 complications from prolonged use of N95s.<sup>33</sup>

22  
23  
24  
25 <sup>27</sup> <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html>

26 <sup>28</sup> “Effects of wearing N95 and surgical facemasks on heart rate, thermal stress and subjective sensations”  
<https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC7087880/>

27 <sup>29</sup> “Respiratory consequences of N95-type Mask usage in pregnant healthcare workers—a controlled clinical study”  
<https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC4647822/>

28 <sup>30</sup> “Effects of long-duration wearing of N95 respirator and surgical facemask: a pilot study,”  
<http://medcraveonline.com/JLPRR/JLPRR-01-00021.pdf>

<sup>31</sup> <https://www.ncbi.nlm.nih.gov/labs/pmc/articles/PMC8072811/>

<sup>32</sup> <https://iopscience.iop.org/article/10.1088/1755-1315/531/1/012034>

<sup>33</sup> <https://www.refinery29.com/en-us/2020/04/9662080/nurse-n95-bruises-face-mask>

1 94. Additionally, people wearing N95s have been involved in serious accidents after  
2 passing out from oxygen deprivation.<sup>34</sup>

3 **WELL-CONTROLLED REAL-WORLD STUDIES HAVE NOT DEMONSTRATED**  
4 **ANY CLEAR BENEFIT OF MASKING STUDENTS**

5 95. To be informative, studies on school mask usage should evaluate effectiveness in  
6 real-world use, and must include a well-matched unmasked control group. Several studies meeting  
7 this criteria are available, and the results are consistent.

8 96. A CDC study found a 21% lower COVID incidence in schools that required mask  
9 use among students, but couldn't be sure the benefit was real. In scientific terms, the results were  
10 "not statistically significant."<sup>35</sup>

11 97. An evaluation by the United Kingdom's Health Security Agency and Department for  
12 Education found an 11% reduction in student COVID cases with mask usage, but also couldn't be  
13 sure the benefit was real. In other words, the results were not statistically significant.<sup>36</sup>

14 98. Academic studies confirm the results of government studies on school mask efficacy.

15 99. A study entitled "COVID-19 Mitigation Practices and COVID-19 Rates in Schools:  
16 Report on Data from Florida, New York and Massachusetts" concluded, "[w]e do not find any  
17 correlations with mask mandates."<sup>37</sup>

18 100. A study entitled "Reported COVID-19 Incidence in Wisconsin High School Athletes  
19 in Fall 2020" concluded, "[t]here were no significant associations between COVID-19 incidence  
20 and face mask use."<sup>38</sup>

21 101. A study entitled "Age-dependency of the Propagation Rate of Coronavirus Disease  
22 2019 Inside School Bubble Groups in Catalonia, Spain" concluded, "In-school COVID transmission  
23  
24  
25

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26 <sup>34</sup> <https://people.com/human-interest/man-wearing-n95-mask-passes-out-while-driving-car-crashing-into-pole/>

27 <sup>35</sup> <https://www.cdc.gov/mmwr/volumes/70/wr/pdfs/mm7021e1-H.pdf>

28 <sup>36</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1044767/Evidence\\_summary\\_-\\_face\\_coverings.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1044767/Evidence_summary_-_face_coverings.pdf)

<sup>37</sup> <https://www.medrxiv.org/content/10.1101/2021.05.19.21257467v1.full>

<sup>38</sup> <https://meridian.allenpress.com/jat/article/doi/10.4085/1062-6050-0185.21/466422/Reported-COVID-19-Incidence-in-Wisconsin-High>

1 was the same in 4-5 year olds where masking was not used and in 6-7 year olds where masking was  
2 required.”<sup>39</sup>

3 102. If substantial evidence supports allowing Mega Events where higher risk adults can  
4 play “high risk” sports unmasked in front of a crowd of tens of thousands, then the same evidence  
5 supports allowing small scale events where lower risk children can play sports unmasked in front of  
6 a crowd of hundreds. **There is no logical justification for a more restrictive set of rules to apply**  
7 **to a less at-risk population. There is no reason that adults should have no restrictions, while**  
8 **children are heavily restricted.**

9 103. If it is safe enough to host a Mega Event where more than 70,000 people from all  
10 over the world will congregate in close proximity to one another, then all health orders limiting  
11 toddler speech, interfering with social development, disrupting human connection, and requiring  
12 healthy children to isolate at home for weeks at a time in the same jurisdiction should be  
13 immediately rescinded.

14 **FIRST CAUSE OF ACTION**

15 **(Petition for Writ of Mandate – Failure to Execute Mandatory Duty under Health & Safety**

16 **Code section 120175)**

17 **(Code Civ. Proc. § 1085)**

18 **Against State and County Respondents**

19 104. Petitioners hereby incorporate each of the foregoing paragraphs as though fully set  
20 forth herein.

21 105. Health and Safety Code section 120175 provides: “Each health officer knowing or  
22 having reason to believe that any case of the diseases made reportable by regulation of the  
23 department, or any other contagious, infectious or communicable disease exists, or has recently  
24 existed, within the territory under his or her jurisdiction, **shall take measures as may be necessary**  
25 **to prevent the spread of the disease or occurrence of additional cases.**”  
26  
27  
28

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<sup>39</sup> [https://journals.lww.com/pidj/Fulltext/2021/11000/Age\\_dependency\\_of\\_the\\_Propagation\\_Rate\\_of.2.aspx](https://journals.lww.com/pidj/Fulltext/2021/11000/Age_dependency_of_the_Propagation_Rate_of.2.aspx)

1 106. State and County Respondents’ refusal to enforce the State Order or County Order at  
2 SoFi Stadium and at other Mega Events violates California law.

3 107. The County has admitted that it expects an increase in cases as a result of the Super  
4 Bowl. By failing to take measures necessary to prevent the spread of COVID-19 or occurrence of  
5 additional cases of COVID-19 – namely, cancelling or postponing the Super Bowl and continuing  
6 to allow other Mega Events during a state of emergency – Respondents failed to execute a  
7 mandatory duty under the law.

8 108. Further, the Los Angeles County Public Health Director says that “to keep  
9 workplaces and schools open, residents and workers are asked to:

10 (1) Get tested to help reduce the spread, especially if you traveled for the holidays,  
11 have had a possible exposure, or have symptoms, or are gathering with people not in  
12 your household.

13 (2) Adhere to masking requirements when indoors or at crowded outdoor spaces,  
14 regardless of vaccination status.”<sup>40</sup>

15 109. SoFi Stadium attendees do not comply with the State Order or County Order as it  
16 pertains to masking, as shown in Exhibits G and H. Despite SoFi Stadium posting signs and  
17 providing reminders to wear masks, photos and videos from the NFC Championship game show  
18 tens of thousands of unmasked fans.

19 110. By allowing the Super Bowl and other Mega Events to proceed despite the County  
20 and State’s knowledge of non-compliance with masking orders and admission that more cases will  
21 result from the Super Bowl due to non-compliance, County and State Respondents have failed to  
22 execute a mandatory duty under Health and Safety Code section 120175, jeopardize the public  
23 health and safety, and will cause schools and workplaces to close.

24 **SECOND CAUSE OF ACTION**

25 **(Petition for Writ of Mandate – Abuse of Discretion under Health and Safety Code sections**  
26 **120175 and 101040)**

27  
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<sup>40</sup> See, e.g., County Public Health January 31, 2022 News Release.



1 (Code Civ. Proc. § 1085)

2 **Against State and County Respondents**

3 111. Petitioners hereby incorporate each of the foregoing paragraphs as though fully set  
4 forth herein.

5 112. The County Order allows attendees at indoor and outdoor Mega Events, and inside  
6 restaurants and bars, to remove their masks while eating or drinking. (Exh. B).

7 113. COVID-19 is an airborne, aerosolized virus.<sup>41</sup>

8 114. Even if the County Order were strictly enforced at Mega Events, bars, and  
9 restaurants, the exception allowing for eating and drinking completely negates any protection a  
10 mask might provide. If COVID-19 is airborne, and masks prevent the virus from spreading, then  
11 allowing 70,000 people to sit shoulder to shoulder and unmask while eating and drinking will allow  
12 the virus to spread.

13 115. Meanwhile, toddlers and children must remain masked at all times, indoors and  
14 outdoors.<sup>42</sup> (Exhs. B, C, D, F). The mental, emotional, and developmental harms associated with  
15 masking and separating toddlers and children are well-documented above.

16 116. To illustrate, a person can walk into a packed stadium filled with 70,000 people, and  
17 take her mask off as long as she is holding a beer and a hot dog. A child, however, cannot take her  
18 mask off at school unless she is alone and distanced from everyone else, and her school allows her  
19 to do so.

20 117. An unmasked adult holding a drink can stand in a bar surrounded by hundreds of  
21 other unmasked adults holding drinks and be in compliance with the State Order and County Order.  
22 However, a child cannot take a drink of water inside a classroom at school or eat lunch next to a  
23 friend without violating the State Order and County Order. If a child needs a drink of water at  
24 school, that child must go outdoors and stay away from all other children. The County Order  
25  
26

27 \_\_\_\_\_  
28 <sup>41</sup> [https://www.thelancet.com/article/S0140-6736\(21\)00869-2/fulltext#back-bib2](https://www.thelancet.com/article/S0140-6736(21)00869-2/fulltext#back-bib2)

<sup>42</sup> The County Order allows for children to unmask outdoors if sufficiently distanced from peers, but many districts in the County require masks outdoors at all times.

1 requires children to be separated by barriers or maintain “distance” from others while eating lunch.  
2 (Exh. B).

3 118. Accordingly, the County Order and State Order, as they pertain to the exception for  
4 eating and drinking at Mega Events, restaurants, bars, but not for children at school unless the  
5 children are distanced, are so arbitrary and capricious that they bare no reasonable relation to the  
6 public welfare.

7 119. The County Order and State Order as they pertain to Mega Events and children at  
8 school amount to an abuse of discretion as a matter of law because they are so palpably  
9 unreasonable and arbitrary.

10 120. Accordingly, County and State Respondents have abused their discretion under  
11 Health and Safety Code sections 120175 and 101040.

12 **THIRD CAUSE OF ACTION**

13 **(Petition for Writ of Mandate – Abuse of Discretion under Health and Safety Code sections**  
14 **120175 and 101040)**

15 **(Code Civ. Proc. § 1085)**

16 **Against State and County Respondents**

17 121. County and State Respondents enacted and enforce the State Order and County  
18 Order strictly and aggressively against children, while ignoring high-dollar events involving much  
19 more at risk adults. The enactment and enforcement of the State Order and County Order restricts a  
20 lower-risk population much more heavily than the higher-risk population, without any rational basis  
21 for doing so. According, County and State Respondents have abused their discretion.

22 122. The County Order and State Order as they pertain to toddlers and children are  
23 arbitrary and capricious.

24 123. Public health officials claim that unvaccinated toddlers and children are at high risk  
25 from COVID-19, but the data show that unvaccinated children are at no greater risk from COVID-  
26 19 than they are from the flu, and that the risk to children from COVID-19 is exponentially lower  
27 than the risk to adults. (See paragraphs 77 – 81, *supra*).

28



1 133. The absence of substantial evidence in support of the County Order and State Order  
2 render the orders arbitrary and capricious, as they bare no reasonable relation to the public welfare.

3 134. To the extent the County Order and State Order restrict lower risk children more than  
4 higher risk adults, they amount to an abuse of discretion as a matter of law because they are so  
5 palpably unreasonable and arbitrary.

6 135. Accordingly, County and State Respondents have abused their discretion under  
7 Health and Safety Code sections 120175 and 101040.

8 **FIFTH CAUSE OF ACTION**  
9 **VIOLATION OF EQUAL PROTECTION CLAUSE**  
10 **OF CALIFORNIA CONSTITUTION**

11 136. Petitioners hereby incorporate each of the foregoing paragraphs as though fully set  
12 forth herein.

13 137. Under the Equal Protection Clause of the California Constitution, “[a] person may  
14 not be ... denied equal protection of the laws.” (Cal. Const., art. I, § 7, subd. (a).) Further, “[a]  
15 citizen or class of citizens may not be granted privileges or immunities not granted on the same  
16 terms to all citizens.” (Cal. Const., Art. I, § 7(b).)

17 138. Equal protection of the laws ensures that people who are similarly situated for  
18 purposes of a law are generally treated similarly by the law. This means that a government actor  
19 may not adopt a rule that affects two or more similarly situated groups in an unequal manner.

20 139. “The first prerequisite to a meritorious claim under the equal protection clause is a  
21 showing that the state has adopted a classification that affects two or more similarly situated groups  
22 in an unequal manner. This initial inquiry is not whether persons are similarly situated for all  
23 purposes, but whether they are similarly situated for purposes of the law challenged.” (*Cooley v.*  
24 *Superior Court* (2002) 29 Cal.4th 228, 253 [citations omitted]; see also *DiMartile v. Cuomo*  
25 (N.D.N.Y. 2020), No. 1:20-CV-0859 (GTS/CFH), 2020 WL 4558711, at \*10 [pandemic  
26 restrictions violated equal protection guarantees]; *Deese v. City of Lodi* (1937) 21 Cal.App.2d 631,  
27 635 [health restrictions applicable only to certain industries violated equal protection guarantees].)

1           140. The government’s exercise of police power “cannot be so used as to arbitrarily limit  
2 the rights of one class of people, and allow those same rights and privileges to a different class,  
3 where the public welfare does not demand or justify such a classification.” (*Id.*)

4           141. Respondents Orders as they pertain to youth sports violate the Equal Protection  
5 Clause of the California Constitution, because Respondents impose heavy restrictions on a lower-  
6 risk class of people – children – while imposing zero restrictions on higher-risk adults, including  
7 professional athletes.

8           142. There is no rational basis to treat these classes differently in this manner. In fact, the  
9 only rational justification for treating adults and children differently with respect to sports would be  
10 to restrict adults more heavily than children since they are at far greater risk of serious illness and  
11 death from COVID-19, and professional athletes attract much larger crowds than youth sports.  
12 Instead, the State and County Orders give adult athletes free reign, and require youth participants  
13 and organizers to jump through so many hoops that many small nonprofit leagues in Los Angeles  
14 County have canceled their seasons.<sup>43</sup>

15           143. Similarly, there is no rational basis to force children to wear masks for over six hours  
16 per day in school and in childcare facilities, with an exception only for outdoor spaces where  
17 distance can be reliably maintained, while 70,000 fans can sit shoulder to shoulder unmasked to  
18 watch adults play sports. All 70,000 fans can hold a hot dog and a beer while unmasked and comply  
19 with State and County orders, while lower-risk children are forced to remain masked and distanced  
20 from peers. While children are threatened with expulsion for failure to comply, sports fans face no  
21 repercussions.

22           144. The disparate treatment of children versus adults under the State and County Orders  
23 has no rational basis.

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28 <sup>43</sup> See, e.g., See, e.g.,  
<http://www.mbyb.net/#:~:text=The%20MBYB%20Board%20of%20Directors,players%20as%20soon%20as%20possibl>  
e.

1 145. The practices described herein violate Petitioners' rights to the equal protection of  
2 the laws as guaranteed by Cal. Const. art. I, § 7 because Respondents' practices constitute  
3 differential treatment solely because of age.

4 146. As a direct and proximate result of defendants' conduct as alleged herein, Petitioner  
5 and the other class members have been discriminated against because of their age; greatly  
6 inconvenienced; subjected to significant mental, emotional, and physical harm; and otherwise  
7 intimidated and humiliated.

8 147. Unless restrained or enjoined by this court, Respondents will continue to subject  
9 Petitioner and the class to arbitrary mask rules; to being masked without demonstrable proof of  
10 effectiveness; and otherwise to intimidation, humiliation and discrimination in violation of Cal.  
11 Const. art. I, § 7.

12 148. Petitioner and the class have no plain, speedy, or adequate remedy at law, and for  
13 that reason, they seek declaratory and injunctive relief.

14 **SIXTH CAUSE OF ACTION**

15 **(Declaratory Judgment)**

16 **(Code Civ. Proc. § 1060)**

17 149. Petitioner re-alleges and re-incorporates by reference all preceding allegations in  
18 their entirety, as if fully set forth herein.

19 150. An actual controversy now exists between Petitioner and Respondents as to whether  
20 Respondents' practice of enacting and enforcing the State Order and County Order restrictions  
21 against children far more harshly than adults, as described herein, violates Petitioner's rights under  
22 the Equal Protection Clause of the California Constitution (Cal. Const. art. I, § 7).

23 151. The parties require a judicial declaration of rights in order to properly address  
24 Petitioner's complaints about Respondents' practices. Specifically, the parties require a declaration  
25 from the court regarding whether defendants practices, as alleged herein, violate the state Equal  
26 Protection Clause and, if so, in what manner.

27  
28 **PRAYER FOR RELIEF**

1           WHEREFORE, Petitioners pray for relief as follows:

2           1.       On the First Cause of Action, for alternative and peremptory writs of mandate  
3 compelling State and County Respondents to comply with Health and Safety Code section 120175,  
4 including but not limited to an order or judgment that Respondents must strictly enforce the State  
5 Order and County Order at the Super Bowl and other Mega Events, or postpone or cancel such  
6 events.

7           2.       On the Second Cause of Action, for alternative and peremptory writs of mandate  
8 compelling the County and State Respondents to comply with the law by rescinding arbitrary and  
9 capricious mandates, including but not limited to an order or judgment that the County and State  
10 Respondents must either rescind the eating and drinking exemption from mask-wearing at Mega  
11 Events, or rescind the harsh masking and distancing rules applied to children in school and  
12 childcare settings in the State Order and County Order.

13          3.       On the Third Cause of Action, for alternative and peremptory writs of mandate  
14 compelling the County and State Respondents to comply with the law by rescinding arbitrary and  
15 capricious mandates, including but not limited to an order or judgment that the County and State  
16 Respondents must either rescind the harsh mandates in the State Order and County Order on youth  
17 sports, or apply them equally to higher-risk adults, including professional athletes.

18          4.       On the Fourth Cause of Action, for alternative and peremptory writs of mandate  
19 compelling the County and State Respondents to comply with the law by rescinding arbitrary and  
20 capricious mandates, including but not limited to an order or judgment that the County and State  
21 Respondents must either rescind the County Order and State Order, or weigh harms against benefits  
22 of restrictions, account for stratification of risk by age, rely on studies based on statistically  
23 significant data, and studies on school mask usage that evaluate effectiveness in real-world use  
24 using a well-matched unmasked control group, prior to enacting any further COVID-19 orders.

25          5.       On the Fifth and Sixth Causes of Action, for a declaratory judgment pursuant to  
26 Code Civ. Proc. § 1010, declaring that treating lower-risk children far more harshly than adults  
27 under the State Order and County Order violates State law, and denies children in the County equal  
28 protection of the laws in violation of the Equal Protection Clause of the California Constitution.

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- 6. On the Fifth and Sixth Causes of Action, for injunctive relief directing Respondents
  - a. to refrain from enforcing the State and County Orders in a way that disparately impacts children, and to take no further unlawful acts to restrict children more than any other demographic.
  - b. To refrain from enacting any restrictions on children that fail to weigh harms against benefits, fail to account for stratification of risk by age, or otherwise restrict children more than other higher risk populations. All studies upon which Respondents rely must be based on statistically significant data. Studies on school mask usage must evaluate effectiveness in real-world use, and must include a well-matched unmasked control group.
- 7. For costs of suit as allowed by law, including attorney’s fees pursuant to Code Civ. Proc; § 1021.5.
- 8. For such other and further relief as may be just and proper.

Dated: February 7, 2022

Hamill Law & Consulting  
  
By: /s/ Julie A. Hamill  
Julie A. Hamill  
Attorney for Petitioner  
Alliance of Los Angeles County Parents



# EXHIBIT A

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**TOMÁS J. ARAGÓN, M.D., Dr.P.H.**  
State Public Health Officer & Director

State of California—Health and Human  
Services Agency  
**California Department of  
Public Health**



**GAVIN NEWSOM**  
Governor

January 5, 2022

**TO:** All Californians

**SUBJECT:** Guidance for the Use of Face Masks

**Related Materials:** [Face Coverings Q&A](#) | [Face Coverings Fact Sheet \(PDF\)](#) | [Face Mask Tips and Resources](#) | [Face Shields Q&A \(PDF\)](#) | [Safe Schools for All Hub](#) | [More Home & Community Guidance](#) | [All Guidance](#) | [More Languages](#)

**Updates as of January 5, 2022:**

- Extends requirement for universal masking indoors statewide December 15, 2021, through February 15, 2022.

**Guidance For the Use of Masks**

**Background**

The COVID-19 vaccines remain effective in preventing serious disease, hospitalization, and death from the SARS-CoV-2 virus. Unvaccinated persons are more likely to get infected and spread the virus which is transmitted through the air and concentrates indoors. To ensure that we collectively protect the health and well-being of all Californians; keep schools open for in-person instruction; and allow California's economy to remain open and thrive, the California Department of Public Health (CDPH) **is requiring masks to be worn in all indoor public settings, irrespective of vaccine status, until February 15, 2022.** This requirement will be updated as CDPH continues to assess conditions on an ongoing basis.

This measure brings an added layer of mitigation as the Omicron variant, a Variant of Concern as labeled by the World Health Organization, continues to increase in prevalence across California, the United States, and the world and spreads much more easily than the original SARS-CoV-2 virus and the Delta variant.

Over the last two weeks, the statewide seven-day average case rate has increased by more than sixfold and hospitalizations have doubled. While the percentage of Californians fully vaccinated and boosted continues to increase, we continue to have areas of the state where vaccine coverage is low, putting individuals and

communities at greater risk for COVID-19. Given the current hospital census, which is over capacity, the surge in cases and hospitalizations has materially impacted California's health care delivery system within many regions of the state. Staffing levels are also increasingly impacted by COVID-19 transmission in many critical sectors.

As noted in the Science Brief[1] by the Centers for Disease Control and Prevention (CDC) updated in December 2021, at least ten studies have confirmed the benefit of universal masking in community level analyses: in a unified hospital system,[2] a German city,[3] two U.S. states,[4], [5] a panel of 15 U.S. states and Washington, D.C.,[6], [7] as well as both Canada[8] and the U.S.[9], [10], [11] nationally. Each analysis demonstrated that, following directives for universal masking, new infections fell significantly. Two of these studies[12], [13] and an additional analysis of data from 200 countries that included the U.S.[14] also demonstrated reductions in mortality. Another 10-site study showed reductions in hospitalization growth rates following mask mandate implementation.[15]

Implementing a universal masking requirement not only has proven to decrease the rate of infections but is able to slow community transmission. A series of cross-sectional surveys in the U.S. suggested that a 10% increase in self-reported mask wearing tripled the likelihood of slowing community transmission.[16]

The masking requirement in California schools has allowed us to keep schools open when compared to other parts of the country. California accounts for roughly 12% of all U.S. students, but only 1% of COVID-19 related school closures. Nationally during the Delta surge in July and August 2021, jurisdictions without mask requirements in schools experienced larger increases in pediatric case rates, and school outbreaks were 3.5 times more likely in areas without school mask requirements.[17], [18]

In workplaces, employers are subject to the Cal/OSHA COVID-19 Emergency Temporary Standards (ETS) or in some workplaces the Cal/OSHA Aerosol Transmissible Diseases (ATD) Standard and should consult those regulations for additional applicable requirements.

## Masking Requirements

**Masks are required for all individuals in all indoor public settings, regardless of vaccination status from December 15, 2021 through February 15, 2022 [surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are recommended].**

See State Health Officer Order, issued on July 26, 2021, for a full list of high-risk congregate and other healthcare settings where surgical masks are required for unvaccinated workers, and recommendations for respirator use for unvaccinated workers in healthcare and long-term care facilities in situations or settings not covered by Cal OSHA ETS or ATD.

For additional information on types of masks, the most effective masks, and ensuring a well-fitted mask, individuals should refer to CDPH Get the Most out of Masking and see CDPH Masking Guidance Frequently Asked Questions for more information.

No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business.

## Exemptions to masks requirements

The following **individuals** are exempt from wearing masks at all times:

- Persons younger than two years old. Very young children must not wear a mask because of the risk of suffocation.
- Persons with a medical condition, mental health condition, or disability that prevents wearing a mask. This includes persons with a medical condition for whom wearing a mask could obstruct breathing or who are

- unconscious, incapacitated, or otherwise unable to remove a mask without assistance.
- Persons who are hearing impaired, or communicating with a person who is hearing impaired, where the ability to see the mouth is essential for communication.
  - Persons for whom wearing a mask would create a risk to the person related to their work, as determined by local, state, or federal regulators or workplace safety guidelines.

[1] Science Brief: Community Use of Masks to Control the Spread of SARS-CoV-2 | CDC

[2] Wang X, Ferro EG, Zhou G, Hashimoto D, Bhatt DL. Association between universal masking in a health care system and SARS-CoV-2 positivity among health care workers. *JAMA*. 2020;324(7):703–704.

[3] Mitze T, Kosfeld R, Rode J, Wälde K. Face masks considerably reduce COVID-19 cases in Germany. *Proc Natl Acad Sci U S A*. 2020;117(51):32293–32301.

[4] Gallaway MS, Rigler J, Robinson S, et al. Trends in COVID-19 incidence after implementation of mitigation measures – Arizona, January 22–August 7, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(40):1460–1463.

[5] Van Dyke ME, Rogers TM, Pevzner E, et al. Trends in county-level COVID-19 incidence in counties with and without a mask mandate – Kansas, June 1–August 23, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(47):1777–1781.

[6] Lyu W, Wehby GL. Community use of face masks and COVID-19: evidence from a natural experiment of state mandates in the US. *Health Aff (Millwood)*. 2020;39(8):1419–1425.

[7] Hatzius J, Struyven D, Rosenberg I. Face masks and GDP. Updated June 29, 2020. Accessed July 8, 2020.

[8] Karaivanov A, Lu SE, Shigeoka H, Chen C, Pamplona S. Face masks, public policies and slowing the spread of COVID-19: evidence from Canada. *J Health Econ*. 2021;78:102475.

[9] Joo H, Miller GF, Sunshine G, et al. Decline in COVID-19 hospitalization growth rates associated with statewide mask mandates – 10 states, March–October 2020. *MMWR Morb Mortal Wkly Rep*. 2021;70(6):212–216.

[10] Chernozhukov V, Kasahara H, Schrimpf P. Causal impact of masks, policies, behavior on early COVID-19 pandemic in the U.S. *J Econom*. 2021;220(1):23–62.

[11] Guy GP Jr, Lee FC, Sunshine G, et al. Association of state-issued mask mandates and allowing on-premises restaurant dining with county-level COVID-19 case and death growth rates – United States, March 1–December 31, 2020. *MMWR Morb Mortal Wkly Rep*. 2021;70(10):350–354.

[12] Ibid, 6.

[13] Ibid, 7.

[14] Ibid, 11.

[15] Ibid, 9.

[16] Rader B, White LF, Burns MR, et al. Mask-wearing and control of SARS-CoV-2 transmission in the USA: a cross-sectional study. *The Lancet Digital Health*. 2021;3(3):e148–e157.

[17] Jehn M, McCullough JM, Dale AP, Gue M, Eller B, Cullen T, Scott SE. Association between K–12 school mask policies and school-associated COVID-19 outbreaks — Maricopa and Pima Counties, Arizona, July–August 2021. *MMWR Morb Mortal Wkly Rep*. 2021; 70(39);1372–1373.

[18] Budzyn SE, Panaggio MJ, Parks SE, Papazian M, Magid J, Eng M, Barrios LC. Pediatric COVID-19 cases in counties with and without school mask requirements — United States, July 1–September 4, 2021. *MMWR Morb Mortal Wkly Rep.* 2021; 70(39);1377–1378.

California Department of Public Health  
PO Box, 997377, MS 0500, Sacramento, CA 95899-7377  
Department Website ([cdph.ca.gov](http://cdph.ca.gov))



# EXHIBIT B

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**RESPONDING TOGETHER AT WORK AND IN THE COMMUNITY**  
BEYOND THE BLUEPRINT FOR A SAFER ECONOMY, HIGH TRANSMISSION—  
ENCOURAGING COVID-19 VACCINATION AND BOOSTER DOSE COVERAGE  
WITH SIGNIFICANT RISK REDUCTION MEASURES

**Issue Date: Monday, January 10, 2022**

**Effective on Tuesday, January 11, 2022\***

\*Updated definitions for mega events effective as of 1/15/2022;  
Masking requirement effective no later than 1/17/2022

**Brief Highlights** (Changes highlighted in yellow):

**1/10/22:**

- Isolation and Quarantine Requirements are revised to mainly align with the State Public Health Officer's revised [Guidance for Local Health Jurisdictions on Isolation and Quarantine of the General Public](#), released on January 8, 2022. This guidance does NOT apply to healthcare personnel in any setting or emergency services personnel. See [AFL-21-08.7](#). This guidance does NOT apply to TK-12 Schools. See Appendix T1 & T2. In the workplace, employers are subject to the [Cal/OSHA COVID-19 Prevention Emergency Temporary Standards \(ETS\)](#) or in some workplaces the [Cal/OSHA Aerosol Transmissible Diseases \(ATD\) Standard](#) (PDF), and should consult those regulations for *additional* applicable requirements.

**1/5/2022:**

- Masks must be worn at all times while indoors at Cardrooms. Patrons may remove masks only when actively eating or drinking in designated dining areas and may not consume food or beverage while playing or gaming.
- As soon as possible, but no later than January 17, 2022, employers are required to provide their employees, who work indoors and in close contact with other workers or the public, with and require them to wear a well-fitting medical grade mask, surgical mask or higher-level respirator, such as an N95 filtering facepiece respirator or KN95, at all times while indoors at the worksite or facility.
- In alignment with the [State Public Health Officer's December 31, 2021 Order](#), beginning January 15, 2022, attendance thresholds are lowered to 500 attendees for Indoor Mega Events and lowered to 5,000 attendees for Outdoor Mega Events.
- Recognizing the protection provided by masking while indoors and in crowded settings, there is a strong recommendation that at Mega Events, Performance Venues, Movie Theatres and Entertainment Venues, food and drink only be consumed, where possible, in designated dining areas.
- Mega Events, Performance Venues, Movie Theatres and Entertainment Venues are responsible for messaging, signage, and compliance with masking requirement unless spectators/customers are actively eating or drinking.

**Please read this Order carefully.**

**SUMMARY OF THE ORDER:** Based on the federal [Centers for Disease Control and Prevention \(CDC\) indicators](#), as of January 10, 2022 the County of Los Angeles had 1,768.21 new cases of COVID-19 per 100,000 persons in the past 7 days. According to the CDC's threshold of 100 or

more new cases of COVID-19 per 100,000 persons, the County remains at a High rate of community transmission of COVID-19. This Order continues to require indoor masking by all, regardless of vaccination status, to slow the spread of COVID-19 in Los Angeles County.

This Order mainly aligns with the State Public Health Officer Orders of June 11, 2021, December 13 & 31, 2021, and January 8, 2022. It continues to place certain safety requirements on individuals consistent with federal and state rules. Further, this Order incorporates by reference the July 26, 2021, and December 22, 2021 Order of the State Public Health Officer, which requires specific transmission prevention measures to be taken by Acute Health Care and Long-Term Care settings, High-Risk Congregate settings, and Other Health Care settings. In addition, this Order continues to require that all persons, 2 years of age and older, wear face masks while in indoor public settings and businesses, with limited exceptions, as a protective measure with this High level of community transmission. On July 28, 2021, the CDC, and the California Department of Public Health each issued new guidance validating the universal indoor masking requirements of this Order. The CDC's Interim Public Health Recommendations for Fully Vaccinated<sup>1</sup> People advises that "preliminary evidence suggests that fully vaccinated people who do become infected with the Delta variant can spread the virus to others" and therefore recommends that fully vaccinated people should wear a mask in indoor settings if they are in a [geographic] area where there is Substantial or High rates of COVID-19 community transmission. Moreover, on December 13, 2021, the State Public Health Officer required universal masking, irrespective of vaccination status, between December 15, 2021, and January 15, 2022, in public indoor settings throughout California. The State Public Health Officer explained that the universal indoor masking requirement "brings an added layer of mitigation as the Omicron variant, a Variant of Concern as labeled by the World Health Organization, is detected across California, the United States, and the world and is likely to spread more easily than the original SARS-CoV-2 virus and the Delta variant. Additionally, this new measure brings additional protection to individuals, families, and communities during the holidays when more travel occurs, and time is spent indoors."

This Order continues some requirements on businesses and government entities, such as a general requirement to report to Public Health positive cases in the workplace and in schools, requirements for signage, and a proof of vaccination or a recent negative test for COVID-19 requirement for admission into Indoor and Outdoor Mega Events. Due to the recent and drastic increases in COVID-19 cases due to the transmissibility of the Omicron variant, this Order installs a new masking requirement at Cardrooms. All patrons must wear masks at all times while indoors at Cardrooms, except when actively consuming food and beverages in designated dining areas. Patrons may not remove their masks while engaging in entertainment or gaming activities. Further, Public Health strongly recommends that at Mega Events, Performance Venues, Movie Theatres and Entertainment Venues, food and drink only be consumed, where possible, in designated dining areas. Designated dining areas should be in well ventilated spaces, ideally outdoors when possible, that are separated from walkways and other areas where people may be gathering to participate in non-food/beverage consumption activities. In addition, Mega Events, Performance Venues, Movie Theatres and Entertainment

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<sup>1</sup> People are considered "fully vaccinated" against COVID-19 two weeks or more after they have received the second dose in a 2-dose series (e.g., Pfizer-BioNTech or Moderna) or 2 weeks or more after they have received a single-dose vaccine (e.g., Johnson and Johnson [J&J]/Janssen).



Venues are responsible for messaging, signage, and compliance with masking requirement unless spectators/customers are actively eating or drinking. Also, this Order includes best practice recommendations to reduce COVID-19 risk for individuals, businesses, and government entities.

COVID-19 daily cases and community transmission of COVID-19 are at a high level; on **January 9, 2022** alone, Los Angeles County reported **45,584** new cases. Since Thanksgiving Day, the County's test positivity rate and hospitalizations have steadily increased. As of **January 3, 2022**, Los Angeles County is reporting a 7-day daily average case rate of **262.5** cases per 100,000 people. These statistics indicate a continued and high risk of COVID-19 infection for those who are not or cannot be vaccinated against COVID-19. Based upon federal CDC indicators and thresholds, this means that community transmission of COVID-19 within the County of Los Angeles is now High, and highly likely to increase as we are at a time when respiratory viruses, like influenza and SARS-CoV-2, spread more easily. Moreover, with the emergence and arrival of the Omicron variant, the risk of rapid community transmission has increased.

Even though more people in Los Angeles County and the region are vaccinated against the virus that causes COVID-19, there remains a risk that when outside of their residence people may come into contact with others who may have COVID-19. There are millions of people in Los Angeles County who are not yet vaccinated against COVID-19, including children under 5 years of age who are not currently eligible to be vaccinated, and people who are immunocompromised and may be particularly vulnerable to infection and disease. Most COVID-19 infections are spread by people who have no or mild symptoms of infection. The Delta and Omicron variants of the virus spread more easily. In the absence of physical distancing requirements for the public and capacity limits for indoor and outdoor settings, unvaccinated and partially vaccinated persons are more likely to get infected and spread the virus, which is transmitted through the air and concentrates in indoor settings. Additionally, we continue to see increases in COVID-19 infections among fully vaccinated persons, albeit at a significantly lower rate than those among persons who are not fully vaccinated.

The current COVID-19 vaccines remain effective at helping to reduce the risk of getting and spreading the infection. They also continue to significantly reduce the risk of getting seriously ill even if a fully vaccinated person gets COVID-19, including against the current variants of the virus that causes COVID-19. Although no vaccine is 100 percent effective at preventing illness in vaccinated people, the currently authorized COVID-19 vaccines remain the best form of protection against COVID-19 infection, hospitalization, and death. Vaccinations are widely available to those 5 years and older.

The best way to reduce the current level of community transmission and to prevent future surges is for everyone who is eligible, including those who have recovered from a COVID-19 infection, to get fully vaccinated as soon as possible. People at risk for severe illness with COVID-19, such as unvaccinated older adults and unvaccinated individuals with health risks, and members of their households, are strongly urged to get vaccinated against COVID-19 as soon as they can if they have not already done so. And all persons who are fully vaccinated should also receive a booster dose of the COVID-19 vaccine as soon as they are eligible since studies show the protection from the primary COVID-19 vaccination may decrease over time. With an increased

immune response, people should have improved protection against getting infected with and seriously ill from COVID-19, including the variants. Those who are not fully vaccinated are urged to adhere to both the required and recommended risk reduction measures.

We must remain vigilant against variants of the virus that causes COVID-19, especially given High levels of transmission here and in other parts of the world and the emergence of the Omicron variant for which current COVID-19 vaccines may not be as effective at preventing infection but are expected to protect against severe illness, including hospitalizations and death from infection. Currently, the Delta variant remains predominant in Los Angeles County. The Delta variant is two times as contagious than early COVID-19 variants and continues to lead to increased infections. The recent emergence and arrival of the Omicron variant may further increase that infection risk. Additionally, data suggests that the immune response to COVID-19 vaccination might be reduced in some immunocompromised people, which increases their risk of serious health consequences from COVID-19 infection. It is, therefore, prudent to require continued indoor masking for all as an effective public health measure to reduce transmission between people.

This Order is issued to help slow and decrease the level of community transmission of COVID-19 here in Los Angeles County.

This Order's primary intent is to reduce the transmission risk of COVID-19 in the County for all, especially those who are not fully vaccinated and fully vaccinated but immunocompromised persons, in the absence of other protective measures, like physical distancing requirements and capacity limits. Accordingly, this Order allows Businesses, schools, and other activities to remain open while at the same time putting in place certain requirements designed to (1) limit transmission risk of COVID-19 and (2) reduce the risk of any COVID-19 outbreaks.

This Order will be revised in the future, if needed, to reflect the State Executive Orders, California Division of Occupational Safety and Health's (better known as Cal/OSHA) worksite requirements, State Public Health Officer Orders and guidance, and CDC recommendations. Should local COVID-19 conditions warrant, the County Health Officer may, after consultation with the Board of Supervisors, issue Orders that are more restrictive than those of the State Public Health Officer.

This Order is effective within the County of Los Angeles Public Health Jurisdiction, defined as all cities and unincorporated areas within the County of Los Angeles, except for the cities of Long Beach and Pasadena that must follow their respective City Health Officer orders and guidance. This Order is effective on **Tuesday, January 11, 2022** and will continue until further notice.

**UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND  
SAFETY CODE SECTIONS 101040, 101085, AND 120175,  
THE COUNTY OF LOS ANGELES HEALTH OFFICER ORDERS:**

1. This Order supersedes the Health Officer's Prior Order.

2. This Order's intent is to continue to protect the community from COVID-19 and to also increase vaccination and booster dose rates to reduce transmission of COVID-19 long-term, so that the whole community is safer and the COVID-19 health emergency can come to an end.<sup>2</sup> Failure to comply with any of the Order's provisions constitutes an imminent threat and menace to public health, and a public nuisance, and is punishable by citation or fine.
  - a) This Order does not supersede any stricter limitation imposed by a local public entity within the County of Los Angeles Public Health Jurisdiction. The Order is consistent with existing authority that local health jurisdictions may implement or continue more restrictive public health measures if the jurisdiction's Local Health Officer determines that health conditions in that jurisdiction warrant such measures. Where a conflict exists between this Order and any State Public Health Officer Order related to controlling the spread of COVID-19 during this pandemic, the most restrictive provision controls, unless the County of Los Angeles is subject to a court order requiring it to act on, or enjoining it from enforcing, any part of this Order.
3. All persons living within the County of Los Angeles Public Health Jurisdiction should continue to always practice required and recommended COVID-19 infection control measures and when among other persons when in community, work, social or school settings, especially when multiple unvaccinated persons from different households may be present and in close contact with each other, especially when in indoor or crowded outdoor settings.

All persons in the general public must comply with isolation and quarantine requirements provided in the Health Officer Public Health Emergency [Isolation Order](#) and [Quarantine Order](#). Those requirements include the following:

- a) **Isolation:** All persons who test positive for COVID-19, regardless of vaccination status, previous infection, or lack of symptoms, must self-isolate for at least 5 days. Persons may only end their self-isolation after Day 5 if: a) they are asymptomatic or are fever free and their symptoms are improving and b) they take a **viral test**<sup>3</sup> collected on Day 5 or later and test negative. If unable to test or they choose not to test, and symptoms are not present or are resolving, isolation can end after day 10. Wear a well-fitting mask around others, indoors and outdoors, for a total of 10 days. Adults should wear a well-fitting medical grade mask (surgical or respirator). Children should wear a well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire.
- b) **Quarantine:** All unvaccinated persons or fully vaccinated persons who are eligible for a booster but have not yet received their booster dose, who are close contacts of a COVID-19 case, must quarantine for at least 5 days after their last contact with a person who has COVID-19. Such persons **must test** on Day 5 after their last exposure.<sup>4</sup> **Consider testing immediately after notification of the exposure, if practicable, especially if the person or someone that lives with them is at increased**

<sup>2</sup> People are considered "fully vaccinated" against COVID-19 two weeks or more after they have received the second dose in a 2-dose series (e.g., Pfizer-BioNTech or Moderna) or 2 weeks or more after they have received a single-dose vaccine (e.g., Johnson and Johnson [J&J]/Janssen).

<sup>3</sup> An antigen test, nucleic acid amplification test (NAAT) or LAMP test are acceptable; however, it is recommended that persons use an antigen test for ending isolation.

<sup>4</sup> Please note, Day 0 is the day of your last contact (exposure) with the infected person. Day 1 is the first full day after your last exposure.

**risk for severe illness.** Persons may only end their quarantine period after **Day 5** if a) they are asymptomatic and b) they take a **viral test** on **Day 5** or later and test negative. If unable to test or they choose not to test, and symptoms are not present, quarantine can end after **Day 10**. Wear a well-fitting mask while around others, indoors and outdoors, for a total of 10 days. Adults should wear a well-fitting medical grade mask (surgical or respirator). Children should wear a well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire.

i. In a workplace setting (not applicable to healthcare personnel), asymptomatic employees in this category may continue to work on the condition that:

1. They get a viral test within 3-5 days after their last exposure to a case;
2. They wear a well-fitting medical-grade mask, ideally an N95/K95, around others for a total of 10 days;
3. They remain asymptomatic; and
4. They observe home-quarantine when not at work.

ii. If symptoms occur, individuals should immediately isolate and test as soon as possible (do not wait until 5 days after exposure to retest if symptoms develop earlier) and, if positive, self-isolate as described above.

c) Individuals whose **vaccinations are up to date, meaning they** have received their COVID-19 vaccine booster **or** are fully vaccinated but not yet eligible for a booster, **or have recovered from COVID-19 within the previous 90 days** do not need to quarantine following a COVID-19 exposure. Such persons must wear a well-fitting medical grade mask (surgical or respirator) while around others, indoors and outdoors, for 10 days after their **last** exposure. If symptoms occur, individuals **must** immediately isolate and test as soon as possible (do not wait until 5 days after exposure to retest if symptoms develop earlier) and, if positive, continue to self-isolate as described above.

d) In establishments and settings with active outbreaks, quarantine and isolation may be extended for additional days by County Public Health outbreak investigators to help lower the risk of ongoing transmission at the site.

**4. Face Masks.** All individuals must follow the requirements included in both the requirements of this Order and the July 28, 2021 and December 13, 2021 Guidance for the Use of Face Coverings issued by the California Department of Public Health.

a) These requirements are aligned with July 28, 2021 recommendations issued by the CDC. The CDC recommendations provide information about both indoor and higher risk settings where masks are required or recommended to prevent transmission to:

- i. Persons with a higher risk of infection (e.g., unvaccinated or immunocompromised persons),
- ii. Persons with prolonged, cumulative exposures (e.g., workers), or
- iii. Persons whose vaccination status is unknown.

When people wear a mask correctly, they protect others as well as themselves. Consistent and correct mask use is especially important indoors and outdoors when in close contact with (less than six feet from) others who are not fully vaccinated against COVID-19 or whose vaccination status is unknown.

- b) Masks are required to be worn by everyone, 2 years of age and older, regardless of COVID-19 vaccination status, in the following settings:
- i. On public transit (examples: airplanes, ships, ferries, trains, subways, buses, taxis, and ride-shares),
  - ii. In transportation hubs (examples: airport, bus terminal, marina, train station, seaport or other port, subway station, or any other area that provides transportation),
  - iii. Indoors in K-12 schools, childcare and other youth settings (See, Appendix T1 for recent updates to K-12 School masking requirements),
  - iv. Healthcare settings (including long term care facilities),
  - v. State and local correctional facilities and detention centers,
  - vi. Homeless shelters, emergency shelters, and cooling centers,
  - vii. All indoor public settings, venues, gatherings, and public and private businesses (some examples: offices, manufacturing, warehouses, retail, food and beverage services, theaters, family entertainment centers, meetings, and state and local government offices serving the public, Indoor Mega Events, among others), and
  - viii. Outdoor Mega Events.
- c) Recommendation for higher level of protection: In indoor public and private settings where there is close contact with other people who may not be fully vaccinated, individuals should consider wearing a higher level of protection, such as wearing two masks (“double masking”) or a wearing a respirator (e.g., KN95 or N95). This is particularly important if an individual is not fully vaccinated and is in an indoor or crowded outdoor setting.
- d) Individuals, businesses, venue operators or hosts of public indoor settings, venues, gatherings, and businesses, and Outdoor Mega Events must:
- i. Require all patrons, customers, and guests to wear masks when inside at all indoor settings and at Outdoor Mega Events, regardless of their vaccination status; and
  - ii. Post clearly visible and easy to read signage, with or without having an employee present, at all entry points for indoor and outdoor settings to communicate the masking requirements for patrons, customers, and guests.
- e) For clarity, patrons, customers, or guests at public indoor settings, venues, gatherings, and public and private businesses, and at Outdoor Mega Events are required to wear a face mask except while:
- i. Actively eating or drinking, which is the limited time during which the mask can be removed briefly to eat or drink, after which it must be immediately put back



- on. Patrons, customers, or guests must be seated at a table or positioned at a stationary counter, ticketed seat, or place while actively eating or drinking.
1. Except, all persons must wear masks at all times while indoors at Cardrooms, except when actively consuming food and beverages in a designated dining area.
  2. Further, it is a strong recommendation that at Mega Events, Performance Venues, Movie Theatres and Entertainment Venues, food and drink only be consumed, where possible, in designated dining areas. In addition, Mega Events, Performance Venues, Movie Theatres and Entertainment Venues are responsible for messaging, signage, and compliance with masking requirement unless spectators/customers are actively eating or drinking.
- ii. Showering or engaging in personal hygiene or a personal care service that requires the removal of the face mask;
  - iii. Alone in a separate room, office or interior space;
- f) Special considerations are made for people with communication difficulties or certain disabilities. Clear masks or cloth masks with a clear plastic panel that fit well are an alternative type of mask for people who interact with: people who are deaf or hard of hearing, children or students learning to read, people learning a new language, and people with disabilities.
  - g) All businesses, venue operators or hosts must implement measures to clearly communicate to non-employees the masking requirements on their premises.
  - h) No person can be prevented from wearing a mask as a condition of participation in an activity or entry into a business.
  - i) The categories of persons who are exempt from mask requirements remain unchanged at this time and can be found at <http://publichealth.lacounty.gov/acd/ncorona2019/masks/#notwear>. In workplaces, certain employees may be exempt from wearing a mask when performing specific tasks which cannot feasibly be performed while wearing a mask. This exception is limited to the period of time in which such tasks are actually being performed. Workers who cannot feasibly wear a mask while performing their work, and who are either unvaccinated or fully vaccinated and eligible for a dose of COVID-19 vaccine but have not yet received it, must be tested for COVID-19 at least twice per week. Fully vaccinated persons who cannot feasibly perform their job while wearing a mask, and who have received their booster dose of COVID-19 vaccine or who are not yet eligible for a booster should test at least once per week.
  - j) In workplaces, most employers and businesses are subject to the Cal/OSHA COVID-19 [Emergency Temporary Standards \(ETS\)](#) and some to the [Cal/OSHA Aerosol Transmissible Diseases Standards](#), and should consult those regulations for additional applicable requirements. The ETS allow local health jurisdictions to require more protective mandates. This County Health Officer Order, which requires masking of all individuals at indoor public settings and businesses, and Outdoor Mega Events,

regardless of vaccination status, is a such a mandate in Los Angeles County, and overrides the more permissive ETS regarding employee<sup>5</sup> masking.

- i. In establishments and settings with active outbreaks, quarantine and isolation may be extended for additional days by County Public Health outbreak investigators to help lower the risk of ongoing transmission at the site.
- ii. Healthcare personnel in any setting must comply with the State's *Guidance on Quarantine for Health Care Personnel (HCP) Exposed to SARS-CoV-2 and Return to Work for HCP with COVID-19*, as described in [AFL-21-08.6](#).

All employers and businesses subject to Cal/OSHA must review and comply with the active Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS). As approved and effective, the full text of the COVID-19 Prevention emergency standards will be listed under [Title 8, Subchapter 7, sections 3205-3205.4](#) of the California Code of Regulations. All businesses or employers with independent contractors should also review the State Labor Commissioner's Office webpage entitled, "[Independent contractor versus employee](#)", which discusses the "employment status" of persons hired as independent contractors, to ensure correct application of the ETS. As soon as possible, but no later than January 17, 2022, employers are required to provide their employees, who work indoors and in close contact with other workers or the public, with and require them to wear a well-fitting medical grade mask, surgical mask or higher-level respirator, such as an N95 filtering facepiece respirator or KN95, at all times while indoors at the worksite or facility.

**5. Mandatory Reporting by Businesses and Governmental Entities.** Persons and businesses within the County of Los Angeles Public Health Jurisdiction must continue to follow the COVID-19 infection control protocols and guidance provided by the County Department of Public Health regarding isolation of persons confirmed or suspected to be infected with the virus that causes COVID-19 disease or quarantine of those exposed to and at risk of infection from COVID-19. In instances where the County has not provided a specific guidance or protocol, specific guidance or protocols established by the State Public Health Officer shall control.

- a) In the event that an owner, manager, or operator of any business knows of three (3) or more cases of COVID-19 among their employees, assigned or contracted workers or volunteers within a span of 14 days, the employer must report this outbreak to the Department of Public Health at (888) 397-3993 or (213) 240-7821, or online at [www.redcap.link/covidreport](http://www.redcap.link/covidreport).
- b) In the event that an owner, manager, or operator of any business is informed that one or more employees, assigned or contracted workers, or volunteers of the business has tested positive for, or has symptoms consistent with COVID-19 (case), the employer must have a protocol to require the case(s) to isolate themselves at home and require the immediate self-quarantine of all employees that had a workplace exposure to the case(s).

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<sup>5</sup> Some independent contractors are considered as employees under the State Labor Code. For more details, check the California Department of Industrial Relations' [Independent contractor versus employee](#) webpage.

6. **LACDPH Best Practice Guidance.** All individuals and Businesses are strongly urged to follow the LACDPH Best Practice Guidance, containing health and safety recommendations for COVID-19.
7. **Considerations for Persons at Higher Risk for Negative Health Outcomes:** At this time, people at risk for severe illness or death from COVID-19—such as unvaccinated older adults and unvaccinated individuals with health risks—and members of their household, should defer participating in activities with other people outside their household where taking protective measures, including wearing face masks and social distancing, may not occur or will be difficult, especially indoors or in crowded spaces. For those who are not yet fully vaccinated, staying home or choosing outdoor activities as much as possible with physical distancing from other households whose vaccination status is unknown is the best way to prevent the risk of COVID-19 transmission.
8. **Encourage Activities that Can Occur Outdoors.** All Businesses and governmental entities are urged to consider moving operations or activities outdoors, where feasible and to the extent allowed by local law and permitting requirements, because there is generally less risk of COVID-19 transmission outdoors as opposed to indoors.
9. **Ventilation Guidelines.** All Businesses and governmental entities with indoor operations are urged to review the Ventilation Guidelines and implement ventilation strategies for indoor operations as feasible. See California Department of Public Health [Interim Guidance for Ventilation, Filtration and Air Quality in Indoor Environments](#) for detailed information. Nothing in this Order limits any ventilation requirements that apply to particular settings under federal, state, or local law.
10. **High-Risk Health Care and Congregate Settings.** This Order incorporates by reference the State Public Health Officer Order of July 26, 2021, which requires additional statewide facility-directed measure to protect particularly vulnerable populations. The Order is found here: [State Public Health Officer Order issued July 26, 2021](#)
11. **Sectors that Continue to Require Additional Risk Reduction Measures.** The following sectors serve persons and populations that have lower rates of vaccination, who are at higher risk of being infected, or who are not yet eligible to be vaccinated. As such, these sectors continue to require additional risk reduction measures and must operate subject to the following conditions listed below and those specified in the County sector-specific reopening protocol(s) located at <http://publichealth.lacounty.gov/media/Coronavirus/index.htm>:
  - a) **Day camps.** Day camp owners and operators must implement and post the required Los Angeles County Department of Public Health Reopening Protocol for Day Camps, attached to this Order as **Appendix K**.
  - b) **Schools (K-12) and School Districts.** All public and private schools (K-12) and school districts within the County of Los Angeles may open for in-person classes. Educational facilities serving students at any grade level must prepare, implement, and post the required Los Angeles County Department of Public Health Reopening Protocols for K-12 Schools, attached to this Order as **Appendix T1**, and must follow the Protocol for



COVID-19 Exposure Management Plan in K-12 Schools, attached to this Order as **Appendix T2**.

- c) **Mega Events (Outdoor and Indoor)**. Beginning January 15, 2022, the attendance thresholds for Mega Events are lowered from 1,000 to 500 indoor attendees and from 10,000 to 5,000 outdoor attendees. Mega Events include conventions, conferences, expos, concerts, shows, nightclubs, sporting events, live events and entertainment, fairs, festivals, parades, theme parks, amusement parks, water parks, large private events or gatherings, marathons or endurance races, and car shows. Mega Events may have either assigned or unassigned seating, and may be either general admission or gated, ticketed and permitted events. These events are considered higher risk for COVID-19 transmission.
- i. **Indoor Mega Events**: Indoor Mega Events remain open to the public. In addition to the public health recommendations, Indoor Mega Event operators must verify the full vaccination status<sup>6</sup> or pre-entry negative COVID-19 viral test<sup>7</sup> result of all attendees ages 2 and older. For those attendees who cannot provide proof of full vaccination, pre-entry COVID-19 testing must be conducted within one day for antigen tests and within two days for PCR tests. Attendees must wear a face covering while indoors at an Indoor Mega Event. Operators are required to cross-check proof of full vaccination or negative COVID-19 viral test result against a photo identification for all attendees who are 18 years of age or older. Indoor Mega Event operators must prominently place information on all communications, including reservation and ticketing systems, to ensure guests are aware of the proof of pre-entry negative testing or full vaccination status, including masking requirements, and acceptable modes of verification. Self-attestation may not be used as a method to verify an attendee's status as fully vaccinated or as proof of a negative COVID-19 test result.
  - ii. **Outdoor Mega Events**: Outdoor Mega Events remain open to the public. Outdoor Mega Event operators of events or venues that are ticketed or held in a defined space with controlled points of entry must verify the full vaccination status (see footnote 6) or pre-entry negative COVID-19 viral test (see footnote 7) result of all attendees, ages 5 and older, prior to entry to the event. For those attendees who cannot provide proof of full vaccination, pre-entry COVID-19 testing must be conducted within one day for antigen tests and within two days for PCR tests. All attendees must wear face masks at all times, except when actively eating or drinking. Outdoor Mega Event operators must prominently place information on all communications, including reservation and ticketing systems, to ensure guests are aware of both the County Health Officer's Order

<sup>6</sup> The following are acceptable as proof of full vaccination status: 1) A photo identification of the attendee and 2) their vaccination card (which includes name of person vaccinated, type of COVID-19 vaccine provided, and date last dose administered) OR a photo of a vaccination card as a separate document OR a photo of the attendee's vaccine card stored on a phone or electronic device OR documentation of the person's full vaccination against COVID-19 from a healthcare provider.

<sup>7</sup> Pre-entry negative COVID-19 viral testing is testing that must be conducted before entry into the event or venue (both PCR and antigen are acceptable). Results of the test must be available and provided to the operator prior to entry into the event or venue. The following is required as acceptable proof of a negative COVID-19 viral test result: 1) A photo identification of the attendee (for attendees 18 years of age and older) and 2) a printed document from the test provider or laboratory OR an email or text message displayed on a phone from the test provider or laboratory. The test result information needs to include the person's name, date of test, type of test performed, and negative test result. To be considered a valid pre-entry negative COVID-19 viral test result that permits entry into the event or venue, an antigen test must be conducted within one day and PCR test must be conducted within two days prior to event entry.

that all persons must wear a face mask while in attendance and the County Health Officer requirement that all attendees, ages 5 and older, either be fully vaccinated against COVID-19 or obtain a negative COVID-19 viral test prior to attending the event. Operators are required to cross-check proof of full vaccination or negative COVID-19 viral test result against a photo identification for all attendees who are 18 years of age or older. Operators are to make face masks available for all attendees.

iii. **Additional Recommendations for Both Outdoor and Indoor Mega**

**Events:** Mega Event operators are encouraged to follow these additional recommendations:

1. Assign staff to remind all guests to wear face masks while on the premises or location.
  2. Encourage everyone to get vaccinated and receive a COVID-19 booster when eligible.
  3. Facilitate increased ventilation of indoor spaces (i.e., open all windows and doors to increase natural air flow), following California Department of Public Health [Interim Guidance for Ventilation, Filtration and Air Quality in Indoor Environments](#).
  4. Encourage everyone to sign up for [CA Notify](#) as an added layer of protection for themselves and the community to receive alerts when they have been in close contact with someone who tests positive for COVID-19.
  5. Convey the risk of attending large, crowded events where the vaccine status of other attendees may be unknown to the individuals.
  6. Convey the risk of attending large, crowded events for populations that may not currently be eligible for vaccination or may be immunocompromised and whose vaccine protection may be incomplete.
  7. Encourage all venues along any parade or event route to provide outdoor spaces for eating/drinking/congregating to reduce the risk of transmission in indoor settings.
- d) **Overnight Organized / Children's Camps.** An organized camp is a site with program and facilities established for the primary purpose of providing an overnight outdoor group living experience for recreational or other purposes for five days or more during one or more seasons of the year. A Notice of Intent to Operate must be submitted by the Camp operator to the Environmental Health Division [Communityhealth@ph.lacounty.gov](mailto:Communityhealth@ph.lacounty.gov) prior to operation. The owner or operator of an Overnight Organized/ Children's Camp must prepare, implement, and post the required Los Angeles County Public Health Protocols for Overnight Organized / Children's Camps, attached to this Order as **Appendix K-1**.
- e) **Organized Youth Sports Activities.** Organized youth sports include all school (TK-12 Grades) and community-sponsored programs and recreational or athletic activities and privately organized clubs and leagues. Organized Youth Sport Protocols do not apply to collegiate or professional sports. This Protocol provides direction on outdoor and indoor youth sports activities to support an environment that presents less risk for participants

of these sports. The organizers and operators of Organized Youth Sport Activities must review, implement, and post the required Los Angeles County Public Health Protocol for Organized Youth Sports, effective September 1, 2021, attached to this Order as **Appendix S**.

- f) **Bars, Breweries, Wineries and Distilleries.** Effective October 7, 2021, bars that have a low-risk food facility public health permit and breweries, wineries, and distilleries with a #1, #2, #4, #23 and/or #74 state alcohol license that do not possess or that are not required to have a public health permit to operate must require patrons, who are 12 years of age or older, to provide proof of their COVID-19 vaccination status for entry. Between October 7 and November 3, 2021, all patrons must provide proof they have received at least one dose of COVID-19 vaccination for entry into the facility to obtain indoor service at a bar, brewery, winery, or distillery. Beginning November 4, 2021, all bars, breweries, wineries, and distilleries must require patrons, who are 12 years of age or older, to provide proof of full vaccination against COVID-19 for entry into the facility to obtain indoor service. Patrons who do not provide proof of vaccination against COVID-19, as specified, may be served in and use the outdoor portions of the facility, where the risk of exposure to the virus that causes COVID-19 is less likely when compared to being indoors. See paragraph 11.i for further clarification. Bars, breweries, wineries, and distilleries must comply with the [Guidance for Verifying Proof of COVID-19 Vaccination](#) and [Guidance for Verifying Proof of a Negative COVID-19 Test](#) attached to this Order. In addition, by November 4, 2021, all on-site employees must provide their employer with proof of full vaccination against COVID-19.<sup>8</sup>
- g) **Nightclubs and Lounges.** Effective October 7, 2021, nightclubs and lounges<sup>9</sup> that are open only to persons 18 years of age or older, must require patrons and on-site personnel to provide proof of their COVID-19 vaccination status for entry. Between October 7 and November 3, 2021, patrons must provide proof they have received at least one dose of COVID-19 vaccination for entry into the facility to obtain indoor service at a nightclub or lounge. Beginning November 4, 2021, all nightclubs and lounges must require patrons to provide proof of full vaccination for entry into the facility to obtain indoor service. Patrons who do not provide proof of full vaccination against COVID-19 may be served in outdoor portions of the facility, where the risk of exposure to COVID-19 is less

<sup>8</sup> On-site employees of the bars, breweries, wineries, distilleries, nightclubs and lounges may be exempt from the vaccination requirements only upon providing their employer, a declination form, signed by the individual stating either of the following: (1) the worker is declining vaccination based on sincerely held religious beliefs, or (2) the individual is excused from receiving any COVID-19 vaccine due to Qualifying Medical Reasons.

- a. To be eligible for a Qualified Medical Reasons exemption the individual must also provide to their employer a written statement signed by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician stating that the individual qualifies for the exemption (but the statement should not describe the underlying medical condition or disability) and indicating the probable duration of the worker's inability to receive the vaccine (or if the duration is unknown or permanent, so indicate). See the most updated version of the [CDC's Interim Clinical Considerations for Use of COVID-19 Vaccines guidance](#).
- b. If an operator of a bar, brewery, winery, distillery, nightclub or lounge deems its on-site employee to have met the requirements of an exemption, the unvaccinated exempt employee must meet the following requirements when entering or working in such facility:
  - a. Test for COVID-19 at least once per week with either polymerase chain reaction (PCR) or antigen test that either has Emergency Use Authorization (EUA) by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.
  - b. Wear a surgical mask or higher-level respirator approved by the National Institute of Occupational Safety and Health (NIOSH), such as an N95 filtering facepiece respirator, at all times while in the bar, brewery, winery, distillery, nightclub or lounge.

<sup>9</sup> Nightclub means a commercial establishment dispensing beverages for consumption on the premises and in which dancing is permitted or entertainment is provided, and/or has as its primary source of revenue (a) the sale of alcohol for consumption on the premises, (b) cover charges, or (c) both. A lounge is defined as a business that operates primarily for the preparation, sale, and service of beer, wine, or spirits. Minors are not allowed in a lounge.

likely when compared to indoors. Nightclubs and lounges must comply with the [Guidance for Verifying Proof of COVID-19 Vaccination](#) and [Guidance for Verifying Proof of a Negative COVID-19 Test](#) attached to this Order. In addition, by November 4, 2021, all on-site employees must provide their employer with proof of full vaccination against COVID-19 (see footnote 8).

- h) **Restaurants.** These indoor venues serve food or drink indoors and are required to maintain a valid public health permit to operate. Due to the increased risk of transmission at places where persons are indoors and unmasked, the County Health Officer strongly recommends that the operators of these venues reserve and prioritize indoor seating and service for patrons who are fully vaccinated against COVID-19. They should verify the full vaccination status of all patrons, 12 years of age or older, who will be seated indoors for food or beverage service. Patrons who cannot provide proof of full vaccination against COVID-19 should be served in outdoor portions of the facility, where the risk of exposure to the virus that causes COVID-19 is less likely when compared to being indoors. See paragraphs 11.i.a through 11.i.c for further clarification.
- i) For clarity, individuals who do not provide proof of partial or full vaccination at bars, breweries, wineries, distilleries, nightclubs and lounges, may use the outdoor portions of the facility, but may not remain inside the facility except as solely provided in the subsections below:
  - a. The individual, who is wearing a well-fitted mask, may enter the indoor portion of the facility as part of their employment to make a delivery or pick-up, provide a service or repair to the facility, or for an emergency or regulatory purpose.
  - b. The individual, who is wearing a well-fitted mask, may enter the indoor portion of the facility to get to the outdoor portion of the facility or to use the restroom.
  - c. The individual, who is wearing a well-fitted mask, may enter the indoor portion of the facility to order, pick-up, or pay for food or drink “to go.”
- j) **Cardrooms.** Cardroom operators may only allow indoor dining and/or drinking within designated areas of the facility only. Food and beverages may not be consumed outside of those areas or while patrons are playing or gaming within the facility. Patrons must wear masks indoors at all times while not actively eating or drinking in a designated indoor dining area.

## **REASONS FOR THE ORDER**

**12.** This Order is based upon the following determinations: continued evidence of sustained and High community transmission of COVID-19 within the County; documented asymptomatic transmission; scientific evidence and best practices regarding the most effective approaches to slow the transmission of communicable diseases generally and COVID-19 specifically; evidence that millions of people in the County population continue to be at risk for infection with serious health complications, including hospitalizations and death from COVID-19, due to age, pre-existing health conditions, being unvaccinated or not eligible for vaccination, and the increasing presence of more infectious variants of the virus that causes COVID-19 and which have been shown to cause more severe disease being present in the County; preliminary evidence that suggests that fully vaccinated people who do become infected can spread the



virus to others; and further evidence that other County residents, including younger and otherwise healthy people, are also at risk for serious negative health outcomes and for transmitting the virus to others, and emergence of the new Omicron variant. The Order's intent is to continue to reduce the risk of COVID-19 infection for all, especially those who are not or cannot be fully vaccinated against COVID-19 in the County.

**13.** Existing community transmission of COVID-19 in Los Angeles County remains High and continues to present a high risk of infection and harm to the health of those who are not or cannot be vaccinated against COVID-19. COVID-19 vaccinations are widely available to those 5 years and older. New variants of the virus that may spread more easily or cause more severe illness are increasingly present in our county and remain a risk for both those who are fully vaccinated as well as those who not vaccinated against COVID-19. As of, **January 9, 2022**, there have been at least **1,967,443** cases of COVID-19 and **27,785** deaths reported in Los Angeles County. Increased interactions during the Thanksgiving Holiday among members of the public have resulted in an increased number of daily new cases. As of **January 3, 2022**, the 7-day average daily case rate is now at **262.5** cases per 100,000 people, indicating High community transmission, in the absence of capacity limits and physical distancing requirements across sectors in both indoor and outdoor settings. Making the risk of community transmission worse, some individuals who contract the COVID-19 virus have no symptoms or have only mild symptoms, and so are unaware that they carry the virus and are transmitting it to others. Because even people without symptoms can transmit the virus, and because new evidence shows the infection is now more easily spread, universal indoor masking is a risk reduction measure that is proven to reduce the risk of transmitting the virus.

**14.** Epidemiologic evidence demonstrates that the rate of community transmission, hospitalizations and testing positivity rates have all significantly increased since November 26, 2021. Although nearly **16.5** million vaccine doses have been administered and nearly **7 million** residents ages 5 and older are fully vaccinated against COVID-19 in Los Angeles County, COVID-19 infection remains a significant health hazard to all residents.

In line with the State Public Health Officer, the Health Officer will continue to monitor scientific evidence and epidemiological data within the County.

**15.** The Health Officer will continue monitoring epidemiological data to assess the impact of lifting restrictions and fully re-opening sectors. Those Indicators include, but are not limited to:

- a) The number of new cases, hospitalizations, and deaths among residents in areas in the lowest Healthy Places Index (HPI) quartile and by race/ethnicity.
- b) The COVID-19 case rate.
- c) The percentage of COVID-19 tests reported that are positive.
- d) The availability of COVID-19 vaccines and the percentage of eligible County residents vaccinated against COVID-19.
- e) The number of fully vaccinated people who get sick, are hospitalized, or die from COVID-19.

- f) The presence of Variants of Concern, such as, Delta and Omicron, and their impact on indicators (a) – (e).

### **ADDITIONAL TERMS**

16. The County shall promptly provide copies of this Order by: (a) posting it on the Los Angeles Department of Public Health's website ([www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)), (b) providing it to any member of the public requesting a copy, and (c) issuing a press release to publicize the Order throughout the County.
- a) The owner, manager, or operator of any facility that is likely to be impacted by this Order is strongly encouraged to post a copy of this Order onsite and download, review and implement all applicable Best Practice Guidance.
- b) Because guidance may change, the owner, manager, or operator of any facility that is subject to this Order is encouraged to consult the Los Angeles County Department of Public Health's website ([www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)) daily to identify any modifications to this Order and the Best Practice Guidance and continue to implement these important and necessary infection control protocols.
17. If any subsection, sentence, clause, phrase, or word of this Order or any application of it to any person, structure, gathering, or circumstance is held to be invalid or unconstitutional by a decision of a court of competent jurisdiction, then such decision will not affect the validity of the remaining portions or applications of this Order.
18. This Order incorporates by reference, the March 4, 2020 Proclamation of a State of Emergency issued by Governor Gavin Newsom and the March 4, 2020 declarations of a local and public health emergency issued by the Los Angeles County Board of Supervisors and Los Angeles County Health Officer, respectively, and as they may be supplemented.
19. This Order may be revised in the future as the State Public Health Officer amends its guidance to reflect evolving public health conditions and recommendations issued by the federal CDC and other public health authorities. Should local COVID-19 conditions warrant, the Health Officer may, after consultation with the Board of Supervisors, issue orders that are more restrictive than the guidance and orders issued by the State Public Health Officer.
20. This Order is consistent with the provisions in the Governor's Executive Order N-60-20 and the State Public Health Officer's May 7, 2020 Order, that local health jurisdictions may implement or continue more restrictive public health measures in the jurisdiction if the local health officer believes conditions in that jurisdiction warrant them. Where a conflict exists between this Order and any state public health order related to controlling the spread of COVID-19 during this pandemic, the most restrictive provision controls. Consistent with California Health and Safety Code section 131080, except where the State Health Officer may issue an order expressly directed at this Order or a provision of this Order and based upon a finding that a provision of this Order constitutes a menace to the public health, any more restrictive measures in this Order may continue to apply and control in the County of Los Angeles Public Health Jurisdiction.



21. Pursuant to Sections 26602 and 41601 of the California Government Code and Section 101029 of the California Health and Safety Code, the Health Officer requests that the Sheriff and all chiefs of police in all cities located in the Los Angeles County Public Health Jurisdiction ensure compliance with and enforcement of this Order. The violation of any provision of this Order constitutes an imminent threat and menace to public health, constitutes a public nuisance, and is punishable by fine, imprisonment or both.
22. This Order is issued pursuant to Health and Safety Code sections 101040, 120175, and 120295.
23. This Order shall become effective on **Tuesday, January 11, 2022** and will continue to be until it is revised, rescinded, superseded, or amended in writing by the Health Officer.

**IT IS SO ORDERED:**

**1/10/2022**

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**Muntu Davis, M.D., M.P.H.**

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**Issue Date**

Health Officer,  
County of Los Angeles

## Appendices At-A-Glance

**Businesses and customers should continue reviewing best practice documents and sector-specific protocol for designated areas on a regular basis to ensure they are complying with the latest health protection and prevention measures.**

All DPH protocol and best practice documents are available at:

<http://publichealth.lacounty.gov/media/Coronavirus/index.htm>

- Appendix K:** Reopening Protocol for Day Camps [Revised 6/23/2021]
- Appendix K-1:** Reopening Protocol for Overnight Organized/ Children’s Camps [Revised 6/14/2021]
- Appendix S:** Protocol for Organized Youth Sports [Revised 1/3/2022]
- Appendix T1:** Reopening Protocols for K-12 Schools [Revised 1/4/2022]
- Appendix T2:** Protocol for COVID-19 Exposure Management Plan in K-12 Schools [Revised 1/4/2022]



# EXHIBIT C

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## Protocol for Organized Youth Sports: Appendix S

**Recent updates:** Any changes are highlighted in yellow:

**1/3/22:**

- Updated to reflect a minimum 7-day suspension of all team activities for any youth sports team in which there has been an outbreak of four or more epidemiologically linked cases over a 14-day period.
- Masking restrictions have been extended. In addition to masking required for all indoor sports when practicable, masking is now also required for moderate and high-risk outdoor sports where distancing is not possible, when practicable.
- Recommendation and hyperlink added regarding new DPH guidance for improving ventilation in gymnasiums.
- Updated to reflect that the threshold for Mega Events has been lowered from 10,000 to 5,000 attendees for outdoor Mega Events and from 1,000 to 500 attendees for indoor Mega Events.

**12/8/21:**

Makes changes in response to recent updates in the [State's Guidance for K-12 Schools regarding extracurricular activities](#). Specific changes are:

- Masks are required to be always worn indoors when participants are not actively practicing, conditioning, competing, or performing.
- Youth sports participants are required to wear a face mask while actively practicing, conditioning, or competing in indoor sports, even during heavy exertion, as practicable.
- If a youth sports team determines that requiring all players to remain masked during heavy exertion is not practicable, and players elect to participate without their masks as a result, all team members, regardless of vaccination status, are required to have screening tests for COVID-19 performed at least weekly.
- While community transmission in Los Angeles County remains substantial or high, Public Health strongly recommends that unvaccinated participants and those who are not always masked during indoor practices, conditioning, competitive play, or performing, test for COVID-19 two times per week.

On July 17 and 22, the Los Angeles County Health Officer issued a revised [Health Officer Order](#) requiring the use of face masks in all indoor public settings. Given the increase in community transmission of COVID-19 and the predominance of the more easily spread Delta variant of the COVID-19 virus and the introduction of the Omicron variant, masking indoors, regardless of vaccination status, is essential to slowing the spread of COVID-19 in the community. The Delta and Omicron variants of the COVID-19 virus spreads more easily than strains of the virus that circulated in Los Angeles County (LAC) in the past.

Per published reports, factors that increase the risk of infection, including transmission to people more than 6 feet away, include:

- **Enclosed spaces with inadequate ventilation or air handling** that allow for build-up of exhaled respiratory fluids, especially very fine droplets and aerosol particles, in the air.
- **Increased exhalation of respiratory fluids** that can occur when an infectious person is engaged in physical exertion or raises their voice (e.g., exercising, shouting, singing).
- **Prolonged exposure** to these conditions.

It is strongly recommended that all sports activities occur outdoors where the risk of exposure is lower due to the ventilation being better than indoors.

Below is a summary of requirements and best practices for youth sports leagues (including school sports teams) to enhance safety for participants, coaches, referees, and communities and to lower the risk of COVID-19 transmission within youth teams and between teams during competitions. With the exception of the testing requirement, the requirements below apply to teams and sport activities based in LAC and to teams or players coming to LAC for a competition from other jurisdictions.

Routine screening testing for LA County-based teams or leagues is required as described below, presuming adequate COVID-19 diagnostic testing capacity and supplies. The screening testing requirements below may be modified based on the availability of and access to testing. In addition, these requirements remain in effect as long as the Los Angeles County Department of Public Health (LACDPH) reports high or substantial rates of community transmission and will be re-assessed when community transmission remains at a moderate or low level.

In addition to this information, please remember:

- ❑ Youth sports leagues must follow the [Los Angeles County Health Officer Order](#) and the [Los Angeles County COVID-19 Exposure Management Plan Guidance for Youth Recreational Sports Programs](#).
- ❑ Youth sports leagues that employ coaches, referees or other support staff must also adhere to the [Cal/OSHA COVID-19 Prevention Emergency Temporary Standards \(ETS\)](#).
- ❑ Youth sports leagues operating concession stands should review and follow [LACDPH Best Practice Guidance for Food and Beverage Service](#).

**Please be sure to read and follow the [general guidance for employers](#).**  
The best practices are intended to supplement the general guidance.

## Follow mask rules for participants, coaches, staff, and spectators

- ❑ **Mask rules based on the setting.** Wearing face masks reduces the spread of SARS-CoV-2, the virus that causes COVID-19. In outdoor settings with less than 5,000 people, it is recommended, but not required, that all spectators who are in close contact with others, regardless of vaccination status wear a mask. In outdoor settings, all coaches, staff, volunteers, referees, and officials when working with teams in settings where distancing is not feasible, and regardless of vaccination status, must wear a mask at all times. In all indoor settings, coaches, staff, volunteers, referees, officials, and spectators, regardless of vaccination status, must wear a mask at all times.

- ❑ **Participants:** Require all participants, regardless of vaccination status, to **bring and wear masks**. Masks are required to be always worn indoors when participants are not actively practicing, conditioning, competing, or performing. Masks are also required while on the sidelines, in team meetings, and within locker rooms and weight rooms. When actively practicing, conditioning, or competing in indoor sports, masks are required by participants as practicable. When actively practicing, conditioning, or competing in outdoor moderate- and high-risk sports where distancing is not possible, masks are required by participants, as practicable. Encourage participants to bring more than one mask to practice or games in case their mask gets wet or soiled during play. Any face mask that becomes saturated with sweat should be changed immediately.

Per the American Academy of Pediatrics, “Face masks have been shown to be well tolerated by most people who wear them for exercise.” However, the mask may be removed under the following circumstances.

- *Eating and drinking.* Participants may remove their face masks temporarily to eat or drink. When participants are actively eating or drinking, they should be encouraged to maintain a 6-foot distance from others to reduce the risk of exposure if someone turns out to be infected.
- *For water sports.* Participants who are engaged in water sports such as swimming, water polo, or diving, may remove their face masks while they are in and prior to diving into the water. Face masks must be worn when participants are not in the water.
- *For gymnastics.* Gymnasts who are actively practicing/performing on an apparatus may remove their masks because of the theoretical risk that the mask may get caught on objects and become a choking hazard or accidentally impair vision. Masks are required for floor routines and when gymnasts are not actively practicing/performing on the apparatus.
- *For competitive cheerleading.* Cheerleaders who are actively performing/practicing routines that involve tumbling, stunting, or flying may remove their masks because of the theoretical risk that the mask may get caught on objects and become a choking hazard or accidentally impair vision.
- *For wrestling.* During wrestling contact, a face mask could become a choking hazard and is discouraged unless an adult coach or official is closely monitoring for safety purposes.

- ❑ **Spectators:** When indoors, require all spectators, regardless of vaccination status, to **bring and wear masks**. Make masks available for those who arrive without them. When outdoors, masks are recommended in crowded spaces and places among spectators at sporting events where distancing is not practical or possible. At outdoor sporting events attended by more than 5,000 individuals, universal masking is required by all spectators and employees except for the limited time when actively eating or drinking.

- ❑ **Coaches:** When indoors, require all coaches, regardless of vaccination status, to **bring and wear masks**. When outdoors, require all coaches, regardless of vaccination status, working with moderate- and high-risk sports teams where distancing is not feasible, to bring and wear masks. Coaches must wear masks, even when engaged in intense physical activity.

- ❑ **Referees and other game officials:** When indoors, require all referees and officials, regardless

of vaccination status, to bring and wear masks at all times. **When outdoors, require all referees and officials, regardless of vaccination status, working with moderate- and high-risk sports teams where distancing is not possible, to bring and wear masks at all times.**

- ❑ **Employees:** If the youth sports league employs coaches or other support staff, please note that employers are required, upon request, to provide employees, those not fully vaccinated against COVID-19 who are working in indoor settings and in shared vehicles, with the correct-size respirator for voluntary use along with basic instructions on how to achieve a good seal. Respirators must be replaced if they get damaged, deformed, dirty, or difficult to breathe through. For more information about free and low-cost Personal Protective Equipment (PPE) for businesses and organizations see <http://publichealth.lacounty.gov/docs/FreeAndLowCostPPE.pdf>.
- ❑ Employees who work in a setting where they are in close contact with other people who may not be fully vaccinated should be encouraged to wear a higher level of protection, such as “double-masking” (wearing a cloth mask OVER a surgical mask), or a respirator. This is particularly important if the employee is not fully vaccinated or is fully vaccinated but has underlying medical conditions that put them at higher risk, and is working in an indoor setting, a crowded outdoor setting, or in a shared vehicle.

## Vaccinate

- ❑ It is strongly recommended that all student athletes ages 5 and older, coaches and team staff are fully vaccinated. Vaccination against the virus that causes COVID-19 is available for everyone 5 years of age and older. Vaccination is the primary strategy to reduce the burden of COVID-19 disease and protect all members of the community. Having all athletes and staff in your youth sports league fully vaccinated **and receive booster doses as soon as they are eligible** will greatly decrease the risk of transmission of the virus among teammates and between teams, and will provide excellent protection against severe illness, hospitalization, and death. It will also decrease disruption in team activities, because individuals **whose vaccination status is up-to-date<sup>1</sup>** are not required to quarantine if they are close contacts to a case of COVID-19, as long as they remain asymptomatic and continue to test negative.
- ❑ Youth sports leagues, team organizers, or coaches should maintain records of all athletes’ and staff/coaches’/volunteers’ vaccination status and weekly COVID-19 testing compliance. They do not need to keep a copy of the proof of full vaccination shown nor copies of test results.

## Screen for symptoms and isolate

- ❑ Ask participants and families to self-screen for COVID-19 symptoms prior to attending youth sports activities.
- ❑ Post [signage](#) to remind everyone who enters your establishment that they should NOT enter if they have symptoms of COVID-19 or if they are under isolation or quarantine orders.
- ❑ Youth sports programs must exclude or isolate any participant, coach, or spectator that is showing symptoms of COVID-19.
  - Take action to isolate participants who begin to have COVID-19 symptoms during youth

<sup>1</sup> Up-to-date vaccination status refers to having received a booster dose of a COVID-19 vaccine when eligible or having completed a primary COVID-19 vaccine series if not yet eligible for booster. See [Vaccine eligibility summary](#).

sports activities, from other participants, coaches, and spectators.

- [Notify LACDPH officials](#), staff, and families immediately of any confirmed case of COVID-19.
- A 7-day suspension of all team activities and DPH approval before resuming activity will be required of any youth sports team in which there has been an outbreak of four or more epidemiologically linked cases over a 14-day period. Individual conditioning and skill building may continue during the suspension period as long as everyone on the team complies fully with any individual isolation or quarantine orders that apply.

## Reduce crowding, especially indoors

- ❑ If possible, hold youth sports activities outdoors where the risk of COVID-19 transmission is much lower.
- ❑ If youth sports activities must be held indoors, take steps to reduce the number of participants, coaches, and spectators in any indoor area.
- ❑ Physical distancing is an infection control best practice that may be implemented as an additional safety layer to reduce the spread of COVID-19. During practices, encourage activities that do not involve sustained person-to-person contact between participants and/or coaching staff and limit such activities in indoor settings. Instead, consider focusing on skill-building activities.
- ❑ Limit the number of participants who visit the restroom or locker room at any given time.
- ❑ Non-athletic team events, such as team dinners or other social activities, should only happen if they can be held outdoors with distancing.

## Routine Screening Testing for COVID-19

The virus that causes COVID-19 may infect any member of the youth sports league, even fully vaccinated<sup>2</sup> members, although it is more likely to infect unvaccinated persons. Any infected person can potentially transmit the virus to others. One strategy to accurately identify infected individuals and then quickly isolate them is routine periodic screening testing for COVID-19 with a Nucleic Acid Amplification Test (NAAT) such as PCR, or an Antigen (Ag) test. General guidance and recommendations about testing including the types of tests available can be accessed at our [Testing Information for Patients](#) page.

- ❑ Persons who have recovered from/completed isolation for laboratory confirmed COVID-19 within the past 90 days should not be included in periodic COVID-19 screening testing if the person is asymptomatic. Screening for not fully vaccinated persons who were previously infected with COVID-19<sup>3</sup> should start 90 days after the first day of symptoms or from the day

<sup>2</sup> The following are acceptable as proof of "full vaccination": 1) A photo identification of the attendee and 2) their vaccination card (which includes name of person vaccinated, type of COVID-19 vaccine provided and the date the last dose was administered) OR a photo of the attendee's vaccination card as a separate document OR a photo of the attendee's vaccine card stored on a phone or electronic device OR documentation of full vaccination from a healthcare provider (which includes name of person vaccinated and confirms that the attendee is fully vaccinated against COVID-19). For the purposes of this Protocol, people are considered "fully vaccinated" against COVID-19: 2 weeks or more after their second dose in a 2-dose COVID-19 vaccine series, such as the Pfizer or Moderna, or 2 weeks or more after a single-dose COVID-19 vaccine, such as Johnson & Johnson (J&J)/Janssen, or 2 weeks or more after completion of COVID-19 vaccine series listed for emergency use by the World Health Organization (e.g., AstraZeneca/Oxford). See WHO's [website](#) for more information about WHO-authorized COVID-19 vaccines.

<sup>3</sup> The following is acceptable as proof of previous COVID-19 infection (previous positive viral test result) and completion of isolation within the last 90 days: a photo identification and a paper copy or digital copy on their phone or electronic device of their positive COVID-19 antigen or PCR test taken within the



of collection of first positive test (if they were asymptomatic).

- ❑ Whenever a confirmed case is identified on any of your youth sports teams, follow instructions listed in the [Exposure Management Plan for Youth Sports](#) and ensure that all unvaccinated close contacts [quarantine](#) along with any symptomatic vaccinated close contacts.
- ❑ Youth sports leagues, team organizers, or coaches should maintain records of all athletes' and staff/coaches'/referees'/volunteers' vaccination status and weekly COVID-19 testing compliance and any testing done after having exposure to a COVID-19 case. They do not need to keep a copy of the proof of full vaccination shown nor copies of test results.

At the current time, with high or substantial community transmission occurring in Los Angeles County, the following testing requirements apply to all participating athletes and staff/coaches/referees/volunteers. Persons who show proof that **their vaccination status is fully up-to-date** against COVID-19 and are not playing unmasked nor with unmasked teammates indoors, or have recovered from/completed isolation for laboratory confirmed COVID-19 within the past 90 days, should not be included in routine COVID-19 screening testing if the person is asymptomatic. Screening for persons **whose vaccine status is NOT up-to-date and** who were previously infected with COVID-19 should start **or restart screening testing** 90 days after the first day of symptoms or from the day of collection of first positive test (if they were asymptomatic). See Table below for examples of sports in different risk categories.

1. **Indoor Moderate or High-Risk Sports for children of all ages and staff/coaches/volunteers.** A weekly negative test result is required for all participants **whose vaccine status is not up-to-date**, including children who are playing and staff/coaches/volunteers; weekly school testing fulfills this obligation. If a team determines that requiring all players to remain masked during heavy exertion is not practicable, and players elect to participate without their masks as a result, all team members, regardless of vaccination status, are required to have screening tests for COVID-19 performed at least weekly. Please note that while community transmission in the County remains substantial **or high**, it is strongly recommended that participants **whose vaccination status is not up-to-date** or are not always masked during indoor practices, conditioning, competitive play, or performing, test two times per week.
2. **Outdoor Moderate or High-Risk Sports for youth ages 12 and older and staff/coaches/volunteers.** A weekly negative test result is required for all participants **whose vaccination status is not up-to-date**, including youth ages 12 and older who are playing and staff/coaches/volunteers; weekly school testing fulfills this obligation.

- ❑ No screening testing is required for children under age 12 playing Outdoor Sports. For players on moderate- and high-risk sports teams who are under age 12, and are regularly transported together via buses/vans, a weekly negative test result is recommended; weekly school testing fulfills this obligation.
- ❑ If players under age 12 are participating in multi-county, multi-day competitions of Moderate or High-Risk Outdoor sports, a negative test within a 3-day window period<sup>4</sup> prior to their first game

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last 90 days, but not within the last 10 days. Person must have completed their [isolation requirement](#) prior to participating.

<sup>4</sup> The 3-day window period is the 3 days before the inter-team competition. A 3-day timeframe instead of 72 hours provides more flexibility to the athlete or staff member. By using a 3-day window period, test validity does not depend on the time of the competition or the time of day that the test was

at the competition is recommended.

- ❑ No screening testing is required for athletes of any age, coaches, or support staff on moderate- or high-risk sports teams if the team is only engaged in conditioning or skill-building activities where 6 feet physical distance is maintained between participants at all times. This exemption only applies during the period of time when there are no close contact activities occurring at any practices and no competitive games. If there are any full practices or competitions occurring on certain days, then the testing requirements remain in place even if other practices only include conditioning and skill building.

Youth participating in outdoor sports **whose vaccination status is fully up-to-date** are not required to test weekly unless there is a positive case among players, coaches and/or staff. If there is a positive case, all players, staff/coaches/volunteers (regardless of vaccination status) are required to have a weekly negative test result for two weeks from exposure to the case and must test negative prior to competitions.

- ❑ Team staff/volunteers whose role or functions do not include any direct interaction with athletes, coaches, or other staff (e.g., lending administrative support to the team or league but not working directly with youth or other team members) are exempt from the testing requirements.
- ❑ Occasional volunteers who have very limited direct interaction with athletes, coaches, or other staff (e.g., a volunteer referee or umpire who officiates only once or twice during the season) are not required to perform weekly screening testing but must produce proof of full vaccination against COVID-19 or proof of a negative test performed within the 3 days prior to their volunteer activity.

## Ventilate

- ❑ If youth sports activities are taking place indoors, make sure your building's Heating, Ventilation, and Air Conditioning (HVAC) system is in good, working order.
- ❑ Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas.
- ❑ When weather and playing conditions allow, increase fresh outdoor air by opening windows and doors. Consider using fans to increase the effectiveness of open windows-position window fans to blow air outward, not inward.
- ❑ **When indoor activities do occur, improved ventilation in gymnasiums is a critical strategy to lower risk of viral transmission and outbreaks occurring as a result of high-risk competitive play. Strategic use of fans to improve air exchange at floor level may have significant impact at mitigating this risk. See [Best Practices for Gymnasium Ventilation](#) for further guidance.**
- ❑ Decrease occupancy in areas where outdoor ventilation cannot be increased.
- ❑ If your team or youth sports league utilizes transport vehicles, such as buses or vans, it is recommended to open windows to increase airflow from outside when it is safe to do so.
- ❑ See [State Interim guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#) and [CDC Ventilation in Schools and Child Care Programs](#) page.

administered. For example, if the competition is at 1pm on a Friday, the athlete or staff member could participate in the competition with a negative test that was taken any time on the prior Tuesday or after.



## Support handwashing

- Place handwashing stations or hand sanitizer at entry and outside communal bathrooms with signage promoting use.
- Encourage frequent handwashing.

## Communicate

- Post [signage](#) so that visitors who are entering your facility are aware of your policies, including the requirement that everyone must wear a face mask while indoors.
- Use your online platforms to communicate your COVID-19 safety policies to the public.

## Take additional precautions around team travel and multi-team tournaments

- When traveling in vehicles with other members of the youth sports team not from the same household, wear masks during the entire trip and keep windows open. This includes when carpooling in family vehicles.
- If traveling outside Los Angeles County for an event, adhere to the [Travel Advisory and Guidance](#).
- When traveling overnight, it is recommended that team members not from the same household sleep in separate rooms and keep masks on whenever visiting other members' hotel rooms.
- Socializing with other teams is strongly discouraged.

## Understanding the Risks Associated with Sports during the Pandemic

Sports and physical activities that allow for 6-8 feet between other competitors, like golf or singles tennis, are going to be less risky than sports that involve frequent close contact, like basketball or wrestling. Those where athletes do not share equipment, like cross country, will likely be less risky than which have shared equipment, such as football. Those with limited exposure to other players may be a safer option. A sprint in a track race, for example, may be less risky than sports that put someone in close contact with another player for an extended period of time, like an entire half of a game.

The specific location where athletes train, practice and compete also impacts risk. Choose outdoor venues for sports and classes whenever possible. COVID-19 is more likely to spread in indoor spaces with poor ventilation. Indoor sports and activities will likely present an increased risk of transmission, especially if the sport or physical activity also involves close contact, shared equipment, and more exposure to other players, such as basketball.

The more people someone interacts with, the greater the chance of COVID-19 exposure. So small teams, practice pods or classes that stay together, rather than mixing with other teams, coaches, or teachers, will be a safer option. This will also make it easier to contact individuals if there is an exposure to COVID-19.

Staying within your community will be safer than participating on travel teams. Traveling to an area with more COVID-19 cases could increase the chance of transmission and spread. Travel sports also include intermixing of players, so athletes are generally exposed to more people.

**Table 1. Examples of Sports Stratified by Risk Level**

Low Risk	Moderate Risk	High Risk
<ul style="list-style-type: none"> <li>• Archery</li> <li>• Badminton (singles)</li> <li>• Band</li> <li>• Biking</li> <li>• Bocce</li> <li>• Bowling</li> <li>• Corn hole</li> <li>• Cross country</li> <li>• Curling</li> <li>• Dance (no contact)</li> <li>• Disc golf</li> <li>• Drumline</li> <li>• Equestrian events (including rodeos) that involve only a single rider at a time</li> <li>• Golf</li> <li>• Gymnastics</li> <li>• Ice and roller skating (no contact)</li> <li>• Lawn bowling</li> <li>• Martial arts (no contact)</li> <li>• Physical training (e.g., yoga, Zumba, Taichi)</li> <li>• Pickleball (singles)</li> <li>• Rowing/crew (with 1 person)</li> <li>• Running</li> <li>• Shuffleboard</li> <li>• Skeet shooting</li> <li>• Skiing and snowboarding</li> <li>• Snowshoeing</li> <li>• Swimming and diving</li> <li>• Tennis (singles)</li> <li>• Track and Field</li> <li>• Walking and Hiking</li> </ul>	<ul style="list-style-type: none"> <li>• Badminton (doubles)</li> <li>• Baseball</li> <li>• Cheerleading</li> <li>• Dance (intermittent contact)</li> <li>• Dodgeball</li> <li>• Field hockey</li> <li>• Flag Football</li> <li>• Kickball</li> <li>• Lacrosse (girls/women)</li> <li>• Pickleball (doubles)</li> <li>• Squash</li> <li>• Softball</li> <li>• Tennis (doubles)</li> <li>• Volleyball</li> </ul>	<ul style="list-style-type: none"> <li>• Basketball</li> <li>• Boxing</li> <li>• Football</li> <li>• Ice hockey</li> <li>• Ice Skating (pairs)</li> <li>• Lacrosse (boys/men)</li> <li>• Martial Arts</li> <li>• Roller Derby</li> <li>• Rugby</li> <li>• Rowing/crew (with 2 or more people)</li> <li>• Soccer</li> <li>• Water polo</li> <li>• Wrestling</li> </ul>

# EXHIBIT D

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## Reopening Protocols for K-12 Schools: Appendix T1

### Recent Updates (Changes highlighted in yellow)

1/17/22

- **Surge Protocol is Active:** Temporary measures may be implemented to address the volume of cases and contacts due to significant COVID-19 surges and includes considerations for simplifying case identification and exposure management as outlined in [Appendix T2: Exposure Management Plan for TK-12 Schools](#)
- Changes in quarantine and testing requirements for students and staff based upon vaccination status or positive COVID-19 test in past 90 days.
- Attendance thresholds have been lowered for both outdoor Mega events (5,000 attendees) and indoor Mega Events (500 attendees).

1/4/22

- Clarified language regarding indoor and outdoor masking requirements for student.

The County of Los Angeles Department of Public Health (DPH) is adopting a staged approach, supported by science and public health expertise, to enable schools serving students from transitional kindergarten through grade 12 to reopen safely. In addition to the conditions imposed on schools by the State Public Health Officer and the California Department of Education, schools must also be in compliance with these employee and student safety and infection control protocols.

Please note: This document may be updated as new information and resources become available. Go to [ph.lacounty.gov/Coronavirus](http://ph.lacounty.gov/Coronavirus) for updates to this document.

This document starts with a discussion of current provisions for on-campus education in Los Angeles County (LAC), followed by information about safety strategies specific to the school environment.

The TK-12 reopening checklist provides safety measures in five areas:

- (1) Workplace policies and practices to protect employee and student health
- (2) Measures to create distancing where feasible
- (3) Measures to optimize infection control
- (4) Communication with employees, students and families of students and the public
- (5) Measures to ensure equitable access to critical services.

These five key areas contain numerous strategies that your school may choose to implement as your facility develops a plan to provide a safe environment for all employees, students, and visitors. Although some preventive and protective measures are currently required in all schools and are clearly indicated as such in the following protocol, most measures are optional and voluntary. Nevertheless, it is still appropriate for schools to implement multiple layers of COVID-19 mitigation strategies while fully re-opening to limit cases and transmission on the school campus. Additional measures described in [Appendix T2: Exposure Management Plan for K-12 Schools](#) must also be implemented and are applicable to all on-site personnel. Further resources for TK-12 Schools can be found in the [TK-12 School COVID-19 Toolkit](#).

### General Reopening Guidance for All Schools

**At this time, all schools are permitted to reopen for all students in any grades TK – 12.**

**Note for childcare programs located in schools.** Local Education Agencies (LEAs) and schools that offer day care services for children on school campuses should refer to DPH [Guidance for ECE Providers](#).

**COVID-19 VACCINATION IS THE FIRST LINE OF DEFENSE**

Achieving a high vaccination rate on your school campus is the first and best way to lower risk of infection and transmission at your school, greatly decrease risk of severe illness, hospitalization, and death in those who are fully vaccinated, and provide an additional layer of protection for those who cannot be fully vaccinated, are immunocompromised, or have underlying health conditions. For this reason, in addition to all requirements and recommendations written in this protocol, schools are urged to adopt strategies that normalize, promote, and facilitate COVID-19 vaccination and booster doses for all eligible staff and students on your campus. Please see [LACDPH Vaccine Clinic Toolkit for Schools](#), a step-by-step guide with best practices for hosting a school-based vaccine clinic. Also be aware that a [Health Officer Order](#) issued by the State of California on August 11, 2021 requires all school staff to either show proof of full vaccination or be tested at least once per week. The State also announced that students will be required to be vaccinated for in person learning starting the term following full FDA approval of the vaccine for their grade span (7-12 and K-6).

**TK to Grade 12 Reopening Checklist**

**Institution name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Maximum Occupancy, per Fire Code:** \_\_\_\_\_

**Approximate total square footage of space open to faculty and/or students:** \_\_\_\_\_

**Estimated total number of administrators, teachers, and other employees that will be returning to support resumption of in person services for students:**

**Estimated total number of students that will return per grade (if none, enter 0):**

TK: \_\_\_\_\_ K: \_\_\_\_\_ 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_ 4: \_\_\_\_\_ 5: \_\_\_\_\_  
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**NOTE:** The terms “employees” and “staff” are used in these protocols to refer to individuals who work in a school facility in any capacity associated with teaching, coaching, student support, provision of therapies or personal assistance to individual students, facility cleaning or maintenance, administration, or any other activity required for the school to function. “Employees” or “staff” may include individuals who are: paid directly by the relevant school system, paid by entities acting as contractors to the school, paid by outside entities acting in collaboration with the school to serve students, paid by third parties to provide individual student services, or unpaid volunteers acting under school direction to carry out essential functions. The term “parents” is used in these protocols to refer to any persons serving as caregivers or guardians to students.

**A. WORKPLACE POLICIES AND PRACTICES TO PROTECT STAFF (“EMPLOYEES”) AND STUDENTS  
(CHECK ALL THAT APPLY)**

The school must have a COVID-19 Containment, Response and Control Plan that describes the school’s comprehensive approach to preventing and containing the spread of COVID-19 on campus. The Plan includes, but is not limited to the following elements:

- A designated COVID-19 Compliance Team that is responsible for establishing and enforcing all COVID-19 safety protocols and ensuring that staff and students receive education about COVID-19. One member of this team is designated as a liaison to DPH in the event of an outbreak on campus.
- A plan or protocol, for steps that will be taken immediately upon notification of school officials that any member of the school community (faculty, staff, student, or visitor) tests positive for COVID-19.
- The plan addresses:
  - Immediate separation of the case from the school community to self-isolation at home if notification occurs while the case is on-site. The plan must allow for temporary, on-site isolation of the case if arrangements are needed for the person’s return to their home.
  - Fact sheets or other informational materials that are to be given to the case (or appropriate family member/s if the case is a child) covering regulations governing self-isolation and links to sites with further information.
- A plan or protocol to initiate a [School Exposure Management Plan](#) consistent with DPH guidance that outlines procedures for:
  - Isolation of case(s);
  - Identification of persons exposed to cases at school;
  - Quarantine of exposed staff and students per guidelines described in [Appendix T2: Exposure Management Plan for K-12 Schools](#).
  - Assurance of access to testing for all exposed students within the school who are not fully vaccinated, and all exposed staff who are not fully vaccinated, or fully vaccinated and overdue for their booster dose..
  - Notification to DPH of all confirmed cases of COVID-19 disease among employees and children who had been at school at any point within 14 days prior to the illness onset date. The illness onset date is the COVID-19 test date or Symptom Onset Date of the infected person, whichever is earlier. Reporting of cases should be done within 1 business day of the school’s notification of the case. This can be completed online using the secure web application: <http://www.redcap.link/lacdpheducationsector.covidreport> or by downloading and completing the [COVID-19 Case and Contact Line List for the Education Sector](#) and sending it to [ACDC-Education@ph.lacounty.gov](mailto:ACDC-Education@ph.lacounty.gov). **Note:** The current activation of surge protocol procedures in schools now allows some flexibility in the mechanism of case reporting. See [Appendix T2: Exposure Management Plan for K-12 Schools](#) for details.
  - To address the volume of cases due to significant COVID-19 surges, temporary measures outlined in [Appendix T2: Exposure Management Plan for K-12 Schools](#) may be implemented to manage cases and exposures at school. These are **optional** measures: schools may continue routine protocols for exposure management during the surge period if there is capacity to do so.
- A plan to immediately report a cluster of cases (3 or more cases within 14 days) to the Department of Public Health. This can be done using the same reporting options described above: (1) submitting the report online at <http://www.redcap.link/lacdpheducationsector.covidreport> or (2) completing the [COVID-19 Case and Contact Line List for the Education Sector](#) and emailing it to [ACDC-Education@ph.lacounty.gov](mailto:ACDC-Education@ph.lacounty.gov). The Department of Public Health will work with the school to determine whether the cluster is an outbreak that will require a public health outbreak response.
- Contingency plans for full or partial closure of in-person school operations if that should become necessary based on an outbreak in the school or community.

- A plan or protocol for incorporating COVID-19 testing into regular school operations.
  - At a minimum the plan should describe the strategy for ensuring access to testing for students or employees who are symptomatic or students and staff who are not fully vaccinated and have known or suspected exposure to an individual infected with SARS-CoV-2. Note that current Cal/OSHA COVID-19 Prevention Emergency Temporary Standards ([Cal/OSHA ETS](#)) requires employers to offer testing at no cost to employees during paid time for:
    - o Symptomatic unvaccinated employees, regardless of whether there is a known exposure.
    - o Unvaccinated employees after an exposure.
    - o Vaccinated employees after an exposure if they develop symptoms.
    - o Unvaccinated employees in an outbreak (3 or more employee cases).
    - o All employees in a major outbreak (20 or more employee cases).
  - Schools are required to have sufficient testing capacity two weeks after re-opening from winter break or by January 25, 2022, whichever is later, to test exposed students and staff who are unvaccinated or not fully vaccinated at least once weekly, during the 10 days after their last exposure date. **Please notify DPH immediately if you do not have testing capacity to meet this requirement.** If resources allow, schools should extend testing to include exposed students and staff who are fully vaccinated.
  - In addition, the school **may** consider a strategy for periodic testing for asymptomatic individuals with no known exposure. The California Department of Public Health (CDPH) is not requiring any particular frequency or procedure for asymptomatic testing at this time. However, the state has put into place support for specific testing cadences through supplemental testing supplies, shipment, laboratory capacity, enrollment and reporting technology, training, and assistance with insurance reimbursement. Schools are advised to access information and resources regarding school-centered testing at the state's [Safe Schools for All hub](#). In times of high rates of community transmission, LA County recommends that periodic testing include fully vaccinated individuals where resources allow. **Note: At this time given the volume of cases and contacts in the current pandemic surge, along with challenges in meeting the demand for testing, response testing for symptomatic and exposed individuals should be the priority.** In the event of wide-scale or repeated exposures within a school, weekly testing of all unvaccinated or not fully vaccinated students may be considered until such time that exposure events become less frequent. See [Appendix T2: Exposure Management Plan for K-12 Schools](#) for additional details.
  - The plan must provide that all testing results will be reported to the Department of Public Health.
  - Please note: Screening testing is not recommended for persons who have recovered from laboratory confirmed COVID-19 within the past 90 days and are asymptomatic.
- Consider assigning vulnerable employees (employees not yet fully vaccinated who are above age 65 and/or with chronic health conditions that would place them at high risk if infected) work that can be done from home when feasible. Employees in this category should discuss any concerns with their healthcare provider or occupational health services to make appropriate decisions on returning to the workplace.
- Consider reconfiguration of work processes to the extent consistent with academic requirements and student needs to increase opportunities for employees to work from home.
- All employees have been told not to come to work if sick. School officials have provided information to employees regarding [employer or government sponsored leave benefits](#).
- Employees with an exposure or suspected exposure to a person who has COVID-19 must follow quarantine guidance as detailed in [Appendix T2: Exposure Management Plan for K-12 Schools](#).
- Use of school facilities for non-school purposes (community meeting or events, on-site clinic visits by people who are neither students nor staff, etc.) is permitted. Use of indoor school facilities provides more risk of contamination of indoor air and surfaces and care should be taken to avoid unnecessary exposure for regular school employees and students. Routine cleaning after use of indoor facilities by non-school groups is recommended. Use of outdoor athletic fields by non-school youth sports teams, leagues, or clubs is permitted



as long as care is taken to avoid unnecessary exposures for regular school employees and students.

- ❑ [Employee screenings](#) are recommended to be conducted before employees may enter the workspace. Entry screening should include a check-in concerning cough, shortness of breath, difficulty breathing and fever or chills and if the employee is currently under isolation or quarantine orders. Temperature checks are recommended if feasible.
  - These screenings can be done in-person upon arrival at the site or remotely before arrival using a digital app or other verifiable approach.
  - Note that current [Cal/OSHA ETS](#) requires employers to exclude employees from the workplace who have COVID-19 symptoms and/or are not fully vaccinated and have had a close contact. Cal/OSHA does not prescribe any particular method of employee screening but implementing some method as recommended will assist in compliance with the current ETS.
- ❑ Masking is required for anyone entering school buildings or transports (school buses as well as school buildings) who has contact with others (students, parents, or other employees).
  - Employees who have contact with others are offered, at no cost, an appropriate face mask that covers the nose and mouth. The mask must be worn by the employee at all times during the workday and is in contact or likely to come into contact with others. Employees who have been instructed by their medical provider that they should not wear a face mask must wear a face shield with a drape on the bottom edge, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Masks with one-way valves must not be used.
  - Employees who are exempt from wearing a mask **must** undergo COVID-19 testing at least twice per week unless the employee provides proof of full vaccination status against COVID-19 and proof of receipt of booster dose once they become eligible. In times of high rates of community transmission, LA County recommends that this periodic testing also include fully vaccinated individuals with or without booster doses where resources allow.
  - **Requirement to provide upgraded masks to all school employees:** At this time, all school employees, as defined above, must wear surgical-grade masks (also referred to as medical procedure masks) or higher-level PPE (e.g., KN95 or N95 respirator masks). For those wearing surgical masks, double masking, with a cloth face covering worn over the surgical mask, is recommended for enhanced protection. Cloth face coverings alone are no longer acceptable, as they do not provide the same level of source control or personal protection as a proper surgical mask or higher-level PPE. **Schools should implement this directive as soon as possible but must be in compliance no later than two weeks after the post-holiday reopening date of the school or district or January 17, 2022, whichever is later.**
  - Employers are required to provide, upon request, respirators to any unvaccinated employee along with instructions on how to ensure the mask fits appropriately.
  - All staff **must** wear a face mask at all times when indoors, except when working alone in private offices with closed doors; when they are the **only** individual present in a larger open workspace for multiple employees; or when eating or drinking.
  - All staff are also required to wear masks outdoors on school campuses, except when eating or drinking, when in crowded outdoor settings where distancing cannot be easily and reliably maintained.
  - It is strongly recommended but not required that students wear upgraded masks which at a minimum are well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire. Nothing in this protocol requires that the school provide upgraded masks to its general student population. **However, universal masking with some appropriate type of face covering is still currently required for both indoor and outdoor settings on the school campus.** Exceptions would include when actively eating or drinking and in outdoor settings where physical distancing can be reliably maintained.
  - For the most updated LACDPH guidance and information on masking, refer to [COVID-19 Masks](#).



- Alternative protective strategies may be adopted to accommodate students who are on Individualized Education or 504 Plans and who have medical reasons why they cannot use or tolerate a face mask. Students who present appropriate documentation demonstrating a disability or condition that does not allow them to safely wear a mask should wear a face shield with drape at the bottom if their condition allows it. Students with documented conditions that do not accommodate the face shield and drape may request a reasonable accommodation from the school or district. Assessing for exemption due to a medical condition, mental health condition, disability or hearing impairment that prevents wearing a mask, is a medical determination and therefore must be made by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician. Self-attestation and parental attestation for mask exemptions due to the aforementioned conditions do not constitute medical determinations. Appropriately documented medical exemptions are the only acceptable reason a student may be excused from the requirement to wear a mask indoors at school. Personal belief or religious exemptions do not apply to masking requirements.
  - It is strongly recommended that any student who is exempt from wearing a mask indoors be tested for COVID-19 at least twice a week, unless they provide proof of full vaccination status (and booster status if eligible) against COVID-19. In times of high rates of community transmission, LA County recommends that this periodic testing also include fully vaccinated and boosted individuals where resources allow.
  - Public schools should be aware of the requirements in AB 130 to offer independent study programs for the 2021-22 school year.
- It is recommended that employees be instructed to wash or replace their face masks daily and parents be instructed to ensure that children have clean face masks.
- To ensure that masks are worn consistently and correctly, staff are discouraged from eating or drinking except during their breaks when they are able to safely remove their masks and increase their physical distance from others. Eating or drinking outdoors is best but eating or drinking at a cubicle or workstation indoors is preferred to eating in a breakroom if eating in a cubicle or workstation permits greater distance from and barriers between staff.
- Consider increasing space between employees in any room or area used by staff for meals and/or breaks, especially when space will be shared by employees who are not fully vaccinated or whose vaccination status is unknown.
- All employees, on-site contractors, vendors, and delivery personnel have been provided instructions regarding required use of face masks when around others indoors.
- Break rooms, restrooms, classrooms, and other common areas used or visited by staff are cleaned at the frequency listed below. Routine cleaning is recommended at a frequency no less than once per day during periods of operation but may be done more frequently.
- Break rooms \_\_\_\_\_
  - Restrooms \_\_\_\_\_
  - Classrooms \_\_\_\_\_
  - Laboratories \_\_\_\_\_
  - Nurse's office \_\_\_\_\_
  - Counseling and other student support areas \_\_\_\_\_
  - Front office \_\_\_\_\_
  - Other offices \_\_\_\_\_
  - Other (auditorium, gymnasium, library if in use) \_\_\_\_\_
- High touch areas in staff breakrooms are recommended to be cleaned at least once per day.
- It is recommended that hand sanitizer effective against COVID-19 be made available to all employees in

or near the following locations (check all that apply):

- Building entrance/s, exit/s \_\_\_\_\_
- Central office \_\_\_\_\_
- Stairway entrances \_\_\_\_\_
- Elevator entry (if applicable) \_\_\_\_\_
- Classrooms \_\_\_\_\_
- Faculty breakroom \_\_\_\_\_
- Faculty offices: \_\_\_\_\_

- It is recommended that employees be offered frequent opportunities to wash their hands with soap and water.
- Copies of this Protocol have been distributed to all employees.
- Optional—Describe other measures:

**B. MEASURES TO ALLOW FOR RECOMMENDED PHYSICAL DISTANCING AND REDUCE CROWDING BY STAFF, STUDENTS AND VISITORS (CHECK ALL THAT APPLY)**

**NOTE:** LACDPH recommends that measures be implemented to create physical distancing when doing so will not interfere with the full-time attendance of all enrolled students. This is especially important during times that groups of students are outside the classroom (e.g., hallway transitions) and/or anytime masks must be removed in a group setting (e.g., lunch time, recess) where increased physical distance is preferred. For situations when physical distancing may not be feasible (e.g., very full classrooms), the importance of 100% mask adherence is critical.

- Maximum number of employees permitted in facility, is: \_\_\_\_\_.
- Face masks are required at all times on school buses and vans.
- Consider maintaining measures to promote physical distancing of students on school busses since many students remain unvaccinated. These measures may include (check all that apply):
  - Seating one child per bus seat. \_\_\_\_\_
  - Use of alternating rows. \_\_\_\_\_
  - Open windows as air quality and rider safety concerns allow. \_\_\_\_\_
- Additional measures that may be considered to promote physical distancing and reduce rider density on school buses (Check all that apply):
  - Staggered school start times to permit more than one trip per bus at school start and close. \_\_\_\_\_
  - Implementation of measures that make it easier for parents to drive students to school, such as availability of early opening with staff presence, expanded short-term parking at schools, and presence of staff at drop-off areas to assure safe movement of students from drop-off to school entry. \_\_\_\_\_
  - Implementation of measures that facilitate safe and age-appropriate student travel to school including Safe Routes to School walking groups, use of school crossing guards, bicycle safety and bike route programming. \_\_\_\_\_
    - Parents have been engaged in working with school personnel to assure that alternative transportation options are appropriately supervised and have incorporated strategies for physical distancing and use of face masks.
    - Building infrastructure is adapted to maximize support for bicycle commuting and capacity for bike storage is increased if possible.
  - Other: \_\_\_\_\_

- Consider implementing measures to reduce crowding as students, parents or visitors enter and move through the school building. These may include (check all that apply):
  - Schedules are adjusted to avoid crowding in common spaces and when possible, allow single classrooms or small groups to move through common spaces (such as hallways and bathrooms) at a given time. \_\_\_\_\_
  - School employees are deployed in hallways to promote physical distancing and reduce loitering and crowding as students enter and proceed to classrooms. \_\_\_\_\_
  - Elevator capacity, if applicable, is limited to reduce crowding. All riders are required to wear face masks. \_\_\_\_\_
  - The following measures may be implemented to avoid crowding on stairways:
    - Designation of up and down stairways \_\_\_\_\_
    - Staggering of breaks between classes \_\_\_\_\_
    - Monitoring of stairways by school staff \_\_\_\_\_
    - Other: \_\_\_\_\_
  
- Consider adopting a school-wide approach to creating and maintaining stable groups, in which supervising adults and children stay together for as many activities as possible (e.g., meals, recreation, etc.), and avoid inter-mingling with people outside of their group in the setting, throughout the school day. Stable groups are considered a best practice at all grade levels and therefore recommended but not required.
  - Students with IEP or 504 plans who require specialized services may be pulled out of their general education classroom and grouped with other students requiring similar services as needed to provide appropriate level of instruction and care.
  - Specialized staff who serve students with IEP or 504 plans and/or provide specialized services will need to work with different stable groups during the school day and this should be accommodated. Staff that are not fully vaccinated should consider wearing a face shield in addition to the required mask if entering multiple classrooms for this purpose. All staff should be encouraged to wash or sanitize hands after leaving a classroom and before entering another classroom with a different group of students.
  
- Consider implementing measures that allow for recommended physical distancing within classrooms when possible without interfering with essential operations. These may include the following measures (check all that apply):
  - Classroom furniture is set up to maximize distance between students and between students and teachers. As a best practice, avoid using “pod” seating arrangements in classrooms. Where distancing is not feasible consider other safety measures including focus on high mask adherence.
  - Consider enhancing other mitigation layers, such as stable groups or improved ventilation.
  - Maintain an increased distance as much as possible during times when students or staff are not masked (e.g., due to eating or drinking, napping).
  - Nap or rest areas in classrooms have students placed an increased distance apart and alternating feet to head.
  - Other: \_\_\_\_\_
  
- Consider offering physical education classes outdoors as much as possible and select activities that allow for physical distancing. Physical education classes held indoors requires all present to wear masks except when drinking water.
  
- Consider implementing school policies that promote physical distancing in locker rooms. Policies may include:
  - Offering access to locker rooms only when staff supervision is possible. Staggering locker room access. Consider limiting the total time students and student athletes spend in locker rooms, for

example, suggest student athletes shower at home after practice and games.

- Creating alternative options for storage of student clothing, books, and other items.
- Consider implementing measures to increase physical distancing during school meals when students will be unmasked. These may include (check all that apply):
- Meals are eaten in classrooms or outdoors, without mingling of stable groups from different classrooms. \_\_\_\_\_
  - If students line up to pick up food, tape or other markings are used to promote distance between students. \_\_\_\_\_
  - Staff are deployed during meals to maintain distancing and prevent mixing of students from different stable groups. \_\_\_\_\_
  - If meals take place in a cafeteria, mealtimes are staggered to reduce the number of groups in the cafeteria at any one time. \_\_\_\_\_
  - If meals take place in a cafeteria, space between all tables/chairs has been increased to maintain distance between students while eating. Barriers between tables and/or chairs may be used as an alternative when distancing is not possible. \_\_\_\_\_
- Consider implementing measures to promote physical distancing in school areas used for student support services.
- Student support staff, including school employees (nurses, guidance counselors, therapists, etc.) and employees of adjunct support programs (clinicians, health educators, etc.) are encouraged to maintain when feasible physical distance while engaging in student support activities.
  - Furniture and equipment in school areas used for student support services are arranged to promote distancing between any two students and/or between students and staff.
  - Sharing of equipment and supplies is avoided where possible.
  - Staff offering student support services are provided with appropriate Personal Protective Equipment (PPE) per Cal/OSHA requirements.

### C. MEASURES THAT ENSURE INFECTION CONTROL (CHECK ALL THAT APPLY TO THE FACILITY)

- Symptom screening is recommended to be conducted before students, visitors and staff enter the school. Screening should include a check-in concerning symptoms consistent with possible COVID-19 and any other symptoms the individual may be experiencing. These checks can be done remotely (using a digital app) or in person upon arrival. A temperature check with a no-touch thermometer at entry can be included as part of the screening, if feasible, especially for visitors who may not be part of a systematic at-home screening process.
- Students, staff, and visitors who screen positive at entry or who report symptoms at any point during the school day should be reported to the COVID-19 Compliance Team (see Section A). The COVID-19 Compliance Team will determine whether the individual should be excused from the facility according to DPH guidance on [Symptom and Exposure Screening Pathways](#) at Educational Institutions. Students who screen positive are provided a surgical mask, unless they are already wearing a mask of recommended quality and accompanied to a pre-selected isolation space where they can remain while a determination is made on exclusion and arrangements are made for their return home, where indicated.
  - Per the DPH Symptom and Exposure Screening Pathways, students, staff, and visitors who have had close contact with an individual who has screened positive for symptoms consistent with possible COVID-19 are notified of the potential exposure. These individuals are not required to quarantine unless the exposure has been confirmed through a positive COVID-19 diagnostic viral test or a clinical diagnosis from a medical provider. Students who have a confirmed exposure are accompanied to preselected quarantine space where they can remain until arrangements are made for their return

home, unless the student meets criteria to remain in the classroom space during the post-exposure period (students who remain in the classroom space post-exposure must wear a well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire). This quarantine space is apart from the one set aside for symptomatic students. It may be a separate room or an area within the same room that is set apart by a barrier. Once they return home, they are instructed to self-quarantine as required by Health Officer Quarantine Order.

- Screening of adults and of middle and high school age students should include a question about close contact with anyone at home, school or elsewhere in the past 10 days who has tested positive for COVID-19.
  - Anyone who is screened for recent exposure and reports close contact with an infected person should be managed per guidance in [Appendix T2: Exposure Management Plan for K-12 Schools](#)
- Consider implementing measures to limit risk of infection due to visits by individuals other than staff and students. These may include (check all that apply):
  - Visitors should be registered in a visitor log that includes a visitor's name, phone number and email address in case this information is needed in the future for contact tracing purposes. If a visitor must be accompanied by another person (e.g., for translation assistance, or because the visitor is a minor, or has minor students) their information should also be captured in the visitor log. \_\_\_\_\_
  - Movement of visitors within the school is best limited to designated areas such as the reception or lobby area, offices, conference or meeting rooms, and public rest rooms to the extent feasible, in order to reduce unnecessary interaction with any stable learning groups. \_\_\_\_\_
  - Visitors arriving at the school are reminded to wear a face mask at all times while inside the school. This applies to all adults and to children 2 years of age and older. Individuals who have been instructed by their medical provider that they should not wear a face mask should wear a face shield with a drape on the bottom edge, as long as their condition permits it. A drape that is form fitting under the chin is preferred. Masks with one-way valves must not be used. To support the safety of your employees and other visitors, a face mask should be made available to visitors who arrive without them. For the safety of the visitors, as well as the entire school population, it is recommended but not required at this time that visitors wear an increased grade of mask while on campus such as a surgical grade (or medical procedure) mask or higher-level PPE (e.g., KN95 or N95 respirator). \_\_\_\_\_
- Implementing measures to promote optimal ventilation in the school is strongly recommended. These may include (check all that apply):
  - Movement of classroom learning, meals, and activities to outdoor space is maximized whenever feasible and weather permitting. \_\_\_\_\_
  - The school HVAC system is in good, working order. Prior to school reopening, consider having the HVAC system evaluated by an appropriate engineer familiar with the Guidance for Reopening Schools as developed by the American Society of Heating, Refrigerating, and Air-conditioning Engineers (ASHRAE). \_\_\_\_\_
  - HVAC systems are set to maximize indoor/outdoor air exchange unless outdoor conditions (recent fire, very high outside temperature, high pollen count, etc.) make this inappropriate. \_\_\_\_\_
  - Portable, high-efficiency air cleaners have been installed if feasible. \_\_\_\_\_
  - Doors and windows are kept open during the school day if feasible and if outdoor conditions make this appropriate. Existing fire codes requiring closure of fire-rated doors must be respected. \_\_\_\_\_
  - Air filters have been upgraded to a higher efficiency (MERV-13 or higher rating is preferred). \_\_\_\_\_
  - Due to large room capacity and high-risk activities occurring on the court, improved ventilation in gymnasiums is a critical strategy to lower risk of viral transmission and outbreaks occurring as a result of high-risk competitive play. Strategic use of fans to improve air exchange at floor level may have significant impact at mitigating this risk. See [Best Practices for Gymnasium Ventilation](#) for further



guidance. \_\_\_\_\_

- Other: \_\_\_\_\_

It is recommended to have measures in place to promote appropriate cleaning of space, surfaces, and objects throughout the school. These may include (check all that apply).

- A cleaning schedule has been established in order to avoid both under-and over- use of cleaning products. \_\_\_\_\_
- Buses are thoroughly cleaned daily and disinfected after transporting any individual who is exhibiting symptoms of COVID-19. Drivers are equipped with disinfectant wipes and disposable gloves to support disinfection of surfaces as needed during a run. Frequently touched surfaces are cleaned after every completed bus route. \_\_\_\_\_
- Common areas and frequently touched objects in those areas (tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, elevator switches and buttons, touch screens, printers/copiers, grab bars, and handrails) are cleaned at least daily and more frequently as resources allow using appropriate products (see below). \_\_\_\_\_
- Drinking fountains may be available for use. To minimize the risk of Legionnaire’s disease and other diseases associated with water, take steps to ensure that all water systems and features (e.g., drinking fountains, decorative fountains) are safe to use after a prolonged facility shutdown. This includes proper flushing and may require additional cleaning steps (including disinfection). Refer to CDC Guidance for Reopening Buildings After Prolonged Shutdown or Reduced Operation: <https://www.cdc.gov/coronavirus/2019-ncov/php/building-water-system.html>. \_\_\_\_\_
- Where individualized alternatives are not feasible, for example, in laboratories and art rooms where some equipment may have to be used by multiple students, objects and surfaces are sanitized between users. \_\_\_\_\_
- Cleaning products that are effective against COVID-19 (these are listed on the Environmental Protection Agency (EPA)-approved list “N) are used according to product instructions. When EPA-approved disinfectants are not available, alternative disinfectants can be used (for example, 1/3 cup of bleach added to 1 gallon of water, or 70% alcohol solutions). Do not mix bleach or other cleaning and disinfection products together – this causes toxic fumes that may be very dangerous to breathe. \_\_\_\_\_
- Custodial and other staff responsible for cleaning and disinfecting school surfaces and objects are trained on manufacturer’s directions, Cal/OSHA requirements for safe use and as required by the Healthy Schools Act, as applicable. \_\_\_\_\_
- Custodial staff and other staff responsible for cleaning and disinfecting are equipped with appropriate personal protective equipment (PPE), including gloves, eye protection, respiratory protection and other appropriate protective equipment as required by the product. \_\_\_\_\_
- All cleaning products are kept out of children’s reach and stored in a space with restricted access. \_\_\_\_\_
- Ventilation is maximized during cleaning and disinfecting to the extent feasible. If using air conditioning, use the setting that brings in fresh air. Replace and check air filters and filtration systems to ensure optimal air quality. \_\_\_\_\_
- Enhanced cleaning and disinfection of school premises, when indicated, is done when students are not at school with adequate time to let spaces air out before the start of the school day. \_\_\_\_\_
- Steps are taken to ensure that all water systems and sinks are safe to use after a prolonged facility shutdown to minimize the risk of Legionnaires’ disease and other diseases associated with water. \_\_\_\_\_
- Restrooms, lobbies, break rooms and lounges, and other common areas are cleaned at the frequency listed below. Routine cleaning is recommended at a frequency no less than once per day during

periods of operation but may be done more frequently.

- Restrooms: \_\_\_\_\_
- Lobbies/entry areas: \_\_\_\_\_
- Teacher/staff break rooms: \_\_\_\_\_
- Classrooms: \_\_\_\_\_
- Cafeteria dining area: \_\_\_\_\_
- Cafeteria food preparation area: \_\_\_\_\_
- Front office: \_\_\_\_\_
- Other offices: \_\_\_\_\_
- Other areas: \_\_\_\_\_

Measures are in place to ensure use of appropriate face masks by all staff, students, and visitors at all times when indoors. These must include (check all that apply):

- Staff, parents, and students are informed of the requirement for face masks prior to the start of the school year and on a regular basis throughout the school year. \_\_\_\_\_
- All students 2 and older are required to wear face masks at all times while indoors on school property except while eating, drinking, or carrying out other activities that preclude use of face masks. \_\_\_\_\_
- All students 2 and older are also required to wear masks while outdoors on campus when in crowded settings, and in other outdoor spaces where distancing is not possible or practical.
- It is strongly recommended but not required that students wear upgraded masks. A well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire is recommended. Nothing in this protocol requires that the school provide upgraded masks to its general student population. **However, universal masking with some appropriate type of face covering is still currently required for both indoor and outdoor settings on the school campus.** Exceptions to universal masking requirements would include when actively eating or drinking and in outdoor settings where physical distancing can be reliably maintained. Upgraded level of masking may be required for a limited time in special circumstances such as a student in school who was recently isolating after illness and/or a positive test, or recently exposed to a confirmed case.
- Alternative protective strategies may be adopted to accommodate students who are on Individualized Education or 504 Plans and who have medical reasons why they cannot use or tolerate a face mask. They should substitute a face shield with drape at the bottom if tolerated. Assessing for exemption due to a medical condition, mental health condition, disability that prevents wearing a mask, or hearing impairment is a medical determination and therefore must be made by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician. Self-attestation and parental attestation for mask exemptions due to the aforementioned conditions do not constitute medical determinations. Appropriately documented medical exemptions are the only acceptable reason a student may be excused from the requirement to wear a mask indoors at school. Personal belief or religious exemptions do not apply to masking requirements.
- Information is provided to staff, parents and students concerning proper use of face masks including the need to wash or replace face masks after each day's use. \_\_\_\_\_
- Signage at the entry to the school, at the entry to the school office and throughout the school building reinforces this requirement and depicts proper use of face masks. \_\_\_\_\_
- As feasible, two face masks are provided to each student at the start of the school year. If that is not feasible, parents and students are given information concerning methods for making their own face masks. \_\_\_\_\_
- Parents of younger children are encouraged to provide a second face mask for school each day in case the one a child is wearing gets soiled; this would allow for a change of the face mask during the

day. \_\_\_\_\_

- Staff who are deployed at school entry or in hallways or other common areas remind students of rules concerning use of face masks. \_\_\_\_\_
- Employees engaged in activities (such as provision of physical therapy or personal assistance to individual students) are equipped with appropriate personal protective equipment (gloves, masks, gowns, etc.), as appropriate. \_\_\_\_\_

**NOTE:** Staff and students who are alone in closed offices are not required to wear face masks. Students may also remove face masks indoors when eating or napping or when wearing a face mask is otherwise impracticable (e.g., while swimming or showering). The school may consider whether it is appropriate for a teacher in the early grades to use a plastic face shield with a tucked-in drape below the chin as a substitute for a face mask to enable the youngest students to see their teacher's face and avoid potential barriers to phonological instruction. Masks with transparent areas that make the lips and mouth visible also exist for this purpose and are permitted as an exemption to the upgraded mask requirements for staff for this specific purpose and only for the period of time when this activity requires the exemption.

Implementing measures to promote frequent hand washing by staff, students, and visitors is recommended. These may include (check all that apply):

- Students and staff are given frequent opportunities to wash their hands for 20 seconds with soap, rubbing thoroughly after application, and use paper towels (or single-use cloth towels) to dry hands thoroughly. \_\_\_\_\_
- Younger students are regularly scheduled for frequent handwashing breaks, including before and after eating, after toileting, after outdoor play, and before and after any group activity. \_\_\_\_\_
- Staff are instructed to model frequent handwashing, especially in lower grades where bathroom time is an opportunity to reinforce healthy habits and monitor proper hand washing. \_\_\_\_\_
- Portable handwashing stations have been placed near classrooms to minimize movement and congregations in bathrooms to the extent practicable. \_\_\_\_\_
- Ethyl alcohol-based (contains at least 60% ethanol) hand sanitizer is made available to students and staff at strategic locations throughout the school where there is no sink or portable handwashing station (in or near classrooms, rooms in which support services are provided, music and art rooms). Ethyl alcohol-based hand sanitizer is preferred and should be used in school environments. Hand sanitizers with isopropyl alcohol as the main active ingredient are not used in the school, as it is more irritating and can be absorbed through the skin. \_\_\_\_\_
- Swallowing alcohol-based hand sanitizers can cause alcohol poisoning. Hand sanitizer is not out in the open and should be used with adult supervision for children under age 9. Faculty and staff have been made aware of the risk of ingestion and that they should call Poison Control at 1-800-222-1222 if there is reason to believe that a student has consumed hand sanitizer. \_\_\_\_\_
- Hand sanitizer, soap and water, tissues and trash cans are available at or near the entrance of the facility, at reception, and anywhere else inside the workplace or immediately outside where people have direct interactions. \_\_\_\_\_

### SPECIAL CONSIDERATIONS FOR PERFORMING ARTS

**Music classes**

- Any group musical activity requires participants to wear face masks both indoors and outdoors. However, individuals may practice such activities without masks when outdoors when alone, with enhanced physical distancing from others, and when alone indoors in a studio or practice room with the door closed.
- Playing of wind instruments is permitted in a group setting as long as the following safety measures are adhered to:
  - Those playing wind instruments must properly wear a modified face covering that allows for



direct contact with the instrument mouthpiece whenever they are playing the instrument. During periods that the students are not actively practicing or performing, they should switch to full face coverings.

- Instrument bell covers must be used during playing of wind instruments.
- A minimum of 3 feet of physical distancing must be maintained between any individual playing a wind instrument and all other participants.
- Perform at least weekly screening testing with either PCR testing or antigen testing of all individuals who are not fully vaccinated and participating in the group practice or performance.
- For activities that generate more forceful expired respiratory droplets such as singing, increased distance between individuals and engaging in these activities outside is strongly recommended. Individual singers may practice alone outdoors and indoors in a studio or practice room without a mask or with a single instructor present if both of them are appropriately masked per the guidance contained above in this protocol. Increased distance between the singer and instructor is recommended.
- Limit the exchange (or sharing) of any instruments, parts, music sheets, or any other items.
- Use disposable absorbent pads or other receptacles, where possible, to catch the contents of spit valves or water keys, discard or clean properly after use.

#### Theater classes

- Students and instructors in theater classes must wear face masks at all times. It is recommended that there be increased physical distance if the participants are enunciating (for example, those in a theater workshop).
- Limit, where possible, sharing of props, costumes, and wigs. If they must be shared, choose props, costumes and other materials that can be more easily disinfected. All props must be disinfected before first use on the set, and between uses by different actors. All shared clothing must be cleaned after each use. All wigs or other shared prosthetics must be disinfected after each use.
- Clean dressing rooms, green rooms, and production areas using a disinfectant from EPA's List N: Disinfectants for COVID-19.
- Consider holding virtual or outdoor rehearsals and performances instead of indoor. Masks must be worn at all times when multiple individuals are participating together in the activities.

#### Dance classes

- Students and instructors must wear face masks at all times. Masks may be removed briefly to drink water; during water breaks, students should be reminded to maintain an increased distance from others while masks are removed. Students should be reminded to limit their exertion to a level that is comfortable while wearing a face mask and to immediately take a break from exercise if they begin to experience any difficulty breathing. Masks may be briefly removed while a participant rests and catches their breath as long as they move an appropriate distance from all others in the space. Masks should be changed if they become wet, if they stick to a person's face, or if they obstruct breathing.
- For activities that generate a greater volume of respiratory droplets such as heavy exertion, increasing the distance between individuals and limiting such activities to outdoor space is strongly recommended.
- Maximize use of outdoor space for practice and performance as much as possible. Masks must be worn at all times when multiple individuals are participating together in the activities.

#### Music Recording

- Singing in sound booths/recording booths is permitted at this time as long as face masks are worn at all times as required. Increased distance between singers and from all others in the booth is strongly recommended due to the large amount of respiratory droplets released into a relatively small, confined indoor space.

- Playing of wind instruments inside a sound booth with others present in the booth is permitted as long as musicians comply with all requirements above. Refer to section on music classes.
- Singers or musicians playing wind instruments are permitted to perform in the sound booth without masks and other protective equipment only if they are sealed in the booth for solo recording and no other individuals are in the booth at the time.
- Other group instrumental music may be recorded using a sound booth; however, a minimum of 3 feet of physical distance should be maintained between all musicians at all times and masks are required as for all other spaces.
- Before the booth is used by another musician or group of musicians, the booth should be well ventilated (consider use of an air purifying device) to promote full air exchange and shared equipment (e.g., microphones) should be sanitized.

**Performances**

- Any performances should follow the [Best Practices Guidance for Smaller Events](#) to reduce the risk of spreading COVID-19, unless your performance or event is a [Mega Event](#) (defined as more than 500 attendees in an indoor venue or 5,000 attendees outdoors), then you should follow the [Guidance for Mega Events](#).
- Note that all performances in TK-12 school-sponsored productions require use of masks in indoor spaces by all persons present, including performers during the performance, regardless of vaccination status. At this time, student performers are also required to wear appropriate face coverings during outdoor performances as well. Spectators are not required to mask outdoors unless the performance qualifies as an outdoor mega-event. A TK-12 school-sponsored performance includes any performing art activity that is supervised, organized or sponsored by the school and includes students as part of their curricular or extracurricular programming, regardless of whether the performance is held at the school campus or at an offsite venue.

**D. MEASURES THAT COMMUNICATE TO THE CAMPUS COMMUNITY AND THE PUBLIC**

- Information should be sent to parents and students prior to the start of school concerning school policies related to (check all that apply):
- Isolation and quarantine policies as they apply to students who have symptoms or may have been exposed to COVID-19 \_\_\_\_\_
  - Options for COVID-19 testing if the student or a family member has symptoms or has been exposed to COVID-19 \_\_\_\_\_
  - Who to contact at the school if student has symptoms or may have been exposed:  
\_\_\_\_\_
  - How to conduct a symptom check before student leaves home \_\_\_\_\_
  - Required use of face masks \_\_\_\_\_
  - Importance of student compliance with any physical distancing and infection control policies in place \_\_\_\_\_
  - Changes in academic and extracurricular programming in order to avert risk \_\_\_\_\_
  - School policies concerning parent visits to school and advisability of contacting the school remotely \_\_\_\_\_
  - Importance of providing the school with up-to-date emergency contact information including multiple parent contact options \_\_\_\_\_
  - Other: \_\_\_\_\_
- A copy of this protocol is posted at all public entrances to the school and uploaded to a public facing page on the school or district website.

- Signage has been posted throughout the school reminding staff and students of policies concerning use of face masks and importance of hand washing.
- Signage is posted at each public entrance of the school informing visitors that they should not enter the facility if they have symptoms of COVID-19.
- The school has developed and circulated a communication plan in case full or partial closure is required due to a possible cluster of COVID-19 cases.
- Online outlets of the school (website, social media, etc.) provide clear, up-to-date information about building hours, visitation policies, changes in academic and extracurricular programming, and requirements concerning use of face masks, physical distancing, and hand washing.
- Online outlets instruct students, parents, and teachers on how to contact the school in case of infection or exposure.

#### **E. MEASURES THAT ENSURE EQUITABLE ACCESS TO CRITICAL SERVICES**

- A plan for updating Individualized Education Plans (IEPs) and 504 Plans of students with special needs has been developed to ensure that education can continue without undue risk to the student.
  - This plan includes a method for proactive school contact with parents at the beginning of the school year to assure that issues related to the child's education and safety are being addressed.
  - Modifications to individual IEPs and 504 plans may involve remote learning, modifications to the classroom to accommodate student needs, school attendance in a separate area with few students, or a hybrid approach combining in-class and remote learning.
  - Steps taken to modify IEPs and 504 plans to assure student safety comply with relevant provisions of state and federal law.
- Administrative services or operations that can be offered remotely (e.g., class registration, form submission, etc.) have been moved on-line.

**Any additional measures not included above should be listed on separate pages, which the business should attach to this document.**

**You may contact the following person with any questions or comments about this protocol:**

**Business Contact Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Date Last Revised:** \_\_\_\_\_

#### **SUMMARY OF REQUIRED PROCEDURES CONTAINED IN THIS DOCUMENT**

- The school must have a COVID-19 Containment, Response and Control Plan that describes the school's comprehensive approach to preventing and containing the spread of COVID-19 on campus.
- A plan or protocol to initiate a [School Exposure Management Plan](#) consistent with DPH guidance.
- A plan to immediately report a cluster of cases (3 or more cases within 14 days) to the Department of Public Health.
- A plan or protocol for incorporating COVID-19 testing into regular school operations, which at a minimum should describe the strategy for ensuring access to testing for students or employees who are symptomatic or have known or suspected exposure to an individual infected with SARS-CoV-2.
- The plan must provide that all testing results will be reported to the Department of Public Health. All

employees have been told not to come to work if sick or if they have been exposed to a person who has COVID-19.

- Anyone entering school buildings or transports (school buses as well as school buildings) who has contact with others (students, parents, or other employees) is required to wear a face mask while indoors regardless of vaccination status.
- School employees are required to wear higher grade masks. Surgical masks are minimum requirement. Higher level PPE (e.g., KN95 or N95 respirator masks may also be considered).
- Students and staff are required to wear masks in outdoor spaces, unless eating or drinking, in any crowded setting where physical distancing cannot be easily or reliably maintained.
- Assessing for mask exemption due to a medical condition, mental health condition, disability or hearing impairment that prevents wearing a mask, is a medical determination and therefore must be made by a physician, nurse practitioner, or other licensed medical professional practicing under the license of a physician.
- All employees, on-site contractors, vendors, and delivery personnel have been provided instructions regarding required use of face masks when around others indoors.
- Copies of this Protocol have been distributed to all employees.
- Face masks required at all times on buses.
- Information should be sent to parents and students prior to the start of school concerning school policies related to COVID-19 prevention.
- A copy of this protocol is posted at all public entrances to the school and uploaded to a public facing page on the school or district website.
- Signage has been posted throughout the school reminding staff and students of policies concerning use of face masks and importance of hand washing.
- Signage is posted at each public entrance of the school informing visitors that they should not enter the facility if they have symptoms of COVID-19.
- A plan for updating Individualized Education Plans (IEPs) and 504 Plans of students with special needs has been developed to ensure that education can continue without undue risk to the student.
- Per order of the State Public Health Officer, all school staff are required to show proof of full COVID-19 vaccination or be tested at least once per week.

# EXHIBIT E

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Department of  
**SOCIAL SERVICES**

*Community Care Licensing*

## COMPLAINT INVESTIGATION REPORT

**Facility Number:** 376105017

**Report Date:** 09/29/2021

**Date Signed:** 09/29/2021 04:37:14 PM

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION CCLD Regional Office, 7575 METROPOLITAN DR STE 110 SAN DIEGO, CA 92108
<b>COMPLAINT INVESTIGATION REPORT</b>	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **09/20/2021** and conducted by Evaluator Keturah Lane

<b>PUBLIC</b>	<b>COMPLAINT CONTROL NUMBER:</b> 51-CC-20210920085958
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<b>FACILITY NAME:</b> FOOTHILLS CHRISTIAN INFANT PROGRAM	<b>FACILITY NUMBER:</b> 376105017
<b>ADMINISTRATOR:</b> TIFFANY MCHUGH	<b>FACILITY TYPE:</b> 830
<b>ADDRESS:</b> 315 WEST BRADLEY AVENUE	<b>TELEPHONE:</b> (619) 442-7728
<b>CITY:</b> EL CAJON	<b>STATE:</b> CA
<b>CAPACITY:</b> 14	<b>ZIP CODE:</b> 92020
<b>MET WITH:</b> Tiffany McHugh	<b>CENSUS:</b> 11
	<b>DATE:</b> 09/29/2021
	<b>UNANNOUNCED TIME BEGAN:</b> 09:15 AM
	<b>TIME COMPLETED:</b> 10:15 AM

**ALLEGATION(S):**

1	Masks are not being worn by staff and children
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**INVESTIGATION FINDINGS:**

1	On 9/29/21 at 9:15 AM, Licensing Program Analysts (LPAs) Keturah Lane and Tyra Block conducted an unannounced complaint inspection in reference to the above allegation at the facility. LPAs met with Director Tiffany McHugh and toured the facility. Census was 6 children in the toddler room (B2 – Koala)
2	with staff members Kristah McDaris and Marta Menak and 5 children in the infant room (B1 – Giraffe)
3	with staff members Linda Kitchen and Rachel Shook. Total census today is 11 children. Facility also has a preschool license #376701150.
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8	During tour, LPAs observed appropriate capacity and ratios within regulation. LPAs observed staff and children (over age 2 years) were not wearing masks/face coverings in the classroom. LPA Lane
9	interviewed Director and two staff members. LPA Lane obtained updated LIC500 Personnel Report,
10	LIC9040 Facility Roster and LIC610 Emergency Disaster Plan from Director during the inspection.
11	(continued on LIC9099-C...)
12	
13	

<b>Substantiated</b>	<b>Estimated Days of Completion:</b>
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<b>SUPERVISOR'S NAME:</b> Monica Cuddy	<b>TELEPHONE:</b> (619) 767-2249
<b>LICENSING EVALUATOR NAME:</b> Keturah Lane	<b>TELEPHONE:</b> (619) 767-2223
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 09/29/2021

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/29/2021

This report must be available at Child Care and Group Home facilities for public review for 3 years.

LIC9099 (FAS) - (06/04)

Page: 1 of 3

Control Number 51-CC-20210920085958

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 7575 METROPOLITAN DR  
STE 110  
SAN DIEGO, CA 92108

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: FOOTHILLS CHRISTIAN INFANT PROGRAM

FACILITY NUMBER: 376105017

VISIT DATE: 09/29/2021

**NARRATIVE**

1 The Department fully investigated the above allegation and obtained information from the facility file  
2 review, facility documents and interviews with the reporting party, Director and staff members. Based  
3 upon this information, the preponderance of evidence standard has been met and the allegation that  
4 masks are not being worn by staff and children is therefore **SUBSTANTIATED**. Pursuant to Title 22 of  
5 the CA Code of Regulations, the following Type A deficiency was cited (refer to LIC9099-D).  
6

7 An exit interview was conducted with the Director. A Notice of Site Visit (LIC9213) and Appeal Rights  
8 (LIC9058) were provided to Director and signature on this form acknowledges receipt of these rights.  
9 LPA observed Notice of Site Visit being posted. Notice of Site Visit must remain posted for 30 days.  
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SUPERVISOR'S NAME: Monica Cuddy

TELEPHONE: (619) 767-2249

LICENSING EVALUATOR NAME: Keturah Lane

TELEPHONE: (619) 767-2223

LICENSING EVALUATOR SIGNATURE:

DATE: 09/29/2021

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE:

DATE: 09/29/2021

LIC9099 (FAS) - (06/04)

Page: 2 of 3

Control Number 51-CC-20210920085958

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES  
COMMUNITY CARE LICENSING DIVISION  
CCLD Regional Office, 7575 METROPOLITAN DR  
STE 110  
SAN DIEGO, CA 92108

**COMPLAINT INVESTIGATION REPORT  
(Cont)**

FACILITY NAME: FOOTHILLS CHRISTIAN INFANT PROGRAM

FACILITY NUMBER: 376105017

**DEFICIENCY INFORMATION FOR THIS PAGE:**

**VISIT DATE: 09/29/2021**

Deficiency Type POC Due Date / Section Number	DEFICIENCIES	PLAN OF CORRECTIONS(POCs)
Type A 09/30/2021 Section Cited CCR 101223(a)(2)	1 101223 Personal Rights 2 (a) The licensee shall ensure that each 3 child is accorded the following personal 4 rights: 5 (2) To be accorded safe, healthful and 6 comfortable accommodations, 7 furnishings and equipment to meet his/her needs. This requirement was not met as evidenced by...	1 Director will send out a letter to all 2 parents informing of the mask/face 3 covering requirement indoors for 4 children age 2 years and over and will 5 provide extra masks if children do not 6 have one. Director will notify all staff of 7 the requirement to wear a face covering while indoors.
	8 Based upon LPAs observations and 9 staff interviews, staff and children are 10 not wearing face coverings (required by 11 DPH guidance) while indoors which is 12 an immediate health, safety and 13 personal rights risk to children in care. 14	8 Director will send proof of letter sent out 9 to parents & staff via e-mail to Keturah 10 Lane by 9/30/21. LPA Lane will follow 11 up with another unannounced visit to 12 ensure compliance. E-mail: 13 Keturah.lane@dss.ca.gov 14
	1 2 3 4 5 6 7	1 2 3 4 5 6 7
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**Failure to correct the cited deficiency(ies), on or before the Plan of Correction (POC) due date, may result in a civil penalty assessment.**

<b>SUPERVISOR'S NAME:</b> Monica Cuddy	<b>TELEPHONE:</b> (619) 767-2249
<b>LICENSING EVALUATOR NAME:</b> Keturah Lane	<b>TELEPHONE:</b> (619) 767-2223
<b>LICENSING EVALUATOR SIGNATURE:</b>	<b>DATE:</b> 09/29/2021
<b>I acknowledge receipt of this form and understand my appeal rights as explained and received.</b>	
<b>FACILITY REPRESENTATIVE SIGNATURE:</b>	<b>DATE:</b> 09/29/2021



# EXHIBIT F

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# Guidance for Early Childhood Education Providers Requirements and Best Practices

## Updates:

01/11/2022:

- Strong recommendation for all eligible staff to receive a booster dose of a COVID-19 vaccine in addition to their primary vaccine series.
- Masking now required for all outdoor activities where physical distancing is not feasible, except while eating or drinking.
- Staff are required to wear upgraded masks (surgical mask or higher-level PPE).
- Students are strongly recommended to wear masks that are well-fitting, non-cloth masks of multiple layers of non-woven material with a nose wire.

## Welcome

Given the ongoing community transmission of COVID-19 and the predominant presence of the Delta variant and the Omicron variant, masking indoors and outdoors where distancing is not possible, regardless of vaccination status, is essential to slowing the spread of COVID-19 at events, within businesses, and in the community. The Omicron variant of the virus spreads much more easily than other strains of the virus. To prevent a surge in COVID-19 cases, it is important to diligently follow the requirements and best practices described in this guidance.

Per published reports, factors that increase the risk of infection, including transmission to people more than 6 feet away, include:

- **Enclosed spaces with inadequate ventilation or air handling** that allow for build-up of exhaled respiratory fluids, especially very fine droplets, and aerosol particles, in the air space.
- **Increased exhalation of respiratory fluids** that can occur when an infectious person is engaged in physical exertion or raises their voice (e.g., exercising, shouting, singing).
- **Prolonged exposure** to these conditions.

Below is a summary of requirements and best practices for early care and education (ECE) providers to enhance safety and lower the risk of COVID-19 transmission within their ECE settings as they transition to full operations. In addition to this information, please remember:

- ECE providers must comply with applicable [Cal/OSHA COVID-19 Prevention Emergency Temporary Standards](#) (ETS) and the LA County Health Officer Order. Please note that the directives in the LA County Health Officer Order must be followed when they are stricter than the Cal/OSHA ETS.
- ECE providers should review and follow the [general guidance for businesses](#). The best practices for ECE described here are intended to supplement the general guidance.
- ECE providers should review the [Exposure Management Plan Guidance for Early Care and Education Sites](#), described in more detail below.

## Follow mask rules for employees, children, and visitors

The current Los Angeles County [Health Officer Order](#), requires all individuals, regardless of vaccination status, to wear a mask in all indoor public settings and businesses. This order, and the state's requirement for masking

## Guidance for ECE Providers

at child-serving sites, applies to children 2 years (24 months) and older, employees, staff, volunteers, parents, and all visitors. Some exceptions to the masking requirement still apply as noted below. Based on these rules, ECE providers and sites must:

- **Visitors:** Require all visitors, including parents and caregivers, regardless of vaccination status, to [bring and wear masks](#) when they are **indoors and outdoors where distancing is not possible** at their facility. Make masks available to those who arrive without them.
- **Children:** Require all children ages 24 months and older to wear a face mask **in both indoor and crowded outdoor ECE settings**. It is strongly recommended but not required that students wear upgraded masks which at a minimum are well-fitting, non-cloth mask of multiple layers of non-woven material with a nose wire. Nothing in this protocol requires that the ECE site provide upgraded masks to its general student population and parental preference should be respected as to the level of PPE the student wears. However, universal masking with some appropriate type of face covering is required for both **indoor and crowded outdoor settings in a ECE program**. Masks may be removed during nap time or when children are eating and drinking.
- **Employees: Requirement to provide upgraded masks to all ECE employees:** At this time, all ECE employees must be provided with and wear surgical-grade masks (also referred to as medical procedure masks) or higher-level PPE (e.g., KN95 or N95 respirator masks) when indoors. For those wearing surgical masks, double masking, with a cloth face covering worn over the surgical mask, is recommended for enhanced protection. Cloth face coverings alone are no longer acceptable, as they do not provide the same level of source control or personal protection as a proper surgical mask or higher-level PPE. **Full compliance with this directive is expected to occur no later than January 17, 2022.**
  - Consider also offering gloves for tasks such as serving food, diapering, handling trash, or using cleaning and disinfectant products.

\*Some independent contractors are considered as employees under the State Labor Code. For more details, check the California Department of Industrial Relations' [Independent contractor versus employee](#) webpage.

### Screen and respond to cases

- [Entry screenings](#) are **strongly** recommended to be conducted before employees enter the ECE site.
  - Entry screening should include a check-in concerning cough, shortness of breath, difficulty breathing and fever or chills and if the employee is currently under isolation or quarantine orders. Temperature checks are recommended if feasible.
  - These screenings can be done in-person upon arrival at the site or remotely before arrival using a digital app or other verifiable approach.
- Post [signage](#) to remind everyone who enters your establishment that they should NOT enter if they have symptoms of COVID-19 or if they are under isolation or quarantine orders.
- Exclude any person or isolate any child or staff showing symptoms of a contagious disease or illness until they can be transported home, as required by CDSS Community Care Licensing Division (CCLD) and pursuant to [Title 22 in CCR sections 101216\(h\)](#), [101226.1\(a\)\(1\)](#) and [102417\(e\)](#).
  - Isolate children who begin to have COVID-19 symptoms while in care, from other children and staff.
  - Ensure that isolated children continue to receive adequate supervision and that the health of the child is continually observed throughout the day according to licensing requirements.

## Guidance for ECE Providers

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- Follow public health guidelines for [quarantine](#) or [isolation](#) if an individual who resides in a family childcare home is exhibiting symptoms of COVID-19.
- ECE providers must notify LA County DPH officials, CCLD staff, and families of any confirmed case of COVID-19.
- Follow the [COVID-19 Exposure Management Plan Guidance in Early Care and Education Sites](#) for reporting COVID-19 cases to DPH.
  - Individual cases (1 case) should be reported within 1 business day.
  - Clusters of 3 or more cases occurring within 14 days should be reported immediately to DPH. Report outbreaks to the CDSS Community Care Licensing Division (CCLD) through their local Regional Office as required pursuant to [Title 22, CCR section 101212\(d\)](#).
  - Family childcare homes must report a communicable disease outbreak, when determined by the local health authority, to CCLD through their local Regional Office pursuant to Title [22, CCR section 102416.2\(c\)\(3\)](#).
- Refer to the [ECE COVID-19 Toolkit](#) for additional information on reporting and managing infections and exposures in the workplace.

### Consider maintaining physical distancing and stable groups

Although physical distancing is no longer required at ECE sites, it is an additional tool for infection control that can be used at ECE sites to reduce the spread of COVID-19. If possible, consider implementing the following measures:

- **Maintain well defined cohorts.** Early care and education settings typically have a stable group model with the same groups of staff and children together each day. ECE providers should consider steps to maintain a clear separation between groups throughout the day. If feasible, this can help reduce the risk of COVID-19 spread if a child or staff person comes to the site infected.
- **Stagger drop-off and pick-up times to reduce crowding.** Consider making it easier for parents and guardians to drop children off at the beginning and end of day to stagger how many children arrive and leave at the same time and prevent crowding at the entryway.
- **Use visual aids to remind children to maintain distance from others.** Help children practice physical distancing throughout the day by using visual aids, like tape on the floor or pictures to remind them to maintain their distance from other children and staff.
- **Take steps to make meals safer:**
  - For employees, staff, and volunteers, maintain an outdoor break area where employees can take their breaks. Employees should eat outdoors or alone in a closed office. If employees must eat indoors, they should be distanced by at least 6 feet (about 2 arm lengths) from others if in a shared indoor eating area.
  - For children, consider having meals outdoors if space and weather permit. When eating indoors, consider moving tables to spread children out or use tape and pictures to indicate where children can sit and help to provide adequate spacing between children.
- **Consider [use of barriers](#)** and partitions between cubicles to protect staff who are not fully vaccinated and have frequent close contact with other employees or visitors.

### Improve ventilation

- Make sure your building's HVAC system is in good, working order.

## Guidance for ECE Providers

- Consider installing portable high-efficiency air cleaners, upgrading the building's air filters to the highest efficiency possible, and making other modifications to increase the quantity of outside air and ventilation in all working areas.
- Consider how to safely bring fresh air into the facility. When weather and working conditions allow, increase fresh outdoor air by opening windows and doors. Consider using child-safe fans to increase the effectiveness of open windows; always position window fans to blow air outward, not inward.
- When opening windows is not possible because of outside weather conditions, it is important to adhere to infection control measures to reduce risk of spread, like proper masking and physical distancing.
- Decrease occupancy in areas where outdoor airflow cannot be increased.
- If your business utilizes transport vehicles, such as buses or vans, it is recommended to open windows to increase outdoor airflow when it is safe to do so and weather permitting.
- See CDPH [Interim guidance for Ventilation, Filtration, and Air Quality in Indoor Environments](#) and CDC [Ventilation in Schools and Child Care Programs](#) page.

## Clean and disinfect

Cleaning and disinfecting surfaces can reduce the risk of infection. Train and monitor staff to follow infection control practices related to requirements for cleaning and disinfection, housekeeping and sanitation principles listed below:

- Follow cleaning and disinfection requirements as laid out in [CCR sections 101216\(e\)\(2\), 102416\(c\), 101238\(a\)](#) and [102417\(b\)](#).
- Laundry, such as clothing and bedding, should be washed using the appropriate hot water setting and allow items to dry completely. If handling dirty laundry from a person who is sick, wear gloves and a mask.
- When choosing cleaning products, consider using those approved for use against COVID-19 on the [EPA-approved list "N"](#) and follow product instructions for use.
- The [Healthy Schools Act](#) requires that anyone using disinfectants at childcare centers complete annual California Department of Pesticide Regulation-approved training. Online training can be found by going to the [California School & Child Care Integrated Pest Management](#) website. Note: This does not apply to family childcare homes.
- For more information about cleaning and disinfection, see CDC guidance on [Cleaning and Disinfecting Your Facility](#).

## Encourage vaccination

COVID-19 vaccines are [safe and effective](#) and are the best way to prevent COVID-19 outbreaks in the workplace and in the community. COVID-19 vaccine is free and [widely available](#) in every community.

- Provide paid time off for vaccination **and booster doses**.
- Consider offering a [vaccination clinic](#) at your workplace to make it more convenient for your employees to get vaccinated. Consider opportunities to incentivize your employees to get vaccinated or to make it easier to get vaccinated. This might include offering rewards such as additional paid time off or cash bonus payments, and/or policies that are more relaxed for employees who are [fully vaccinated](#) against COVID-19.

## Guidance for ECE Providers

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### Support handwashing

- Place handwashing stations or hand sanitizer at entry and outside communal bathrooms with signage promoting use. Be sure that hand sanitizer is out of the reach of children. Supervise children under the age of 6 when they use hand sanitizer to prevent swallowing alcohol or contact with eyes.
- Encourage frequent handwashing among children and staff.
- See the CDC guidance, [When and How to Wash your Hands](#).

### Communicate

- Post [signage](#) so that visitors who are entering your building are aware of policies, including the requirement for all visitors, employees and children over 24 months to wear a face mask while indoors and outdoors where distancing is not possible.
- Update your parent manual and share any new policies with parents.
- Use your online platforms to communicate your COVID-19 safety policies to the public.

### Coping with stress

As the world continues to combat COVID-19, many are facing challenges that can be stressful for both adults and children. Many of us and many of the families we serve may feel more concerned, worried, and fearful for our own health and the health of our loved ones. It is natural to feel stress, anxiety, grief, and worry during the COVID-19 pandemic. If you, a family you serve or someone else you know is having a hard time coping, help is available 24/7 by calling the LA County Department of Mental Health's Helpline 1-800-854-7771. Help is also available via a text that says "LA" to 741741 or simply by calling the family physician of the person in need of support. The webpage <http://dmh.lacounty.gov/resources> includes tips to help manage stress and improve your emotional health.

Below are a few resources and recommendations to help in dealing with stress:

- California's playbook on [Stress Relief during COVID-19](#) provides guidance on how to notice stress in kids and outlines tools and strategies on how to reduce stress for children and adults.
- Promote healthy nutrition, sleep, physical activity habits and self-care.
- Discuss and share stress reduction strategies with colleagues and families.
- Encourage staff and children to talk with people they trust about their concerns and feelings.
- Communicate openly and often with staff, children, and families about mental health support services available in the community, including if mental health consultation is available to the program.
- Consider posting signage for [CalHOPE](#) and the National Distress H: 1-800-985-5990, or text "TalkWithUs" to 66746.
- Encourage staff to call the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255), 1-888-628-9454 for Spanish, or [Lifeline Crisis Chat](#) if they are [feeling overwhelmed with emotions](#) such as sadness, depression, or anxiety; or call 911 if they feel like they want to harm themselves or others.

# EXHIBIT G

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# EXHIBIT I



