ORDER OF THE SAN JOAQUIN COUNTY PUBLIC HEALTH OFFICER
IMPLEMENTING THE AUGUST 28, 2020, DIRECTIVES OF THE GOVERNOR OF CALIFORNIA AND THE CALIFORNIA STATE PUBLIC HEALTH OFFICER

DATE OF ORDER: August 31, 2020

UNDER THE AUTHORITY OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 101040, 101470, 101475, 101085, 120175, 120200, 120210 AND 120215, THE HEALTH OFFICER OF THE COUNTY OF SAN JOAQUIN ("HEALTH OFFICER") ORDERS:

1. On August 28, 2020, the State Public Health Officer introduced California’s Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe, hereinafter called the “Blueprint.” The Blueprint is a four-tiered strategy to address the COVID-19 pandemic in California.

2. Pursuant to the State’s Department of Public Health, the Blueprint “outlines an updated framework for a safe progression of opening more businesses and activities in light of the pandemic. The framework for this guidance is informed by increased knowledge of disease transmission vulnerabilities and risk factors and is driven by the following goals:

   a) To progress in phases based on risk levels, with appropriate time between each phase, in each county, so the impacts of any given change can be fully evaluated.

   b) To aggressively reduce case transmission to as low a rate as possible across the state so the potential burden of flu and COVID-19 in the late fall and winter does not challenge our healthcare delivery system’s ability to surge with space, supplies and staff. Also, with winter weather pushing more activities indoors, low levels of transmission in the community will make large outbreaks in these riskier settings less likely.

   c) To simplify the framework and lay out clear disease transmission goals for counties to work towards.”

3. The Blueprint’s four-tiered strategy replaces the State’s current County Data Monitoring metrics. By assigning a tier and corresponding color to each County, this strategy lays out the measures that each county must meet, based on indicators that capture disease burden, testing, and health equity. This framework also notes signals of concern, including impacted healthcare capacity that may lead towards a dimming intervention.
4. Under the Blueprint, the State has identified San Joaquin County, hereinafter called only “County”, as being in “Tier 1”, identified with the color purple. Counties in Tier 1 have more than seven new cases per 100,000 residents per day and have a testing positivity rate of over 8%, which indicates that COVID-19 is widespread in the county. Tier 1 is the most restrictive, meaning many non-essential indoor business operations are closed. As of August 28, 2020, San Joaquin County was experiencing 16.6 new cases per 100,000 residents per day and has a testing positivity rate of 11.3%.

5. For a county to move from a more restrictive tier to a less restrictive tier, a county must:
   a) Have been in the current tier for a minimum of three weeks;
   b) Meet criteria for both measures for the next tier, for two consecutive weeks.
   c) Meet health equity measures on activities such as data collection, testing access, contact tracing, supportive isolation, and outreach, that demonstrate a county’s ability to address the most impacted communities within a county, as well as additional measures that the State is developing.

6. A county will be moved from a less restrictive tier back to a more restrictive tier if a county:
   a) Meets the higher risk tier level case rate and/or positivity rate for two consecutive weeks;
   b) If state and county public health officials jointly determine such targeted interventions or countywide modifications are necessary.

7. The County is hereby adopting and incorporating into this Order the Blueprint and associated documents listed below. The County Orders as follows:
   a) All individuals and businesses within the County are ordered to comply with this Order and, therefore, the following Blueprint documents, unless otherwise directed in this Order. All individuals are encouraged to monitor the County’s Tier status to remain aware of changes imposed by the State.

ii. Blueprint Overview (Attachment 2): https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx


iv. County Status: https://covid19.ca.gov/safer-economy/


b) All individuals currently living within the County are ordered to stay at home or place of residence. Individuals may leave their homes or places of residence only for employment purposes, recreational purposes, and to engage with businesses or activities permitted to operate in the County.

c) Any individual outside of their home or place of residence for any of the allowed purposes must at all times comply with these Social Distancing Requirements:

i. Maintaining at least six-foot distance from other individuals not from their household;

ii. Wearing a face-covering when indoors (except inside individual’s own home or residence) or when social distance cannot be maintained;

iii. Washing hands with soap and water for at least twenty seconds as frequently as possible or using hand sanitizer; and

iv. Covering coughs or sneezes (into the sleeve or elbow, not hands).

d) No public or private gatherings with individuals outside your own household or living unit are allowed, except for the limited purpose of engaging in activities permitted by this Order, including the Blueprint, or as authorized in any subsequent Local Health Order. Nothing in this Order prohibits the gathering of members of a household or living unit outside of their residence.

e) The violation of any provision of this Order constitutes an imminent threat to public health, and contributes to the continued closure of schools and
Order of the San Joaquin Public Health Officer Implementing the August 28, 2020, Directives of the State Public Health Officer

businesses in the County. Pursuant to Government Code sections 26602 and 41601, and Health and Safety Code section 101029, the Health Officer requests that the Sheriff and all chiefs of police in the County ensure compliance with and enforce this Order. Compliance with and effective enforcement of this order is a necessary predicate to opening the schools and more fully opening the economy.

f) The following County Orders remain in effect until superseded by a County order, or determined by the issuing authority to be impermissibly inconsistent with a State Order:

   i. Order of July 29, 2020, regarding schools.

   ii. Order of August 5, 2020, to the extent it addresses Youth Sports.

g) The following County Orders are rescinded: June 2, 2020, June 11, 2020, June 18, 2020, July 2, 2020, July 13, 2020, and July 16, 2020.

h) There continue to be infections and death rates in the County that necessitate a carefully planned and managed response as the California and County economy is reopened. San Joaquin County has experienced 16,913 cases to date with nearly 5,990 new cases in the past 30 days, and 307 deaths since the appearance of the virus in San Joaquin County, with 174 deaths in the past 30 days.

i) This Order is issued in accordance with the March 4, 2020, Proclamation of a State of Emergency issued by Governor Gavin Newsom, and Executive Orders N-25-20, N-33-20, and N-60-20; the Public Health Orders of the State Public Health Officer of March 19, 2020, May 7, 2020, and July 13, 2020; the Declaration of Local Health Emergency issued by the Health Officer on March 12, 2020, and the March 17, 2020, Resolution of the Board of Supervisors of the County of San Joaquin Ratifying the Declaration of Local Health Emergency.

j) This Order shall become effective immediately and will continue to be in effect until it is rescinded in writing by the Health Officer.

k) Copies of this Order shall promptly be:

   i. Made available at the County Administration Building at 44 N. San Joaquin, Stockton 95202, First Floor; and

   ii. Posted on the San Joaquin County Home page (sjgov.org) and at https://www.sjready.org/events/covid19.html; and

   iii. Provided to any member of the public that requests a copy of this Order.

l) If any provision of this Order or the application thereof to any person or
circumstance is held to be invalid, the remainder of the Order, including the application of such part or provision to other persons or circumstances, shall not be affected and shall continue in full force and effect. To this end, the provisions of this Order are severable.

IT IS SO ORDERED:

Maggie Park, M.D.
San Joaquin County
Public Health Officer

Dated: August 31, 2020
Statewide Public Health Officer Order,
August 28, 2020

On March 19, 2020, the State Public Health Officer issued an order directing all individuals living in the State of California to stay at home except as needed to facilitate authorized activities or to maintain the continuity of operations of critical infrastructure sectors. (See March 19, 2020 Order.) The scope of activities authorized under this order was subsequently modified in additional state public health directives. Then, consistent with Executive Order N-60-20, the State Public Health Officer set out California’s path forward from this “Stay-at-Home” Order in California’s Pandemic Resilience Roadmap. That Roadmap identified four stages of the pandemic: safety and preparation (Stage 1), reopening of lower-risk workplaces and other spaces (Stage 2), reopening of higher-risk workplaces and other spaces (Stage 3), and finally an easing of final restrictions leading to the end of the stay-at-home order (Stage 4). On July 13, 2020, in response to a significant increase in the spread of COVID-19, the State Public Health Officer ordered the statewide closure of operations in certain high-risk sectors. (See July 13, 2020 Order.) Counties on the County Monitoring List for three consecutive days were also required to close additional indoor operations for certain sectors in order to further slow community transmission.

Community spread of infection remains a significant concern across the state. In addition to the impact on the general population, community spread increases the likelihood of expanded transmission of COVID-19 in congregate settings such as nursing homes, homeless shelters, jails and prisons. Infection of vulnerable populations in these settings can be catastrophic. Higher levels of community spread also increase the likelihood of infection among individuals at higher risk of serious outcomes from COVID-19, including the elderly and those with underlying health conditions who might live or otherwise interact with an infected individual. COVID-19 infection is also disproportionately impacting our essential workforce. The anticipated influenza season is likely to impose additional burdens on the healthcare delivery system, increasing demand for space, supplies, and personnel.

The COVID-19 pandemic continues to evolve, and CDPH is continually monitoring new scientific evidence and improving its understanding of the disease. Based on the current state of the pandemic in California and current scientific understanding of transmission, it is my judgment that it is appropriate to further refine the approach in order to gradually reopen businesses and activities while reducing the risk of increased community spread. A targeted system for sector reopenings which considers both current epidemiological conditions and the latest understanding of transmission risk in certain sectors is necessary to protect Californians and align with the latest guidance from the federal government and other states.
sectors will allow CDPH to monitor both counties and sectors for evidence of increased epidemiological risk and will reduce risk as California continues to reopen its economy and protect public health. California's Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe sets forth in detail the basis for the new Framework.

NOW, THEREFORE, I, as Acting State Public Health Officer of the State of California, order all of the following:

1. The updated framework for reopening, which shall be known as California’s Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe, will rely on a set of Tiers corresponding to specific epidemiological profiles based on indicators of disease burden including case rates per capita and percent of positive covid-19 tests and proportion of testing and other covid-19 response efforts addressing the most impacted populations within a county. For each progressive Tier, this framework will permit a broader range of reopening guided by risk-based criteria pertinent to each sector. I may modify the epidemiological criteria for each Tier as well as the sectors, businesses, establishments, or activities within the Tiers as necessary based on the latest available public health information and research to protect public health and safety. The up-to-date Tier profiles and those sectors, businesses, establishments, or activities that are permitted to open in each Tier will be posted (along with necessary modifications), at https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID19CountyMonitoringOverview.aspx.

2. Pursuant to this framework, all local health jurisdictions in the state may reopen specified sectors according to their respective county’s Tier. However, a local health jurisdiction that moves to a Tier permitting further reopening must pause for 21 days, or a different period that I identify, before reopening additional sectors.

3. Conversely, a local health jurisdiction must also close sectors according to their respective county’s Tier consistent with the timeline and procedures set forth in California’s Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe.

4. A local health jurisdiction may continue to implement or maintain more restrictive public health measures if the jurisdiction’s Local Health Officer determines that health conditions in that jurisdiction warrant such measures.
Terms of Orders

5. This order shall go into effect August 31, 2020 and shall supersede the July 13, 2020 State Public Health Officer Order.

6. This order shall remain in effect until I determine it is appropriate to modify the order based on public health conditions.

7. I will continue to monitor the epidemiological data and will modify California’s Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe as required by the evolving public health conditions. If I determine that it is necessary to change what will reopen or close, or otherwise modify the Plan, these modifications will be posted at California’s Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe.

8. Except to the extent this order or other state public health directives expressly provide otherwise, all CDPH guidance continues to apply statewide.

9. All references in CDPH or other State guidance to the County Monitoring List or the County Data Monitoring List shall refer to those counties falling within Tier 1 of California’s Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe.

10. This order is issued pursuant to Health and Safety Code sections 120125, 120130(c), 120135, 120140, 120145, 120150, 120175, 120195 and 131080; EO N-60-20, N-25-20, and other authority provided for under the Emergency Services Act; and other applicable law.

[Signature]

Erica S. Pan, MD, MPH
Acting State Public Health Officer
California Department of Public Health
COVID-19

Blueprint for a Safer Economy

California has a new blueprint for reducing COVID-19 in the state with revised criteria for loosening and tightening restrictions on activities. Find out how businesses and activities can open in counties statewide beginning on August 31. See the activities and business tiers.

TO: All Californians

SUBJECT: Plan for Reducing COVID-19 and Adjusting Permitted Sector Activities to Keep Californians Healthy and Safe

This guidance outlines an updated framework for a safe progression of opening more businesses and activities in light of the pandemic. The framework for this guidance is informed by increased knowledge of disease transmission vulnerabilities and risk factors and is driven by the following goals:

1) To progress in phases based on risk levels with appropriate time between each phase in each county so impacts of any given change can be fully evaluated.

2) To aggressively reduce case transmission to as low a rate as possible across the state so the potential burden of flu and COVID-19 in the late fall and winter does not challenge our healthcare delivery system’s ability to surge with space, supplies and staff. Also, with winter weather pushing more activities indoors, low levels of transmission in the community will make large outbreaks in these riskier settings less likely.

3) To simplify the framework and lay out clear disease transmission goals for counties to work towards.

Tier Framework

This framework lays out the measures that each county must meet, based on indicators that capture disease burden, testing, and health equity. A county may be more restrictive than this framework. This framework also notes signals of concern, including impacted healthcare capacity that may lead towards a dimming intervention. This framework replaces the current County Data Monitoring metrics. As the COVID-19 pandemic continues to be an evolving situation and new evidence and understanding emerges, the California Department of Public Health (CDPH) will continue to reassess metric thresholds.

See chart below for the framework metrics as set according to tiers based on risk of community disease transmission.
To advance to the next tier, a county must also meet health equity measures as described below.

**Case rate will be determined using confirmed (by PCR) cases, and will not include state and federal inmate cases. Case rates include an adjustment factor for counties that are testing above the state average. The incidence is adjusted downwards in a graduated fashion, with a maximum adjustment at twice the State average testing rate.**

### Moving through the Tiers

**Rules of the framework:**

1. CDPH will assess indicators weekly. The first weekly assessment will be released on September 8, 2020.
2. A county will remain in a tier for a minimum of three weeks before being able to advance to a later tier.
3. A county can only move forward one tier at a time, even if metrics qualify for a more advanced tier.
4. If a county's case rate and test positivity measure fall into two different tiers, the county will be assigned to the more restrictive tier.
5. City local health jurisdiction (LHJ) data will be included in overall metrics, and city LHJs will be assigned the same tier as the surrounding county.

**Initial step applied on August 28, 2020:**

1. Each county is assigned to a tier based on an adjusted case rate and test positivity from the prior two reporting periods. If a county's case rate and test positivity measure fall into two different tiers, the county will be assigned the more restrictive tier.
2. This tier status will be effective on Monday, August 31, 2020.
3. If a county is initially assigned to Purple Tier 1 and has met the criteria for a less restrictive tier the prior week, the county only needs to meet the criteria for a less restrictive tier for one more week to move to the Red Tier 2. (For the September 8, 2020 assignment, a county does not need to remain in the Purple Tier 1 for three weeks. For all subsequent assessments, a county must remain in a tier for three weeks and meet the criteria to advance as described below.)

**To advance:**

1. A county must have been in the current tier for a minimum of three weeks, except as described in the "Initial step applied on August 28, 2020" section above.
2. A county must meet criteria for the next tier for both measures for the prior two consecutive weeks in order to progress to the next tier.
3. In addition, the state will establish health equity measures on activities such as data collection, testing access, contact tracing, supportive isolation, and outreach that demonstrate a county's ability to address the most impacted communities within a county. Additional measures addressing health outcomes such as case rates, hospitalizations and deaths, will also be developed and tracked for improvement.

**To move back:**

<table>
<thead>
<tr>
<th>Measures*</th>
<th>Widespread Tier 1</th>
<th>Substantial Tier 2</th>
<th>Moderate Tier 3</th>
<th>Minimal Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>New cases**/100,000 population per day (7 day average; 7 day lag)</td>
<td>&gt;7</td>
<td>4-7</td>
<td>1-3.9</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Testing % Positivity (7 day average; 7 day lag)</td>
<td>&gt; 8%</td>
<td>5-8%</td>
<td>2-4.9%</td>
<td>&lt;2%</td>
</tr>
</tbody>
</table>

*To advance to the next tier, a county must also meet health equity measures as described below.

**Case rate will be determined using confirmed (by PCR) cases, and will not include state and federal inmate cases. Case rates include an adjustment factor for counties that are testing above the state average. The incidence is adjusted downwards in a graduated fashion, with a maximum adjustment at twice the State average testing rate.
1. During the weekly assessment, if a county's adjusted case rate and/or test positivity has been within a more restrictive tier for two consecutive weekly periods, the county must revert to the more restrictive tier.

2. At any time, state and county public health officials may work together to determine targeted interventions or county-wide modifications necessary to address impacted hospital capacity and drivers of disease transmission, as needed.

3. Counties will have three days to implement any sector changes or closures unless extreme circumstances merit immediate action.

**Risk Criteria**

Activities and sectors will begin to open at a specific tier based on risk-based criteria, as outlined below. Lower risk activities or sectors are permitted sooner and higher risk activities or sectors are not permitted until later phases. Many activities or sectors may increase the level of operations and capacity as a county reduces its level of transmission.

**Criteria used to determine low/medium/high risk sectors**

- Ability to accommodate face covering wearing at all times (e.g., eating and drinking would require removal of face covering)
- Ability to physically distance between individuals from different households
- Ability to limit the number of people per square foot
- Ability to limit duration of exposure
- Ability to limit amount of mixing of people from differing households and communities
- Ability to limit amount of physical interactions of visitors/patrons
- Ability to optimize ventilation (e.g., indoor vs. outdoor, air exchange and filtration)
- Ability to limit activities that are known to cause increased spread (e.g., singing, shouting, heavy breathing; loud environs will cause people to raise voice)

**Schools**

Schools may reopen for in-person instruction based on equivalent criteria to the July 17th School Re-opening Framework previously announced. That framework remains in effect except that Tier 1 is substituted for the previous County Data Monitoring List (which has equivalent criteria to Tier 1). Schools in counties within Tier 1 are not permitted to reopen for in-person instruction, with an exception for waivers granted by local health departments for TK-6 grades. Schools that are not authorized to reopen, including TK-6 schools that have not received a waiver, may provide structured, in-person supervision and services to students under the Guidance for Small Cohorts/Groups of Children and Youth.

Schools are eligible for reopening fully for in-person instruction following California School Sector Specific Guidelines once the county is off Tier 1 for 14 days, which is similar to being off the County Data Monitoring List for at least 14 days.

Potential re-closure should follow the July 17th School Re-opening Framework.

**County Data Adjudication Process**

If a county finds that there is discrepancy between the county's and state's calculated data for the above defined measures, the county shall notify the County Data Monitoring Regional Coordinator. The county may request a meeting to discuss with local and state epidemiology leads to compare data. In addition, CDPH will work with
California Conference of Local Health Officers and County Health Executives Association of California to develop other methodologies to assess qualitative and contextual information impacting these metrics and the most appropriate interventions.

Once a discrepancy is adjudicated by CDPH, any updated tier status will be determined by CDPH and the tier status will be reflected on the public website within 48 hours, as appropriate.

Page Last Updated: August 28, 2020
<table>
<thead>
<tr>
<th>SECTORS</th>
<th>Widespread Tier 1</th>
<th>Substantial Tier 2</th>
<th>Moderate Tier 3</th>
<th>Minimal Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Critical Infrastructure</td>
<td>Open with modifications</td>
<td>Open with modifications</td>
<td>Open with modifications</td>
<td>Open with modifications</td>
</tr>
<tr>
<td>Limited Services</td>
<td>Open with modifications</td>
<td>Open with modifications</td>
<td>Open with modifications</td>
<td>Open with modifications</td>
</tr>
<tr>
<td>Hair Salons &amp; Barbershops</td>
<td>Open Indoors with modifications</td>
<td>Open indoors with modifications</td>
<td>Open indoors with modifications</td>
<td>Open indoors with modifications</td>
</tr>
<tr>
<td>All Retail</td>
<td>Open Indoors with modifications</td>
<td>Open Indoors with modifications</td>
<td>Open Indoors with modifications</td>
<td>Open Indoors with modifications</td>
</tr>
</tbody>
</table>
| (including critical infrastructure, except standalone grocers) | Max 25% capacity | Max 50% capacity
<table>
<thead>
<tr>
<th>SECTORS</th>
<th>Widespread Tier 1</th>
<th>Substantial Tier 2</th>
<th>Moderate Tier 3</th>
<th>Minimal Tier 4</th>
</tr>
</thead>
</table>
| Shopping Centers (Malls, Destination Centers, Swap Meets) | Open Indoors with modifications  
- Max 25% capacity  
- Closed common areas  
- Closed food courts | Open indoors with modifications  
- Max 50% capacity  
- Closed common areas  
- Reduced capacity food courts (see restaurants) | Open indoors with modifications  
- Closed common areas  
- Reduced capacity food courts (see restaurants) | Open Indoors with modifications  
- Reduced capacity food courts (see restaurants) |
<p>| Personal Care Services        | Outdoor Only with modifications                                                  | Open indoors with modifications                                                  | Open indoors with modifications                                                  | Open indoors with modifications                                                  |
| Museums, Zoos, and aquariums  | Outdoor Only with modifications                                                  | Open indoors with modifications                                                  | Open indoors with modifications                                                  | Open indoors with modifications                                                  |</p>
<table>
<thead>
<tr>
<th>SECTORS</th>
<th>Widespread Tier 1</th>
<th>Substantial Tier 2</th>
<th>Moderate Tier 3</th>
<th>Minimal Tier 4</th>
</tr>
</thead>
</table>
| **Places of Worship**   | Outdoor Only with modifications | Open indoors with modifications  
- Max 25% capacity or 100 people, whichever is fewer | Open indoors with modifications  
- Max 50% capacity or 200 people, whichever is fewer | Open indoors with modifications  
- Max 50% capacity |
| **Movie theaters**      | Outdoor Only with modifications | Open indoors with modifications  
- Max 25% capacity or 100 people, whichever is fewer | Open indoors with modifications  
- Max 50% capacity or 200 people, whichever is fewer | Open indoors with modifications  
- Max 50% capacity |
| **Hotels and lodging**  | Open with modifications  
- +Fitness centers (+10%) | Open with modifications  
- +Fitness centers (+25%)  
- +Indoor pools | Open with modifications:  
- +Fitness Centers (50%)  
- +Spa facilities etc | |
| **Gyms and Fitness Centers** | Outdoor Only with modifications | Open indoors with modifications  
- Max 10% capacity | Open indoors with modifications  
- Max 25% capacity  
- +indoor pools | Open indoors with modifications  
- +Saunas  
- +Spas  
- +Steam rooms  
- Max 50% capacity |
<table>
<thead>
<tr>
<th>SECTORS</th>
<th>Widespread Tier 1</th>
<th>Substantial Tier 2</th>
<th>Moderate Tier 3</th>
<th>Minimal Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restaurants</td>
<td>Outdoor Only with modifications</td>
<td>Open indoors with modifications</td>
<td>Open indoors with modifications</td>
<td>Open indoors with modifications</td>
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<tr>
<td></td>
<td></td>
<td>• Max 25% capacity or 100 people, whichever is fewer</td>
<td>• Max 50% capacity or 200 people, whichever is fewer</td>
<td>• Max 50% capacity</td>
</tr>
<tr>
<td>Wineries</td>
<td>Outdoor Only with modifications</td>
<td>Outdoor Only with modifications</td>
<td>Open indoors with modifications</td>
<td>Open indoors with modifications</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Max 25% capacity indoors, or 100 people, whichever is fewer</td>
<td>• Max 50% capacity or 200 people indoors, whichever is fewer</td>
</tr>
<tr>
<td>Bars, Breweries, and Distilleries</td>
<td>Closed</td>
<td>Closed</td>
<td>Open Outdoors with modifications</td>
<td>Open indoors with modifications</td>
</tr>
<tr>
<td>(where no meal provided) (follow restaurants where meal is provided)</td>
<td></td>
<td></td>
<td></td>
<td>• Max 50% capacity</td>
</tr>
<tr>
<td>Family Entertainment Centers</td>
<td>Outdoor Only with modifications e.g. Kart Racing, Mini Golf, Batting Cages</td>
<td>Outdoor Only with modifications e.g. Kart Racing, Mini Golf, Batting Cages</td>
<td>Open Indoors for naturally distanced activities with modifications</td>
<td>Open indoors for activities with increased risk of proximity and mixing with modifications</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Max 25% capacity</td>
<td>• Max 50% capacity</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Bowling Alleys</td>
<td>• Arcade Games</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Climbing Walls</td>
<td>• Ice and roller skating</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Indoor playgrounds</td>
</tr>
<tr>
<td>SECTORS</td>
<td>Widespread Tier 1</td>
<td>Substantial Tier 2</td>
<td>Moderate Tier 3</td>
<td>Minimal Tier 4</td>
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<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Cardrooms, Satellite Wagering</td>
<td>Outdoor Only with modifications</td>
<td>Outdoor Only with modifications</td>
<td>Open indoors with modifications  • Max 25% capacity</td>
<td>Open indoors with modifications  • Max 50% capacity</td>
</tr>
<tr>
<td>Offices</td>
<td>Remote</td>
<td>Remote</td>
<td>Open indoors with modifications  • Encourage telework</td>
<td>Open indoors with modifications  • Encourage telework</td>
</tr>
<tr>
<td>Professional sports</td>
<td>Open  • Without live audiences • With modifications</td>
<td>Open  • Without live audiences • With modifications</td>
<td>Open  • Without live audiences • With modifications</td>
<td>Open  • Without live audiences • With modifications</td>
</tr>
</tbody>
</table>