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SUPERIOR COURT OF THE STATE OF CALIFORNIA
FOR THE COUNTY OF SAN MATEO

STELLA BUCH, by and through her Guardian Ad
 Litem HEATHER BUCH,

Plaintiffs/Petitioners,

vs.

COUNTY OF SAN MATEO, a governmental
 agency; DR. OLIVIA KASIRYE, in her official
 capacity as Acting Public Health Officer, County
 of San Mateo; GOVERNOR GAVIN NEWSOM,
 in his official capacity as the Governor of the State
 of California; the CALIFORNIA DEPARTMENT
 OF PUBLIC HEALTH, a department of the
 State of California; and DOES 1 through 100,
 inclusive,

Defendants/Respondents.

Case No.:

IMAGED FILE

COMPLAINT FOR:

**(1) VIOLATION OF THE EQUAL
 PROTECTION CLAUSE OF THE
 FOURTEENTH AMENDMENT TO THE
 UNITED STATES CONSTITUTION
 AND VIOLATION OF ARTICLE 1,
 SECTION 7 OF THE CALIFORNIA
 CONSTITUTION; AND**

(2) WRIT OF MANDAMUS (CCP §1085)

Dept:

Judge:

Action Filed:

Trial Date:

COMES NOW Plaintiff/Petitioner STELLA BUCH and allege as follows:

INTRODUCTION

In March 2020, California Governor Newsom issued a series of disaster declarations, executive orders, rules, and regulations responding to an outbreak of a novel coronavirus (COVID-19) which the World Health Organization (“WHO”) and the Center for Disease Control (“CDC”) declared a pandemic. Because COVID-19 was novel, very little was known about it in the medical community, and therefore the responses of different governments around the world, and different states, counties,

1 and cities within the United States, have varied and evolved over time. Some of the changes in the
2 responses were driven by the increasing knowledge about COVID-19 and other changes were driven
3 by politics and the political concerns of elected officials. Even as late as January 25, 2021,
4 California's response to the pandemic dramatically changed when the previously instituted and
5 enforced state-wide stay at home order was immediately rescinded with little rationale given.

6 Plaintiff now seeks relief on a narrow issue. She does not challenge the Governor's or the
7 County's authority to issue COVID-19 disaster declarations, executive, or health orders. Nor is she
8 asking the Court to decide any of the myriad of legitimate questions raised by the unprecedented and
9 extremely broad executive authority being exercised by the Governor and the executive branch of State
10 of California. The declarations, orders, rules and regulations issued by the Governor and County
11 addressed in this case concern the cancelation and/or indefinite delay of the fall/winter/spring 2020-
12 2021 high school and youth sports season for all sports, including football, basketball, baseball,
13 softball, volleyball, soccer, lacrosse, hockey, and other sports absent specific conditions un-imposed on
14 similarly situated professional and college sports.

15 The State of California and County of San Mateo declarations, orders, rules and/or
16 regulations arbitrarily prohibit playing high school and sports while at the same time allowing some of
17 these sports (or sports with increased contact) to be played by professional and/or college sports teams
18 throughout the state in similarly situated counties. The State allows college and/or professional sports
19 organizations to play competitive games in similarly situated, neighboring counties, if they follow the
20 State's COVID-19 protocols designed for college and professional sports. The COVID-19 protocols
21 the State and County deemed sufficient to allow colleges and professionals to play competitive indoor
22 and outdoor sports in "purple" tier counties include social distancing, mask wearing for non-
23 participants, temperature and symptoms screening, COVID-19 testing 48-hours before competition,
24 contact tracing, regular cleaning of surfaces, limited/no crowd attendance and the like. The State and
25 County never permitted high school team sports to use the same protocols to engage in competition.

26 With this as our premise, we argue there is no rational or reasonable basis to prohibit playing
27 high school and/or youth sports in the County if the high school and youth athletes/teams follow the
28 same protocols under which the State in similarly situated "purple," and "red" tier counties has

1 permitted professional and college sports to compete – largely without incident associated with
2 competition as it relates to COVID-19. If a sport is safe for college students or professionals to play
3 when following certain protocols, it is no less safe were high school student athletes to follow those
4 same protocols. This is true even in counties, such as San Mateo County, in which college and
5 professional sports are not played but the County has simply followed the state-wide guidance imposed
6 on all similarly situated counties. There is no rational or reasonable basis to prevent high school
7 student athletes in similarly “tiered” counties merely because college and professional sports are not
8 being played in that particular county. Guidelines permitting high school athletes to play in “purple”
9 tier counties must apply regardless of whether college and professional sports are being played to
10 ensure equal protection.

11 A bedrock principle which underlies the Constitution and laws of the State of California is that
12 the citizens of California are free to live their lives in any manner she may deem fit, and that any
13 governmental law, rule or regulation restricting those freedoms must not restrict the freedoms of one
14 group while not restricting other similarly situated groups unless there is a rational basis connected to a
15 legitimate governmental interest justifying the disparate treatment. This principle is enshrined in the
16 equal protection clause of the California Constitution. In violation of this principle and the equal
17 protection clause, the different treatments of high school sports and college/professional sports in the
18 Governor’s Blueprint for a Safer Economy and associated COVID-19 Industry Guidance for “Sporting
19 Events at Outdoor Stadiums and Racetracks” and guidance for “Outdoor and Indoor Youth and
20 Recreational Adult Sports” are arbitrary, irrational, and bear no relation to reducing the spread of, or
21 remediating the risks posed by, the COVID-19 virus through competition in the identified sports. The
22 same is true regarding the different treatment of high school sports in similarly “tiered” counties
23 without college/professional sports. There is no medical evidence that competing in indoor and outdoor
24 team sports is safe for college and/or professional athletes but not high school athletes.

25 As of the date of the filing of this action, only 2 states (California and Hawaii) prohibit playing
26 indoor high school or youth sports. All 48 other states have allowed indoor high school sports to be
27 played or scheduled a start date to the benefit of millions of high school students and future college
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1 student athletes. Plaintiff knows of no evidence that allowing high school sports has led to an increase
2 in COVID-19 transmission or hospitalization in any of those 48 states.

3 For its part, the California Interscholastic Federation (“CIF”) is responsible for the governance
4 and oversight of high school sports. It operates exclusively under the authority of the California
5 Department of Education, controlled by Governor Newsom. The Department of Education and CIF
6 have stated they will follow the Governor’s instruction, the orders of the CDPH and the orders of the
7 County of San Mateo with respect to whether sanctioned high school sports will be played. With this
8 in mind, neither the Department of Education nor CIF were named parties to this action because she
9 will abide by any directive on the playing high school sports as may be issued by this Court to the State
10 and County. If this is incorrect, Plaintiff will immediately seek to add the Department of Education and
11 CIF as parties to this litigation.

12 While this case presents an issue of first impression for Courts of Appeal in this state, this case
13 follows the issuance of a Temporary Restraining Order in San Diego County Superior Court Case No.
14 37-2021-00004087-CU-CR-NC on February 19, 2021 (“San Diego Case”). The San Diego Case TRO
15 required “Petitioners or other youth in the County [of San Diego be allowed] to participate in high
16 school or youth sports as long as the[y] follow the same or similar COVID-19 protocols imposed for
17 competition in professional and/or collegiate sports within the County.” The San Diego case
18 challenged the Governor’s restrictions on playing high school sports under equal protection grounds
19 outlined in the Constitution of the State of California. Other recent decisions of the California trial,
20 appellate and U.S. Southern District of California addressing the Governor’s powers during the
21 COVID-19 pandemic as to restrictions placed on other certain businesses (restaurants) or activities
22 (worship) are based on Constitutionally guaranteed rights and do not concern the restrictions the
23 Governor has placed on high school sports in violation of equal protection under the Constitutions of
24 the United States and the State of California. We believe there is no binding authority applicable to
25 these issues during the COVID-19 pandemic.

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PARTIES AND VENUE

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2 1. At all times mentioned herein, Plaintiff/Petitioner STELLA BUCH, by and through her
3 Guardian Ad Litem HEATHER BUCH, is a person of minor age residing within the City of Menlo
4 Park, County of San Mateo, State of California.

5 2. Defendant/Respondent the County of San Mateo (the “County”) is and at all times
6 mentioned herein was a governmental agency operating in the State of California, County of San
7 Mateo, City of San Mateo. Because the County is only following guidelines imposed by the State and
8 has imposed no additional orders on youth and high school sports, the County is named nominally only
9 for the purposes of exercising jurisdiction with respect to enforcement of future orders.

10 3. Defendant/Respondent Dr. Olivia Kasirye (“Dr. Kasirye”) is the County’s Acting Public
11 Health Officer. Dr. Kasirye signed the orders at issue in this Complaint and/or now has the responsibility
12 for enforcing them and Plaintiff is informed and believes, and based thereon alleges, Dr. Kasirye is
13 responsible for devising, enacting, enforcing, and interpreting the orders and directives he issues in his
14 official capacity with the County, and that he is also responsible for interpreting the orders of the State of
15 California concerning the COVID-19 “stay-at-home” and closure orders as applicable to the City of San
16 Mateo and the County. Like the County, because Dr. Kasirye is only following guidelines imposed by the
17 State and has imposed no additional orders on youth and high school sports, Dr. Kasirye is named
18 nominally only for the purposes of exercising jurisdiction with respect to enforcement of future orders.

19 4. Defendant/Respondent Governor Gavin Newsom (the “Governor”) is and at all times
20 mentioned herein was the Governor of California. Plaintiff is informed and believes, and based thereon
21 alleges, the Governor is responsible for issuing the executive orders, rules, and regulations upon which the
22 County and Dr. Kasirye have relied upon in exercising their authority.

23 5. Plaintiff is informed and believes Defendant/Respondent the California Department of
24 Public Health (CDPH) is an executive branch of the State of California, which is under the direction and
25 control of the Governor and is responsible for the policies upon which the County and Dr. Kasirye have
26 relied on in exercising their authority.

27 6. Plaintiff/Petition is ignorant of the true names and capacities of Defendants/Respondents
28 sued herein as DOES 1 through 100, inclusive, and their involvement with the orders, actions, and

1 directives at issue in this Complaint, and therefore Plaintiff/Petitioner sues these Defendants/Respondents
2 by such fictitious names. Plaintiff/Petitioner will amend the Complaint to allege the DOE
3 Defendants/Respondents' true names, capacities, and involvement in this action when the information is
4 ascertained. Plaintiff/Petitioner is informed and believes and based thereon alleges that each of the DOE
5 Defendants/Respondents was responsible in some manner for orders, actions, and directives at issue in this
6 Complaint. The County, Dr. Kasirye, the Governor, CDPH and DOES 1-100 may sometimes be referred
7 to herein collectively as "Defendants."

8 7. San Mateo Superior Court is the appropriate venue for this action because all of the events,
9 orders, actions, and directives at issue in this Complaint occurred within San Mateo County, and
10 Defendants/Respondents maintain offices, exercise their authority in their official capacities, and will
11 enforce the orders, actions, and directives at issue within San Mateo County.

12 **FACTS COMMON TO ALL CAUSES OF ACTION AND WRIT**

13 8. Plaintiff/Petitioner BUCH is a high school freshman at the Menlo School in Atherton, CA.
14 Relevant to this matter, she is a volleyball player looking forward to playing for the Menlo School's
15 indoor volleyball team.

16 9. Plaintiff/Petitioner BUCH is a talented volleyball player. She was looking forward to her
17 freshman season for not only the experience of competing for a CIF Section championship but also
18 potentially securing an NCAA scholarship down the line to extend her playing career and allow her to
19 attend a university she may not otherwise have had the opportunity to attend due to her athletic prowess
20 and accomplishments. The Governor's Blueprint for a Safer Economy not providing for any indoor high
21 school sports and the County's current health order not providing for any indoor or outdoor contact sports
22 have robbed Plaintiffs of these opportunities and experiences.

23 10. In California in 2020, some 815,313 students anticipated playing high school sports. An
24 additional 2,000,000 student athletes play youth sports – inside/outside of CIF. When the two categories
25 are combined, almost 3,000,000 youth aged athletes have sat on the sidelines while professional and
26 college level sports are being played in the same state and county where they live and practice.
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11. In March 2020, the Governor issued a state-wide shut down/stay at home order in an effort to deal with the emerging pandemic crisis. In addition to the closing of public schools (although online schooling continued), all ongoing and pending high school sports were indefinitely put-on hold.

12. On or about May 7, 2020, the Governor announced he would begin modifying the stay-at-home order to start reopening California under what was described at the time as the “Resilience Roadmap,” which set out a four-tiered system for reopening California. Dr. Kasirye, acting as the Health Officer for the County, would subsequently adopt the State’s “Blueprint for a Safer Economy” regarding restrictions and reopening plans.

13. On or about August 28, 2020, the Governor announced California’s new reopening plan called the “The Blueprint for a Safer Economy” (hereinafter the “Blueprint”). The Blueprint, which became effective August 31, 2020, set out four color coded tiers: yellow, orange, red and purple. Interestingly, “Professional Sports” were open so long as there were no “live audiences” and competitions occurred “with modifications.” (*Exhibit “I”*.) Even more, “Outdoor Playgrounds” and “Outdoor Recreational Facilities” also remained “Open” but subject to modification. High school sports were not addressed or mentioned.

14. Prior to this announcement, Major League Baseball (“MLB”) and all California MLB teams announced abbreviated seasons pursuant to a stringent COVID-19 protocol drafted by MLB and approved by the State. California MLB teams began playing baseball in the county in July, all of which are located in “red” and “purple” tier counties. They finished their season without incident of spread of COVID-19 during any competition. (See Murray MT, Riggs MA, Engelthaler DM, et al. Mitigating a COVID-19 Outbreak Among Major League Baseball Players — United States, 2020. MMWR Morb Mortal Wkly Rep 2020;69:1542–1546. DOI: <http://dx.doi.org/10.15585/mmwr.mm6942a4>. I downloaded this document on February 15, 2021 from:

<https://www.cdc.gov/mmwr/volumes/69/wr/mm6942a4.htm#:~:text=During%20the%202020%20season%2C%20Major,between%20two%20opposing%20teams%20occurred.>)

15. After MLB finished its season, the National Football League (“NFL”) was soon to follow. Although no professional football team exists in the County, using similar protocols required of MLB and approved by the State, the NFL was allowed to play games throughout the State in “red” and “purple” tier

1 counties.¹ The NFL finished its season – at least in California – without incident related to COVID-19.
2 No NFL games played in the State of California were shown to have any effect on the spread of COVID-
3 19 in the State.

4 16. After the NFL commenced its season, colleges and universities then began their sports
5 seasons playing in “purple” and “red” counties throughout the state. Almost every NCAA Division I
6 football team in the State was allowed to practice and play competitive games against teams from
7 California and other states using the similar protocols followed by MLB, the NFL and as approved by the
8 State. No college sporting events played in the State of California were shown to have any effect on the
9 spread of COVID-19 in the State or the counties in which they are being played.

10 17. The National Basketball Association (“NBA”) recently resumed its season in California.
11 Although no professional basketball team exists in the County, using similar protocols required of MLB
12 and approved by the State, the NBA was allowed to play games throughout the State and in neighboring
13 and more stringent “purple” tier counties. For example, the Los Angeles Lakers hosted the Los Angeles
14 Clippers at the Staples Center on December 22, 2020. The Golden State Warriors began playing
15 competitive games on December 12, 2020 at the Chase Center located in this County. These teams’
16 seasons are ongoing. Using similar protocols required by MLB and NFL as approved by the State and
17 neighboring counties, the NBA was allowed to resume throughout the State and is presently playing
18 games despite players being exposed to other athletes/staff and traveling out of the county and state to
19 compete. No NBA games played in the State of California have been shown to have had any effect on the
20 spread of COVID-19 in the State.

21 18. NCAA Division I athletic competition is also now ongoing in the State, and in similarly
22 situation neighboring counties in the “purple” and “red” tiers. The University of San Francisco Dons
23 are presently in the middle of their men and women’s basketball seasons, men’s baseball, men’s and
24 women’s soccer, and women’s indoor volleyball. San Jose State men’s basketball is hosting home
25 games, as are Stanford University’s men’s and women’s basketball teams. San Jose State and Stanford
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27 ¹ The one notable exception occurred in November 2020 when the San Francisco 49ers were forced to
28 relocate games and practices to Glendale, Arizona to comply with a Santa Clara County Public Health
Department emergency directive.

1 are also hosting women's volleyball matches. Like colleges and universities throughout the state, these
2 intercollegiate games are played on campuses under COVID-19 protocols approved by counties and
3 State of California. The same is true of the University of California Los Angeles (UCLA) athletics in
4 Los Angeles County. No college athletic competitions played in the State of California similarly
5 situated "purple" or "red" tier counties has been shown to have any effect on the spread of COVID-19
6 in the State or the counties

7 19. The point of this is to show professional and college sports are allowed to play in counties
8 similarly situated to the County of San Mateo so long as they comply with State and County approved
9 COVID-19 protocols designed to prevent disease transmission during the approved athletic competitions.
10 San Mateo County high school athletes, regardless of whether their sport is being played in the County
11 professionally or collegiately, have been denied this same opportunity afforded to their professional and
12 collegiate counterparts in similarly situated counties. This denial achieves no rational governmental
13 interest because government data has shown competing in these sports does not contribute to the spread of
14 COVID-19.

15 20. "Let Them Play CA" is a grassroots organization comprised of parents of high school
16 athletes started in California in response to the State's restrictive guidelines surrounding youth sports
17 during the pandemic. Utilizing data collected from 40 other states where high school sports are allowed to
18 be played, as well as data generated by high school coaches monitoring workouts in this State, its goal is
19 to show state and local health officials that youth sports can be played safely. After formation in mid-
20 2020, its now has 50,000+ followers on Facebook. Famous athletes such as Tom Brady, Lou Holtz,
21 Hunter Bishop and Jessica Hardy Meichtry have publicly supported the organization. Medical doctors
22 throughout the state have also publicly supported the organization. (*Exhibit "2"*.)

23 21. On January 19, 2021, Let Them Play CA sent correspondence to Governor Newsom
24 requesting he allow youth sports in the State to resume immediately based upon data demonstrating youth
25 athletic competition does not pose any significant COVID risk to the participants or the communities in
26 which they live. Let Them Play CA identified medical data from States where youth sports are permitted,
27 data from football workouts held in the State, the detrimental impact on the mental health of children due
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1 to the lack of sports and the detrimental impact on income challenged children as the basis for the request.
2 (*Exhibit “3”*.)

3 22. On February 19, 2021, the State of California Health and Human Services Agency,
4 California Department of Public Health, issued new guidance regarding Outdoor and Indoor Youth and
5 Recreational Adult Sports. That guidance takes effect February 26, 2021. Under the updated guidance,
6 outdoor high-contact and moderate-contact sports competitions may resume in the Red (Substantial) tier
7 and the Purple (Widespread) tier, with modifications, including state-funded testing requirements for
8 certain outdoor high contact sports. Counties in the purple and red tiers also need an adjusted case rate at
9 or below 14 cases per 100,000. Under the updated guidance, even where the case rate is at or below 14 per
10 100,000 *all* indoor sports remain banned except for counties in the moderate or minimal tiers. Only Alpine
11 and Sierra counties are currently in the moderate tier. No California county is in the minimal tier.

12 23. In San Mateo County and throughout the State, disparate treatment in sports goes beyond
13 which teams are allowed to play by prioritizing authorization for men’s sports, like football, to women’s
14 sports, like women’s volleyball team. Prior to Governor Newsom’s February 19, 2021 press conference,
15 both football and volleyball were “orange tier” sports. After the new guidance was issued, football and
16 water polo were permitted to be played in “red” and “purple” tier counties on the condition that the
17 athletes complete weekly, state sponsored, COVID testing. Girls volleyball, on the other hand, was moved
18 to the “yellow” tier with no offer from the State to pay for mitigation or testing, as was offered to football.
19 As a result, 90,000 young men have been given the opportunity to better themselves mentally and
20 physically and to develop skills necessary for academic and professional success and leadership through
21 sport, while 47,000 young women are made to sit out with no hope for a volleyball season. Critically,
22 under the new guidelines, 87,000 high school team sport opportunities for girls/sports are placed in the
23 very hard to reach Yellow Tier.

24 24. The California Department of Public Health refers to several factors that determine the
25 safety of sports, including the amount of contact, especially face-to-face, the duration of interaction,
26 whether masks are worn, the number of athletes on a team, and whether the sport is outdoor or indoor,
27 where the risks are greater when there is poor ventilation. When comparing football and volleyball, by the
28 Department of Public Health’s own metrics for safety, volleyball is safer than football on 4 out of 5

1 primary factors determining risk, the 5th being the ventilation concern. It is simply not reasonable to
2 assume indoor sports will always have “poor ventilation” and thus present higher risks of transmission
3 than outdoor sports with greater amount of face-to-face contact. The CDC provides several suggestions
4 for improving ventilation, applicable to volleyball matches, including opening doors and windows, adding
5 fans, and reducing occupancy.

6 25. Girls high school indoor volleyball was played in 40+ other states this fall. In February
7 2021, the National Federation of High School Sports concluded transmission rates in indoor sports with
8 masks was equivalent to that of outdoor sports. Further, the State of California itself determined indoor
9 sports could be played safely when it allowed indoor professional basketball and ice hockey, as well as
10 Division 1 collegiate indoor volleyball to be played, even during the State’s most restrictive stay-at-home
11 order or “blue” tier in December 2020.

12 26. Significant Indoor volleyball has been played in this State since Fall 2020 both at the
13 College level in California and at the High-School level across the US, with no known “super-spreader
14 events.” 84,850 HS Girls/Women’s Volleyball matches played across the US. 18,000 Youth Club
15 Volleyball teams have participated in over 611 tournaments, including in February in Sacramento,
16 California.

17 27. As high school sports become permitted once again, disparate treatment between boys’
18 and girls’ teams cannot stand and the consequences of such treatment cannot be ignored. Research shows
19 women experience greater distress when cutoff from their sport and team than do men. According to a
20 University of Wisconsin study of 13,000 adolescents, 44% of girls reported moderate to severe anxiety
21 after not being able to play their sport and 28% for boys. Further, by age 14, women start dropping out of
22 sports at twice the rate of boys due primarily to lack of access, among other factors. Volleyball athletes
23 cannot simply switch to soccer because that is the sport allowed their current “tier.” We must protect the
24 physical, mental, and emotional development of all high school athletes not just the young men.

25 28. San Mateo County’s adjusted case rate as of February 23, 2021 was 5.6 cases per 100,000
26 with a 2.1% positivity rate over a seven-day average. It is currently in the Red tier. While San Mateo
27 County high school and youth athletes would be permitted to play outdoor contact sports with
28 modifications under the State’s February 19, 2021 updated guidance, indoor sports remain closed despite

1 State guidelines and restrictions permitting professional and college athletes in the more restrictive
 2 “purple” tier and similarly situated “red” tier counties. The County has continued to follow State guidance.

3 29. Because high school student athletes are not allowed to compete in this County or State,
 4 many club athletes have traveled to Arizona, Nevada, and Utah to participate in competitions involving
 5 hundreds, if not thousands, players, coaches, officials, and families from all parts of the west, only to
 6 return to San Mateo County without restriction or quarantine. There is no evidence participation in out-of-
 7 state sporting events (separate and apart for the actions associated with being forced to travel out of state)
 8 has led to an increased transmission of COVID-19 in the State or County.

9 30. If the reason for barring high school sports is to prevent the spread of COVID-19 in
 10 athletes, their families, and the greater community, there is no rational basis for forcing athletes and their
 11 families to travel out of state to compete. If anything, forcing high school athletes to travel out of the State
 12 and County to obtain the same rights and privileges afforded to professional and collegiate athletes in the
 13 State and County, increases the risk of transmission of COVID-19 in the County by forcing high school
 14 athletes and their families to engage in activities such as travel, hotel stays, and communal dining—
 15 activities experts believe have the potential to increase the spread of COVID-19. This is especially true
 16 when forcing high school athletes to travel to Arizona which according to the Center for Disease Control
 17 (“CDC”) has consistently had a substantially higher number of COVID-19 cases per 100,000 people than
 18 this County.

19 31. The shutdown as to high school and youth sports remains in effect whether the sport is
 20 played inside or outside. The State and County remain silent as to when the restrictions will be lifted.

21 32. And yet, credible science exists to prove (1) high school and youth sports do not contribute
 22 to the spread and effect of COVID-19 in the State and County, and (2) the lack of youth spots has
 23 detrimentally affected our youth and society as a whole.

24 33. Most high school students are ages 14-17. The CDC data on the rate of infection,
 25 hospitalization, and deaths caused by COVID-19 broken down by age group show the COVID-19 virus,
 26 rate of hospitalization and death are nine (9) times lower for the 14-to-17-year-old age group (i.e. high
 27 school students) than they are for the 18-to-29-year-old age group (i.e. college students).
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34. Further, according to the CDC data and figures regarding the COVID-19 virus, the rate of infection from the COVID-19 virus broken down by age group are 23.3% of cases for the 18-to-29-year-old age group but only 8.3% for the 5-to-17-year-old age group.

35. Plaintiff believes and thereon alleges there is credible and existing science supporting their contention that high school sports do not contribute to the spread of COVID-19 in the State and County of San Mateo and the current restrictions are without rational basis for preventing the spread of COVID-19.

36. Plaintiff will submit medical testimony indicating the rate of transmission in a moderate-contact sport like volleyball is much lower than the limited rate of transmission in football, a high-contact sport.

37. Statistics to be presented at trial will demonstrate not playing high school sports during this pandemic is highly detrimental to the health and well-being of our youth and the restriction of such is without rational basis to preventing the spread of COVID-19.

38. Along these same lines the fear of infection by COVID-19 in the 14-17 age group is now being outpaced by the health and safety dangers facing these same youths as a result of not playing high school sports. The detrimental effect to high school age children by not allowing them to play high school sports include:

- (a) Sixty-six percent (**66%**) of children how shown clinical signs of depression;
- (b) Seventy-four percent (**74%**) of children have shown signs of clinical anxiety;
- (c) Thirty-seven percent (**37%**) have demonstrated to have an unhealthy relationship with food;
- (d) Nearly one in four (**1/4**) young adults have reported consideration of suicide; and
- (e) Pediatric mental health visits have increased by thirty-one percent (**31%**).

39. Consistent with the negative results the pandemic has reeked on high school youth, their socio-economic existence has also been negatively impacted. The lack of high school football, for instance, has hit the lower economic communities especially hard. In these communities, California high school football coaches polled have reported the following increases since 2019:

- (a) **92%** increase in the ineligibility of student athletes due to failing grades;
- (b) **91%** increase in dropout rates;

1 (c) **89%** increase in the experiencing of violence/death in their community;

2 (d) **88%** increase in experiencing a high school pregnancy, and

3 (e) **85%** increase in the incarceration of student athletes

4 40. Another consideration in the analysis of the detrimental effect of the restriction against
5 playing high school sports is the impact on poorer students. Sports so often give poorer students the
6 opportunity to earn an athletic scholarship that might afford them the opportunity to go to college without
7 incurring significant, crippling, debt. An NCAA scholarship is still the best means for high school athletes
8 to earn a free (or close to free) education at an institution of higher learning that he/she might not
9 otherwise ever be able to attend. Denying athletes the opportunity to play and attract scouts from
10 prestigious colleges results in irreparable harm that can never be cured. Each year played is crucial to
11 high school athletes' skill development and the opportunities to play your best at the highest level can be
12 fleeting.

13 41. There is no doubt the restriction against playing high school sports without scientific basis
14 or reason has detrimentally and forever negatively impacted San Mateo and California high school
15 athletes, including Plaintiff, who are losing out on not only the opportunity to represent their schools and
16 community in athletic competition, but to secure a future in college athletics. That has far reaching and
17 never-ending impacts on their lives. The State and County cannot show a reasonable basis for these
18 restrictions where there is no question the athletic activity itself does not lead to an increased risk of
19 spread of COVID-19 as demonstrated by the County and State allowing professional and collegiate
20 athletes to play the *exact same games* with reasonable safety modifications.

21 42. Plaintiff and the San Mateo County high school athletes on whose behalf she bring this suit
22 simply want to be treated the same way the State of California has treated professional and collegiate
23 athletes playing the same or similar sports. Based on this inequity without reasonable basis, Plaintiffs
24 allege the following:

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FIRST CAUSE OF ACTION

***Violation of the Equal Protection Clause of the Fourteenth Amendment to the United States Constitution and Violation of Article 1, Section 7 of the California Constitution.
(As to Governor Gavin Newsom, California Department of Public Health, and DOES 1-100)***

43. Plaintiff re-alleges and incorporates herein by this reference each of the allegations of paragraphs 1 through 42 above.

44. By reason of the aforementioned acts, policies, and/or orders, created, adopted, and enforced under color of law by Defendants, Defendants have deprived Plaintiff of the equal protection of the law guaranteed under the Equal Protection Clause of the Fourteenth Amendment to the United States Constitution, as well as the right to equal protection under the California Constitution. As set forth in this Complaint, the applicable provisions of State of California's Blueprint for a Safer Economy and industry specific guidelines deprive Plaintiff of equal protection under the law by prohibiting them from participating in high school sports, while allowing professional and collegiate athletes to play the same sports with reasonable and sensible modifications with which Plaintiff would willingly and happily comply. The State and County's Orders are without rational basis and lack any scientific connection to preventing the spread of COVID-19. The challenged measures lack any rational basis, are arbitrary, capricious, and vague, and are a palpable denial of Plaintiff's rights to equal protection under law.

SECOND CAUSE OF ACTION

***WRIT OF MANDATE – CODE CIV. PROC. § 1085
(As to Governor Gavin Newsom, California Department of Public Health, and DOES 1-100)***

45. Plaintiff/Petitioner herein re-alleges and incorporates herein by this reference each of the allegations of paragraphs 1 through 44, above.

46. Pursuant to California *Code of Civil Procedure* section 1085, "[a] writ of mandate may be issued by any court to any . . . person, to compel the performance of an act which the law specially enjoins, . . . and from which the party is unlawfully precluded by that inferior tribunal, corporation, board, or person." Here, Governor Newsom, and DOES 1 through 100 are infringing upon Plaintiffs' constitutional rights to equal protection under the law, at their expense. Moreover, Defendants/Respondents have arbitrarily and discriminatorily prevented Plaintiff/Petitioner from

exercising his rights under the guise of the COVID-19 safety concerns while not expressing those same concerns when collegiate and professional athletes play the same sports with reasonable and sensible COVID-19 protections. Consequently, Plaintiff/Petitioner has suffered and continues to suffer loss of liberty and economic losses, among other damages and infringements by being denied treatment equal to that the County and State have provided to collegiate and professional athletes.

47. Plaintiff/Petitioner has no adequate remedy at law and will suffer serious and irreparable harm to his constitutional rights to equal protection under the law unless Defendants/Respondents are enjoined from the continuous implementation and enforcement of the unequal treatment to high school athletes currently provided for under the Blueprint for a Safer Economy and all applicable County Health Officer Orders or any other order she may claim gives them the right to prevent play of high school sports for the remainder of the 2020-2021 school year.

PRAYER

WHEREFORE, Plaintiff prays for judgment against Defendants as follows:

On the First Cause of Action:

1. Declare the provisions of the State Blueprint for a Safer Economy and County health officer orders, violate the aforementioned United States and California Constitutional provisions requiring equal protection under the law.

2. For the issuance of a Temporary Restraining Order and/or preliminary injunction restraining and preventing any governmental entity or law enforcement officer from applying and enforcing the provisions of the shut-down orders, or any other related orders, that prevents Plaintiff from being allowed to participate in high school sports under the restrictions outlined above, in other words, in a manner directly the same as and similar to those conditions and protocols allowing for the playing of professional and/or collegiate sports.

3. For the issuance of a Permanent Injunction restraining and preventing any governmental entity or law enforcement officer from applying and enforcing the provisions of the shutdown orders, or any other related orders, that prevents Plaintiff and all other high school student athletes from being allowed to participate in high school sports under the restrictions outlined above.

4. Award Plaintiff any and all attorney's fees and costs as authorized by law.

1 5. Award Plaintiff any and all actual, consequential, and special damages to which
2 Plaintiffs are entitled.

3 **On the Second Cause of Action (Writ of Mandate):**

4 1. A peremptory writ of mandate issued under Code of Civil Procedure section 1085
5 compelling Defendants/Respondents to set aside the Blueprint for a Safer Economy and all applicable
6 County Health Officer Orders, and to allow high school sports to be played with fair, appropriate and
7 equal modifications to those imposed on collegiate and professional athletes.

8 2. Plaintiff/Petitioner recovers his attorney's fees, expenses and costs in this action.

9 3. Plaintiff/Petitioner recovers damages.

10 **On All Causes of Action:**

11 1. For injunctive relief.

12 2. For costs of suit and attorney's fees.

13 3. For such other and future relief as the court finds just and reasonable.

14
15 Dated: February 26, 2021

WINGERT GREBING BRUBAKER & JUSKIE LLP

16
17 By: _____

18 STEPHEN C. GREBING
19 IAN R. FRIEDMAN
20 CHANDLER P. CIERNIA
21 Attorneys for Plaintiff STELLA BUCH
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EXHIBIT 1

COVID-19

Blueprint for a Safer Economy

California has a blueprint for reducing COVID-19 in the state with revised criteria for loosening and tightening restrictions on activities. Every county in California is assigned to a tier based on its test positivity and adjusted case rate for tier assignment. Additionally, a health equity metric took effect on October 6, 2020. In order to advance to the next less restrictive tier, each county will need to meet an equity metric or demonstrate targeted investments to eliminate disparities in levels of COVID-19 transmission, depending on its size. The California Health Equity Metric is designed to help guide counties in their continuing efforts to reduce COVID-19 cases in all communities and requires more intensive efforts to prevent and mitigate the spread of COVID-19 among Californians who have been disproportionately impacted by this pandemic.

Updates as of 01/26/2021:

- The California Blueprint Data Chart (Excel) has been updated to show county tier status and date of tier assignment.
- CDPH has posted an updated School Re-Opening Framework (PDF).
- CDPH has posted a COVID-19 Health Equity Playbook for Communities.
- CDPH continues to implement and operate the Blueprint For a Safer Economy under the emergency brakes action applied on November 16, 2020. Counties who are not currently under a regional Stay at Home Order may be moved to a more restrictive tier based on Blueprint data assessed each week. Once announced, the county is required to implement tier related restrictions by 11:59pm the next day.
- Thereafter, if a county enters into a regional Stay at Home Order based on ICU capacity, the restrictions associated with that order would take effect.
- In light of the recent, unprecedented surge in rate of increase of cases, notwithstanding the Blueprint framework outlined below, the following changes are still in effect and will stay in place until further notice:
 - Tier assignments may occur any day of the week and may occur more than once a week when CDPH determines that the most recent reliable data indicate that immediate action is needed to address COVID-19 transmission in a county.
 - Counties may be moved back more than one tier if CDPH determines that the data support the more intensive intervention. Key considerations will include the rate of increase in new cases and/or test positivity, more recent data as noted below, public health capacity, and other epidemiological factors.
 - The most recent reliable data will be used to complete the assessment.
- County requests for tier adjudication will not hold the county in the current tier during adjudication, and given the current environment of rapidly escalating cases and widespread disease transmission across California, tier adjudication requests are unlikely to be approved unless unique, extreme circumstances and data are submitted justifying how the county is not impacted by the statewide increases.

Additional information about the Blueprint:

- Find the status of activities in your county
- Understand which activities and businesses are open in the four tiers (PDF)
- Learn more about the California Health Equity Metric and the Targeted Equity Investment Plans from each county
- COVID-19 Health Equity Playbook for communities (PDF)
- Blueprint for a Safer Economy: California's Color Coded County Tier System (PDF)
- County Tier Adjudication Request
- Explore the complete data by county - California Blueprint Data Chart (Excel)
- Find archived California Blueprint Data Charts
- Proyecto para una economía más segura | For other languages, visit our Multilingual Documents page

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 former 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), in collaboration with other State officials, will continue to reassess metrics and thresholds.

See chart below for the framework metrics as set according to tiers based on risk of community disease transmission. Calculation of metrics is described in Appendix 1. Description of the Health Equity Metric can be found on the Health Equity Metric page.

	Higher Risk → Lower Risk of Community Disease Transmission***			
	Widespread Tier 1	Substantial Tier 2	Moderate Tier 3	Minimal Tier 4
Measure				
Adjusted Case Rate for Tier Assignment** (Rate per 100,000 population* excluding prison cases^, 7 day average with 7 day lag)	>7	4-7	1-3.9	<1
Testing Positivity^ (Excluding prison cases^, 7 day average with 7 day lag)	>8%	5-8%	2-4.9%	<2%

Metrics with values greater than or less than tier cut points by 0.05 are rounded up or down using conventional rounding rules.

^Excludes state and federal inmates, ICE facility residents, State Hospital inmates and US Marshal detainees

*Population denominators from the Department of Finance: State Population Projections - Total Population by County- Table P-1

**Case rate will be determined using cases confirmed by PCR

*** Counties are assigned a tier based on two metrics: test positivity and case rate. Large counties with populations greater than approximately 106,000 must also meet the health equity metric described on the Health Equity Metric page in order to advance to a less restrictive tier.

The case rate is adjusted based on testing volume per 100,000 population as described below. Due to variability in data, this adjustment does not apply to small counties (defined as those with a population less than 106,000 residents).

As counties focus on increased testing in their health equity quartiles and to support school openings, they are likely to experience an increased number of cases. We want to avoid disincentivizing increased testing, provided that test positivity is low and there is sufficient capacity for contact tracing and isolation. We are therefore increasing the adjustment for higher volume testing.

- For counties with testing volume above the state median, the factor is less than 1, decreasing in a linear manner from 1.0 to 0.5 as testing volume increases from the state median to 2x the state median. The factor remains at 0.5 if the testing volume is greater than 2x the state median.
- For counties with testing volume below the state median, the factor is greater than 1, increasing in a linear manner from 1.0 to 1.4 as testing volume decreases from the state median to zero. However, this adjustment for low testing volume will not be applied to counties with a test positivity < 3.5%.

California COVID-19 Case Rate Adjustment Factor

Testing Volume	Case Rate Adjustment Factor*
0	1.4
0.25* State Median	1.3
0.50* State Median	1.2
0.75* State Median	1.1
State Median	1
1.25* State Median	0.875
1.5* State Median	0.75
1.75* State Median	0.625
2.0* State Median and above	0.5

- Counties with fewer than 106,000 residents, will be exempted from case rate adjustments, and counties with test positivity <3.5% will be exempted from adjustment for testing rates lower than the state median.
- If the two metrics are not within the same tier, the county's tier assignment will be determined by the more restrictive of the two. For example, if a county's test positivity corresponds to tier 3 (orange, moderate), but the case rate corresponds to tier 1 (purple, widespread), the county will be assigned as tier 1. Movement will be determined by criteria described below.

Moving through the Tiers

Rules of the framework:

1. CDPH will assess indicators weekly on Mondays and release updated tier assignments on Tuesdays.
2. A county must remain in a tier for a minimum of three weeks before being able to advance to a less restrictive 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 adjusted case rate for tier assignment and test positivity measure fall into two different tiers, the county will be assigned to the more restrictive tier.
5. The health equity metric is applied to jurisdictions with populations greater than 106,000. Rules of the health equity metric are described on the Health Equity Metric page.
6. 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
7. An LHJ may continue to implement or maintain more restrictive public health measures if the local health officer determines that health conditions in that jurisdiction warrant such measures.
8. Tier status goes into effect the Wednesday following each weekly tier assignment announcement on Tuesdays.

To advance:

1. A county must have been in the current tier for a minimum of three weeks.
2. A county must meet criteria for the next less restrictive tier for both measures for the prior **two** consecutive weeks in order to progress to the next tier.
3. In addition, counties must meet the health equity criteria to demonstrate the county's ability to address the most impacted communities within a county.

To move back:

1. During the weekly assessment, if a county's adjusted case rate and/or test positivity has fallen within a more restrictive tier for two consecutive weekly periods, the state will review the most recent 10 days of data, and if CDPH determines there are objective signs of improvement the county may remain in the tier. If the county's most recent 10 days data does not show objective signs of improvement the county must revert to the more restrictive tier. For subsequent weekly assessments, the above rules apply.
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, including movement across more than one tier. Key considerations will also include the rate of increase in new cases and/or test positivity, more recent data as noted above, public health capacity, and other epidemiological factors.
3. Counties with a population less than 106,000 will have a small county criteria applied to it to ensure movement to a more restrictive tier is appropriate. Description of the small county framework is below.
4. Counties will have three days, beginning the Wednesday after tier assignments are announced on Tuesdays, to implement any sector changes or closures unless extreme circumstances merit immediate action.

Small County Framework

Because California's case rate metric is normalized per 100,000 population, a number of counties with small populations have experienced large swings in their daily case rate as a result of a small number of newly reported cases. For some counties, this has raised the specter of needing to move back to a more restrictive tier despite overall disease stability and a demonstrated ability to trace, follow up with, investigate and support cases.

For example, once a small county is in yellow tier, a small number of cases – as low as 1 case per week for 2 consecutive weeks – could cause it to return to a more restrictive tier. While the overall proportion of cases may be the same as a larger county, the absolute number of cases is also an important consideration in gauging county capacity to control transmission through disease investigation, contact tracing and supportive isolation.

It is not in the interest of the public health of communities to close or restrict entire business sectors on the basis of such a small number of cases, and in some situations a small swing in week over week case counts can move a county from yellow tier all the way to purple tier. Because the state wants to avoid swift shifts in tier status based on small absolute case number changes, we are creating an alternate case assessment measure to apply to small counties. Small counties are defined as having fewer than 106,000 residents.[1]

Alternate Case Assessment Measure. Small counties are subject to all existing Blueprint rules (test positivity thresholds, minimum duration of 3 weeks in a tier before moving to a less restrictive tier, inability to skip over a tier while moving from more restrictive to less restrictive tier designations, etc.) with the exception of the case rate thresholds as delineated below.

The alternate case assessment measure provides a small county protection against sudden tier changes as a result of small increases in cases.

For a small county that has test positivity that meets the threshold of that county's currently assigned tier, but is flagged for potentially moving to a more restrictive tier based on its weekly case rate assessment, the following criteria shall be applied in lieu of the Blueprint case rate thresholds.

If the county exceeds the following absolute weekly case numbers based on its population and tier for two consecutive weeks, it will be required to move to a more restrictive tier:

Current Tier	Pop ≤ 35K	Pop 35K-70K	Pop 70K-106K
Yellow	7	14	21
Orange	14	21	28
Red	35	42	49

Movement into Yellow Tier

In moving from purple to red or red to orange tiers, small counties are subject to all existing Blueprint rules (test positivity thresholds, minimum duration of 3 weeks in a tier before moving to a less restrictive tier, inability to skip over a tier while moving from more restrictive to less restrictive tier designations, etc.).

For a small county to move from the orange to yellow tier, it must meet the existing test positivity threshold of less than 2%. However, in lieu of meeting the established daily case rate threshold for yellow tier of less than 1 case per 100,000, a small county is allowed to have a daily case rate of less than or equal to 2 cases per 100,000. Of note, these are the same parameters used for the health equity acceleration criteria to yellow tier.

[1] Twenty-two California counties have a population of less than 100,000. Sutter, which has a population of 106,000 is also included as it shares a health officer with Yuba County. Counties below this size have similar challenges and opportunities in controlling COVID-19 transmission and generally do not have major or large, densely populated cities. This distinction factors into how rapidly COVID-19 transmission can increase beyond households and the ability of the county to rapidly identify and contain outbreaks with existing contact tracing, isolation and quarantine resources.

Risk Criteria

Activities and sectors will begin to open at a specific tier based on risk-based criteria (PDF), 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 January 14 School Re-opening Framework (PDF). Schools in counties within the Purple Tier are not permitted to reopen for in-person instruction, with exceptions outlined in the January 14 School Re-opening Framework (PDF). Schools that are not authorized to reopen, 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 for in-person instruction following the January 14 School Re-opening Framework (PDF) once the county is out of the Purple Tier (and thus in the Red Tier) for at least 5 consecutive days, and have posted their COVID-19 Safety Plan (CSP) to their website homepage for K-12th grades, 5 days prior to starting in-person instruction. The first day a county is considered in the Red Tier is the Wednesday after the weekly county tier assignments are announced and posted on the CDPH website (Tuesdays). For example, if a county is assigned to the Red Tier on Tuesday, March 9, the first full day the county is in the Red Tier is Wednesday, March 10. The county will have completed 5 consecutive days in the Red Tier on Sunday March 14 and may reopen schools for in-person instruction on Monday, March 15. As noted above, an LHJ may continue to implement or maintain more restrictive public health measures if the local health officer determines that health conditions in that jurisdiction warrant such measures.

As stated in the July 17 School Re-opening Framework (PDF), schools are not required to close if a county moves back to the Purple Tier, but should consider surveillance testing of staff. However, if a school or district had not already reopened for in-person instruction while in the Red Tier and is then moved to the Purple Tier, it may not reopen those schools for in-person instruction until the county moves back to the Red Tier and remains in the Red Tier for 5 days.

County Tier Adjudication Process

For more information, visit our County Tier Adjudication Request page.

APPENDIX 1: Calculation of metrics

Metric	Definition
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Case Rate (rate per 100,000 excluding prison cases, 7-day average with 7-day lag)	<p>Calculated as the average (mean) daily number of COVID-19+ cases, this excludes: (a) persons out of state or with unknown county of residence and (b) persons incarcerated at state or federal prisons, ICE facilities, US Marshal only detention facilities or Department of State Hospitals (identified as cases with an ordering facility name or address associated with these locations), over 7 days (based on episode date), divided by the number of people living in the county/region/state. This number is then multiplied by 100,000. Due to reporting delays, there is a 7-day lag built into this calculation. For example, for data updated through 8/22/20, the case rate will be dated as 8/15/20 and will include the average case rate from 8/9/20 - 8/15/20.</p>
Linear adjusted case Rate per 100,000 per day, excluding prisoners (7-day average with 7-day lag)	<p>Calculated as the case rate multiplied by a case rate adjustment factor that is based on the difference between the county testing volume (testing volume, tests per 100,000 per day, described below) and the median county testing volume calculated across all counties. The median testing volume thus forms an anchor for this adjustment and is recalculated every four weeks to prevent undue fluctuation while remaining sensitive to evolving testing trends. For counties with a testing volume above the median, the adjustment factor is less than 1, decreasing in a linear manner from 1.0 to 0.5 as testing volume increases from the anchor point to 2x that value. The adjustment factor remains at 0.5 if the county testing volume is greater than 2x the state median. For counties with a testing volume below the state median, the adjustment factor is greater than 1, increasing in a linear manner from 1.0 to 1.4 as county testing volume decreases from the state median to zero. The linear adjustment formula can be expressed mathematically as follows:</p> <p>For counties testing above the state median:</p> $1 - (((\text{county testing rate} - \text{state median testing rate}) / \text{state median testing rate}) * 0.5)$ <p>For counties testing below the state median:</p> $1 - (((\text{county testing rate} - \text{state median testing rate}) / \text{state median testing rate}) * 0.4)$ <p>There are two conditions in which this formula is not applied. The first is small counties, those with a population less than approximately 100,000 based on CA Department of Finance population projections (see reference * in tier framework table). The small county exception prevents potential spurious adjustment due to fluctuations in testing influenced by secular events unrelated to underlying transmission risk. As a second condition for exception from the adjustment, counties with a testing volume below the state median and testing positivity < 3.5% are not adjusted, based on the assumption that volume of testing in these counties may not need to be as high with low test positivity. Under both these conditions, the adjusted case rate is equal to the unadjusted rate.</p>

Overall testing Positivity, excluding prisoners over 7-days (PCR only, 7-day lag)	<p>Calculated as the total number of positive polymerase chain reaction (PCR) tests for COVID-19 over a 7-day period (based on specimen collected date) divided by the total number of PCR tests conducted; this excludes tests for: (a) persons out of state or with unknown county of residence and (b) persons incarcerated at state or federal prisons, ICE facilities, US Marshal only detention facilities and Department of State Hospitals (identified as cases with an ordering facility name or address associated with prison/state hospitals locations). This number is then multiplied by 100 to get a percentage. Due to reporting delay (which may be different between positive and negative tests), there is a 7-day lag.</p> <p><i>Example:</i> For cumulative lab data received on 6/30/20, reported test positivity is dated as 6/23/20 and is calculated based on tests with specimen collection dates from 6/17-6/23</p>
Tests per 100,000 per day, excluding prisoners (7-day average with 7-day lag)	<p>Calculated as the number of polymerase chain reaction (PCR) tests per day over a 7-day period (based on specimen collection date), excluding tests for persons incarcerated at state or federal prisons, ICE facilities, US Marshal only detention facilities and Department of State Hospitals (identified as cases with an ordering facility name or address associated with prison/state hospitals locations), and divided by the number of people living in the county/region/state. This number is then multiplied by 100,000. Due to reporting delay, there is a 7-day lag included in the calculation.</p> <p><i>Example:</i> For cumulative lab data received through 8/22/20, the reported 7-day average number of tests will be dated as 8/15/20 and will include PCR tests with specimen collection dates from 8/9/20 - 8/15/20.</p>

Data Source: CalREDIE

Helpful Links

- Find the status of activities in your county
- Understand which activities and businesses are open in the four tiers (PDF)
- Learn more about the California Health Equity Metric and the Targeted Equity Investment Plans from each county
- COVID-19 Health Equity Playbook for communities (PDF)
- County Tier Adjudication Request
- Explore the complete data by county (Excel)
- Find archived California Blueprint Data Charts
- School Re-opening Framework (PDF)
- Guidance for Small Cohorts/Groups of Children and Youth
- www.covid19.ca.gov
- Proyecto para una economía más segura | For other languages, visit our Multilingual Documents page

Page Last Updated : January 26, 2021

COVID-19 INDUSTRY GUIDANCE: Sporting Events at Outdoor Stadiums and Racetracks

October 20, 2020

This guidance is designed to address sectors and activities opening statewide. However, local health officers may implement more stringent rules tailored to local epidemiological conditions, so employers should also confirm relevant local opening policies.

OVERVIEW

On March 19, 2020, the State Public Health Officer and Director of the California Department of Public Health issued an order requiring most Californians to stay at home to disrupt the spread of COVID-19 among the population.

The impact of COVID-19 on the health of Californians is not yet fully known. Reported illness ranges from very mild (some people have no symptoms) to severe illness that may result in death. Certain groups, including people aged 65 or older and those with serious underlying medical conditions, such as heart or lung disease or diabetes, are at higher risk of hospitalization and serious complications. Transmission is most likely when people are in close contact or in a poorly ventilated area with an infected person, even if that person does not have any symptoms or has not yet developed symptoms.

Precise information about the number and rates of COVID-19 by industry or occupational groups, including among critical infrastructure workers, is not available at this time. There have been multiple outbreaks in a range of workplaces, indicating that workers are at risk of acquiring or transmitting COVID-19 infection. Examples of these workplaces include hospitals, long-term care facilities, prisons, food production, warehouses, meat processing plants, restaurants, and grocery stores.

As stay-at-home orders are modified, it is essential that all possible steps be taken to ensure the safety of workers and the public.

Key prevention practices include:

- ✓ physical distancing to the maximum extent possible,
- ✓ use of face coverings by workers (where respiratory protection is not required) and customers,
- ✓ frequent handwashing and regular cleaning and disinfection,
- ✓ training workers on these and other elements of the COVID-19 prevention plan.

In addition, it will be critical to have in place appropriate processes to identify new cases of illness in workplaces and, when they are identified, to intervene quickly and work with public health authorities to halt the spread of the virus.

PURPOSE

Professional sports may resume training and competition without live audiences, subject to approval by county public health officers. This document provides guidance for the outdoor operations of stadiums and racetracks during live, professional sporting events to support a safe, clean environment for workers and guests. Businesses must identify and monitor the County Risk Level for the county the business is operating in and make required adjustments to their operations:

- **Purple – Widespread – Tier 1:** No live audience permitted.
- **Red – Substantial – Tier 2:** No live audience permitted.
- **Orange – Moderate – Tier 3:** Outdoor operations only are permitted at permanent and fixed venues (see note below on permissible outdoor venues), in addition to the following modifications:
 - Capacity must be limited to 20% and ticketing must only be available for reserved seating. Ticket sales must be restricted to customers traveling within a 120-mile radius.
 - Ticket sales must include a designated parking space for each ticketholder group.
 - Venues are not permitted to provide will-call or sell tickets on the day of the event to enable adequate planning for physical distancing within the venue.
 - Eating and drinking are permitted in assigned seats only. Concourse concessions areas must be closed, and all food and drink must be delivered directly to guests in their seats.
 - Operators must follow the modifications in this guidance.
- **Yellow – Minimal – Tier 4:** Outdoor operations only are permitted at permanent and fixed venues (see note below on permissible outdoor venues), in addition to the following modifications:
 - Capacity must be limited to 25% and ticketing must only be available for reserved seating. Ticket sales must be restricted to customers traveling within a 120-mile radius.
 - Ticket sales must include a designated parking space for each ticketholder group.
 - Venues are not permitted to provide will-call or sell tickets on the day of the event to enable adequate planning for physical distancing within the venue.
 - Eating and drinking are permitted in assigned seats only. Concourse concessions areas must be closed, and all food and drink must be delivered directly to guests in their seats.
 - Operators must follow the modifications in this guidance.

Permissible Outdoor Venues: For the purposes of this guidance, a permissible outdoor venue for live audience professional sporting events shall require:

- A permanent and fixed facility, focused around an area of play, designed primarily for viewing sports by an audience/spectators.
- The facility shall either be open to the sky with no roof or have at least 50% of the total perimeter open, meaning there are no walls, doors, windows, dividers, or other physical barriers that restrict air flow, whether open or closed. There must be sufficient natural ventilation and air circulation to dilute and disperse concentrations of aerosols effectively without the support of mechanical systems.
- The facility shall be designed in a way that provides operators the ability to control fully the flow, ingress, and egress of all visitors, and to separate athletes and workers from the general audience.
- There must be permanent or added barriers to create at least 25' between space occupied by audience members/spectators and the focal point (field of play).
- Audience seating shall be fixed, and readily identifiable to all individual visitors by section, row, and seat.

For the most updated information on county tier status, visit [Blueprint for a Safer Economy](#). Please note that local health departments can have more restrictive criteria and different closures. Find [your county's local information](#).

NOTE: This guidance applies only to professional sports and does not apply to recreational, amateur, semi-professional, or collegiate sporting competitions. Those sectors are permitted to operate only to the extent that they are addressed in other guidance documents. To reduce the risk of COVID-19 transmission, athletes, coaching staff, medical staff, broadcasting staff and others at sporting facilities or events should refer to COVID-19 protocols agreed by labor and management, which may be further enhanced by county public health officers. Back office staff and management should follow the [guidance for office workspaces](#). Sports venues have a number of operational aspects and service offerings which have been covered in prior guidance and are available on the [Industry Guidance to Reduce Risk](#) website, including:

- Food service and concessions (Restaurant guidance)
- Bars (Bars, Breweries, and Distilleries guidance)
- Gift shops and retail operations (Retail guidance)
- Hotels and lodging (Hotels, Lodging, and Short-Term Rentals guidance)
- College, Non-professional, and Amateur Sports (Higher Education guidance)
- Youth sports (Youth Sports guidance)
- Outdoor recreation (Campgrounds, RV Parks, and Outdoor Recreation guidance)

- Trams, shuttles, and other transit (Public and Private Passenger Carriers, Transit, and Intercity Passenger Rail guidance)
 - Limit shuttle service whenever possible and in accordance with obligations to individuals with disabilities.
- Maintenance and custodial work services (see Limited Services guidance)

The guidance is not intended to revoke or repeal any worker rights, either statutory, regulatory or collectively bargained, and is not exhaustive, as it does not include county health orders, nor is it a substitute for any existing safety and health-related regulatory requirements such as those of Cal/OSHA.¹ Stay current on changes to public health guidance and state/local orders, as the COVID-19 situation continues. Cal/OSHA has more comprehensive guidance on their [Cal/OSHA General Guidelines on Protecting Workers from COVID-19 webpage](#). CDC has additional [considerations for events and gatherings](#).

Required Use of Face Coverings

On June 18, CDPH issued [Guidance on the Use of Face Coverings](#), which broadly requires the use of face coverings for both members of the public and workers in all public and workplace settings where there is a high risk of exposure. Complete details, including all requirements and exemptions to these rules, can be found in the [guidance](#).

The [CDPH Face Covering Guidance](#) is subject to additional updates based on the current scientific understanding of transmission of the virus causing COVID-19. Please check the CDPH website for any revisions.



Workplace Specific Plan

- Establish a written, workplace-specific COVID-19 prevention plan at every facility, perform a comprehensive risk assessment of all work areas and work tasks, and designate a person at each facility to implement the plan.
- Incorporate the [CDPH Face Covering Guidance](#) into the Workplace Specific Plan and include a policy for handling exemptions.
- Identify contact information for the local health department where the facility is located for communicating information about COVID-19 outbreaks among workers or guests.
- Train and communicate with workers and worker representatives on the plan and make the plan available to workers and their representatives.
- Regularly evaluate the workplace for compliance with the plan and document and correct deficiencies identified.
- Investigate any COVID-19 illness and determine if any work-related factors could have contributed to risk of infection. Update the plan as needed to prevent further cases.
- Implement the necessary processes and protocols when a workplace has an outbreak, in accordance with [CDPH guidelines](#) and orders or guidance from the local health department.
- Identify close contacts (within six feet for 15 minutes or more) of an infected worker and take steps to isolate COVID-19 positive worker(s) and close contacts.
- Notify all employees in writing, and employers of subcontracted employees, who may have been exposed to COVID-19 and report workplace outbreaks to the local health department. For additional information on employer responsibilities under [AB 685](#) (Chapter 84, Statutes of 2020), refer to the [Enhanced Enforcement and Employer Reporting Requirements](#) from Cal/OSHA and the [Employer Questions about AB 685](#) from CDPH.
- **For outdoor operations:** Establish an effective heat illness prevention plan with written procedures in both English and the language understood by the majority of the employees. The plan must be available to employees at the worksite. See the [Cal/OSHA heat illness prevention page](#) for resources, including FAQs, a webinar, and a sample written plan. Elements of a heat illness prevent plan must include:
 - Access to potable drinking water
 - Access to shade

- Cool down breaks
- Emergency procedures for heat illness cases
- High heat procedures when the temperature exceeds 95 degrees
- Monitoring of employees who are acclimatizing during a heat wave
- Training on heat illness prevention and symptoms
- Adhere to the guidelines below. Failure to do so could result in workplace illnesses that may cause operations to be temporarily closed or limited.



Topics for Worker Training

- To reduce the risk of COVID-19 transmission, athletes, coaching staff, medical staff, broadcasting staff, and others at sporting facilities or events should also refer to COVID-19 protocols agreed to by labor and management, which may be further enhanced by local public health officers. Back office staff and management should follow the [guidance for office workspaces](#).
- Information on [COVID-19](#), how to prevent it from spreading, and which [people are at higher risk](#) for severe illness or death.
- Self-screening at home, including temperature and/or symptom checks using [CDC guidelines](#).
- The importance of not coming to work:
 - If a worker has symptoms of COVID-19 as [described by the CDC](#), such as a fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea, vomiting, or diarrhea, OR
 - If a worker was diagnosed with COVID-19 and has not yet been released from isolation, OR
 - If, within the past 14 days, a worker has had contact with someone who has been diagnosed with COVID-19 and is considered potentially infectious (i.e. still on isolation).
- To return to work after a worker receives a COVID-19 diagnosis only after meeting [CDPH Guidance on Returning to Work or School Following COVID-19 Diagnosis](#).
- To seek medical attention if their symptoms become severe, including persistent pain or pressure in the chest, confusion, or bluish lips or face. Updates and further details are available on [CDC's webpage](#).

- The importance of frequent handwashing with soap and water, including scrubbing with soap for 20 seconds (or using hand sanitizer with at least 60% ethanol (preferred) or 70% isopropanol (if the product is inaccessible to unsupervised children) when workers cannot get to a sink or handwashing station, per [CDC guidelines](#)). Never use hand sanitizers with [methanol](#) due to its high toxicity to both children and adults.
- The importance of physical distancing, both at work and off work time (see Physical Distancing section below).
- Proper use of face coverings, including:
 - Face coverings are not personal protective equipment (PPE).
 - Face coverings do not replace the need for physical distancing and frequent handwashing.
 - Face coverings must cover the nose and mouth.
 - Workers should wash or sanitize hands before and after using or adjusting face coverings.
 - Avoid touching eyes, nose, and mouth.
 - Face coverings must not be shared and should be washed or discarded after each shift.
- Information contained in the [CDPH Guidance for the Use of Face Coverings](#), which mandates the circumstances in which face coverings must be worn and the exemptions, as well as any policies, work rules, and practices the employer has adopted to ensure the use of face coverings. Training should also include the employer's policies on how people who are exempted from wearing a face covering will be handled.
- Heat illness symptoms and prevention following [Cal/OSHA requirements](#).
- Ensure independent contractors, temporary, or contract workers at the facility are also properly trained in COVID-19 prevention policies and have necessary supplies and PPE. Discuss these responsibilities ahead of time with organizations supplying temporary and/or contract workers.
- Information on paid leave benefits the worker may be entitled to receive that would make it financially easier to stay at home. See additional information on [government programs supporting sick leave and workers' compensation for COVID-19](#), including workers' sick leave rights under the [Families First Coronavirus Response Act](#).



Individual Control Measures and Screening

- Use of face coverings is mandatory throughout the stadium or racetrack in all settings, unless actively eating or drinking in assigned seats or exempted per the [CDPH Face Covering Guidance](#). Customers who do not comply should be removed from the facility immediately.
- Stadium and racetrack operators must develop a strategy to verify contact information with ticket holders. [Contact tracing](#) is an important step in slowing the spread of COVID-19.
- Provide temperature and/or symptom screenings for all workers at the beginning of their shift and any vendors or contractors entering the establishment. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible.
- If requiring self-screening at home, which is an appropriate alternative to providing it at the establishment, ensure that screening was performed prior to the worker leaving the home for their shift and follows [CDC guidelines](#), as described in the Topics for Worker Training section above.
- Encourage workers who are sick or exhibiting symptoms of COVID-19 to stay home.
- Employers must provide and ensure workers use all required protective equipment, including eye protection and gloves where necessary.
- Employers should consider where disposable glove use may be helpful to supplement frequent handwashing or use of hand sanitizer; examples are for workers who are screening others for symptoms or handling commonly touched items. Workers should wear gloves when handling items contaminated by body fluids.
- Workers who consistently must be within six feet of customers or co-workers (e.g., fitting and securing guests with safety equipment) must wear a secondary barrier (e.g. face shield or safety goggles) in addition to a face covering. All workers should minimize the amount of time spent within six feet of guests.
- Employers must take reasonable measures, including posting signage at entrances, in strategic and highly-visible locations, and in reservation confirmations, to remind the public that they must use face coverings and practice physical distancing, and that they should frequently wash their hands with soap and water for at least 20 seconds, use hand sanitizer, and not touch their face.
- There must be permanent or added barriers to create at least 25 feet between space occupied by audience members/spectators and the focal point (field of play).

- All non-participating athletes, coaching, staff, and other support staff must wear a face covering at all times except when eating or drinking.
- All audience members and stadium attendees must wear a face covering at all times except when eating or drinking. Stadium and racetrack operators must establish a policy that requires guests to wear face coverings or be denied access to the venue if not exempted per the [CDPH Face Covering Guidance](#). As part of the policy, remind guests in advance to bring a face covering; otherwise they should not be allowed to enter the premises. Consider making face coverings available for guests who may arrive without them.
- Guests should be temperature and/or symptom screened upon arrival, asked to use hand sanitizer, and directed to bring and wear a face covering when not eating or drinking if not exempted per the [CDPH Face Covering Guidance](#). Stadium and racetrack operators have the right to cancel reservations for individuals/parties with symptomatic guests and refuse entry.
- Display a set of clearly visible rules for guests and workers at entrance(s) that are to be a condition of entry. The rules could include instructions to wear face coverings at all times, except when eating or drinking in assigned seating, if not exempted per the [CDPH Face Covering Guidance](#); use hand sanitizer; maintain physical distance from other guests and workers; avoid unnecessary touching of surfaces; and changes to services. Whenever possible, the rules should be available digitally, e.g. through apps, texts, or email.



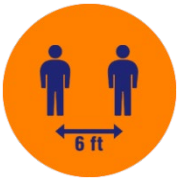
Ventilation, Cleaning, and Disinfecting Protocols

- Where possible, install portable high-efficiency air cleaners, upgrade the building's air filters to the highest efficiency possible, and make other modifications to increase the quantity of outside air and ventilation offices and other indoor spaces.
- Check the [CDPH website](#) periodically for updates on indoor air quality and ventilation guidance for airborne diseases in indoor settings.
- Perform thorough cleaning in high-traffic areas such as lobbies, break and rest areas, merchandising tables and booths, etc., and areas of ingress and egress, including stairways, hallways, doorways, and elevator banks. Frequently disinfect commonly used surfaces, including counters, credit card machines, touchscreens, doorknobs, keys, armrests, toilets, hand washing facilities, etc.
- Regularly clean and disinfect surfaces shared by workers between shifts or between users, whichever is more frequent, including but not limited

to working surfaces, time clocks, copy machines, keys, cleaning equipment, flashlights, etc. Avoid sharing equipment such as phones, tablets, office machinery, and tools wherever possible. Never share PPE.

- Disinfect microphones and similar equipment between each use. Consult equipment manufacturers to determine appropriate disinfection steps, particularly for soft, porous surfaces such as foam mufflers.
- Disinfect loaned or rented equipment to guests between use. If this is not possible, to the extent it is consistent with the facility's obligations to individuals with disabilities, discontinue the use of equipment lent to guests.
- Thoroughly clean and disinfect facilities and equipment after every event. This can include disinfecting tables, chairs, booths, touch screens, etc. Allow adequate time for proper disinfection, following product instructions. Environmental Protection Agency-approved disinfectants require a minimum contact time (seconds to minutes) to be effective against human coronavirus.
- Equip terminals, desks, and help counters with proper sanitation products, including hand sanitizer and disinfectant wipes, and provide personal hand sanitizers to all workers directly assisting guests.
- Ensure that sanitary facilities stay operational and stocked at all times and provide additional soap, paper towels, and hand sanitizer when needed.
- Provide resources to promote workers' personal hygiene. This will include tissues, no-touch trash cans, hand soap, adequate time for handwashing, alcohol-based hand sanitizers, disinfectant wipes, and disposable towels.
- Provide time for workers to implement cleaning practices during their shift. Cleaning assignments should be assigned during working hours as part of the worker's job duties.
- Adjust or modify facility hours to provide adequate time for regular thorough cleaning.
- Provide hand sanitizer dispensers throughout facilities including front- and back-of-house areas for use by guests and workers. Consider implementing hand washing stations for use by guests. Encourage people to wash hands and/or use hand sanitizer often while on the premises. Never provide hand sanitizers with methanol due to its high toxicity to both children and adults.
- Install and encourage the use of credit cards and hands-free devices, if possible, including motion sensor lights, contactless payment systems, automatic soap and paper towel dispensers, and timecard systems.

- To minimize the risk of [Legionnaires' 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.
- When choosing disinfecting chemicals, use products approved for use against COVID-19 on the [Environmental Protection Agency \(EPA\)-approved](#) list and follow product instructions. Use disinfectants labeled to be effective against emerging viral pathogens, diluted household bleach solutions (5 tablespoons per gallon of water), or alcohol solutions with at least 70% alcohol that are appropriate for the surface. Provide workers training on the chemical hazards, manufacturer's directions, ventilation requirements, and Cal/OSHA requirements for safe use. Workers using cleaners or disinfectants must wear gloves and other protective equipment as required by the product instructions. Follow the [asthma-safer cleaning methods](#) recommended by the California Department of Public Health and ensure proper ventilation.



Physical Distancing Guidelines

- **WARNING:** physical distancing alone is insufficient to prevent transmission of COVID-19.
- Limit guest groups to a household unit. People from the same household do not need to be six feet apart.
- Implement measures to ensure physical distancing of at least six feet between people/households. This can include use of physical partitions or visual cues (e.g., floor/ground markings or signs to indicate where people should sit and stand) and should be used where people form lines or congregate including at check-stands, terminals, restrooms, elevator lobbies, waiting areas, valet stands, etc.
- Reconfigure, close, or otherwise remove seats from use to ensure physical distancing of at least six feet between attendees from different households. This may require seating every other row or blocking off or removing seats in a “checkerboard” style (use each row but make sure no one is directly behind other guests) so that distances are maintained in all directions. Venues without fixed assigned seating (such as lawn viewing areas) are not currently allowed.
- Dedicate workers to help people maintain distances during activities. This could include ushering to seats, preventing congregation in bottleneck areas, and dismissing guests in an orderly fashion to reduce the crossflow of traffic. Manage egress by inviting guests nearest exits to leave seating areas first.
- Do not allow guest to engage in practices that promote people from different households to touch, such as high fiving, crowd surfing, etc.

- Discourage guests from engaging in yelling, singing, chanting, booing, and other practices that may increase the likelihood of transmission from contaminated exhaled droplets and aerosols, and ensure all are wearing face coverings at all times except when eating or drinking.
- Prohibit the use of noise makers that require users to exhale air, such as vuvuzelas and similar devices.
- Provide vendors that sell to guests seated in viewing areas gloves and personal hand sanitizer. Ensure food and beverage items sold are packaged in sealed containers. Implement payment methods that minimize passing cards or cash back and forth (use exact cash, do not use payment systems that require signature, etc.)
- Install physical, impermeable barriers or partitions between workers and guests if possible, such as at ticket windows, etc., to minimize exposure between workers and guests.
- Utilize telework options and modified work schedules. When feasible and necessary, limit the number of workers in the venue at one time. This may include scheduling (e.g., staggering preparation times), establishing alternating days for onsite reporting, returning to the workspace in phases, or continued use of telework when feasible.
- Consider offering workers who request modified duties options that minimize their contact with guests and other workers (e.g., managing inventory rather than working as a cashier or managing administrative needs through telework).
- Stagger worker breaks, in compliance with wage and hour regulations, to maintain physical distancing protocols.
- Reconfigure workspaces, if possible, to allow for six feet between workers. Hold smaller meetings at facilities to maintain physical distancing guidelines and consider holding meetings and rehearsals outside, in larger rooms, or via online platforms or telephone.
- Ensure workers can maintain physical distance in breakrooms, using barriers, increasing distance between tables/chairs to separate workers, etc. Where possible, create outdoor break areas with shade coverings and seating arrangements that ensures physical distancing. Discourage workers from congregating during breaks and ensure they are not eating or drinking without face coverings within six feet of each other.
- Place additional limitations on the number of workers in enclosed areas, such as supply rooms and counter areas, to ensure at least six feet of separation.
- Require workers to not use handshakes, fist or elbow bumps, hugs, and similar greetings or other behaviors that break physical distance.

- Do not allow people to congregate in high traffic areas such as bathrooms, hallways, bar areas, reservation windows, and credit card terminals, etc.
- Discontinue “meet-and-greet,” autograph signing, VIP passes that allow guests to access back areas, etc. Strongly consider closing areas meant for guests to take photos, such as near event signage or cardboard cutouts.
- Redesign parking lots to limit congregation points and ensure proper separation (e.g., every other space, contactless payment, etc.). Prohibit tailgating and similar activities that encourage mixing of different households in parking and other venue areas. Ensure adequate staffing to monitor parking areas for compliance with physical distancing.



Additional Considerations



Entry and Security

- Ensure parking, entrance, and exit areas are marked, monitored, and configured to allow for physical distancing and no crowding or congregating.
- Use of face coverings is mandatory throughout the park in all settings indoor and outdoor, unless actively eating and/or drinking. Patrons who do not comply should be removed from the facility immediately. Allow for exemptions identified in the [CDPH Face Covering Guidance](#).
- Outside the venue perimeter, provide temperature and/or symptom screenings for all attendees, guests, and visitors. Make sure the temperature/symptom screener avoids close contact with workers to the extent possible.
- Identify people passing the screening process with a colored wristband or other visible way to signify the patron has been screened. Have individuals attach the colored wristband to their wrist, clothing, or some other visible place. Only people that have the appropriate color wristband should be allowed entry to the seating area.
- Consider ways to schedule staggered ingress in order to minimize lines for wandering, bag check, and ticket scanning. Virtual queuing, for example, could provide metered access to the front of a line.
- Protect ticketing offices with impermeable barriers, like Plexiglass. Instruct guests where to queue to maintain a minimum of six feet of physical distance.

- Designate separate routes for entry and exit into facilities, seating areas, work areas, etc., if possible, to help maintain physical distancing and lessen the instances of people closely passing each other. Establish one-way directional hallways and passageways for foot traffic, if possible, to eliminate workers and guests from passing by one another.
- Stagger entry and exit by rows and sections to prevent concentrations of people on concourses and aisles. Particular attention should be given to staggered exiting of venues at the conclusion of an event. Establish directional entry and exit into venues whenever possible.
- Workers checking bags should modify activities to minimize directly touching guest items. This could include using styluses or other instruments to search bags, asking guests to open bags and move contents, etc. Where practices might cause direct contact with patrons or their items, workers should immediately sanitize hands or wear disposable gloves and change between each guest search.
- In order to avoid touching attendees' personal items, operators should consider enforcing a small clear bag policy and ask guests to open their own bags for inspection. Consider necessary exceptions to the clear bag policy for medical and personal hygiene products.
- Implement security tools that allow workers to maintain at least six feet of physical distance from guests. This could include the use of walk through metal detectors rather than hand wand metal detectors.
- Walk-through metal detectors are effective at detecting metallic objects while allowing security workers to maintain social distance. Hand wands are a less costly alternative which still allow no-contact metal detection, but they require the security worker to be closer than six feet from the guest. Any worker conducting a pat-down search must wear disposable gloves that are immediately discarded after interaction with a guest, followed by handwashing or hand sanitizer before putting on a fresh pair of gloves.
- Install and use touchless ticket scanners whenever possible. Ask guests to scan tickets themselves rather than passing digital electronic devices or paper tickets back and forth between workers and guests. When workers must assist guests and touching is necessary, workers must wear a face covering and wash hands and/or use hand sanitizer as described in this guidance. Guests must wear face coverings during the exchange and be encouraged to wash hands and/or use hand sanitizer after exchanging goods as well.
- Discontinue coat check and other amenities that require workers to unnecessarily touch guest items and increase the risk of contact of contaminated items from different households.

- Dedicate workers during breaks to ensure orderly entry and exit from and into venue areas. Use workers to preserve appropriate space in queuing areas and help customers understand where lines begin as additional space may make it difficult to see where to stand.
- Reconfigure merchandise and other retail sales booths and areas to create physical distance between workers and patrons. Encourage pre-ordering, contactless payment, and other systems that minimize the amount of time patrons spend in retail areas. Employers must implement queues (signs, stanchions, etc.) to allow patrons to maintain at least six feet of physical distance while waiting to pick-up or purchase merchandise.



Venue Support Operations: Sound, Lighting, Etc.

- Clean touchable surfaces between shifts or between users, whichever is more frequent, including but not limited to working surfaces, tools, handles and latches, and controls on stationary and mobile equipment, including surfaces in the cabs of all vehicles.
- Require workers to wash hands or use sanitizer between the use of shared equipment, such as workstation tools, radios, mobilized carts, and other items, and allow paid work time to do so.
- Require PPE and employer-owned and controlled equipment, such as hard hats, be sanitized at the end of each shift. Clean and disinfect the inside of the equipment, then the outside, then wash hands.
- Identify “choke points” and high-risk areas where workers are forced to stand together, such as hallways, hoists, and elevators and provide signage to remind workers to take precautions while moving through these areas.
- Consider options to limit the number of workers needed in back-of-house production departments and/or identify ways they can complete tasks separately from each other.
- Evaluate the increased risk from standard working processes involving close contact (heavy lifting, working in confined spaces, etc.) and modify those work processes, where possible.
- Limit the shared use of production items to a single worker or a function team (e.g., sound equipment should be handled by a designated person or team). All items must be thoroughly cleaned between each use.
- Disinfect all communication technology before and after each use and label relevant tools with the name of the user to avoid sharing the tools.
- For workers who handle keys, open car doors, or touch guests’ items, allow time to wash hands and/or use hand sanitizer.

¹Additional requirements must be considered for vulnerable populations. Employers must comply with all [Cal/OSHA](#) standards and be prepared to adhere to its guidance as well as guidance from the [Centers for Disease Control and Prevention \(CDC\)](#) and the [California Department of Public Health \(CDPH\)](#). Additionally, employers must be prepared to alter their operations as those guidelines change.





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**California Department of
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GAVIN NEWSOM
Governor

December 14, 2020

TO: All Californians

SUBJECT: Outdoor and Indoor Youth and Recreational Adult Sports

Updates since December 14, 2020:

- Updated on January 25, 2021 to clarify that the Regional Stay at Home Order ended as a result of improvement of ICU projections throughout California.

Summary

COVID-19 continues to pose a severe risk to communities and requires all people in California to follow recommended precautions and adapt the way they live and function in light of this ongoing risk. This guidance provides direction on outdoor and indoor youth and recreational adult sports activities to support a safe environment for these sports. The guidance applies to all organized youth sports — including school- and community-sponsored programs, and privately-organized clubs and leagues — and adult recreational sports (hereafter youth and adult sports). This guidance does not apply to collegiate or professional sports.

Sports Risk Profiles

In general, the more people from outside their household with whom a person interacts, the closer the physical interaction is, the greater the physical exertion is, and the longer the interaction lasts, particularly when indoors, the higher the risk that a person with COVID-19 infection may spread it to others.

Youth and adult sports include varied activities that have different levels of risk for transmission of COVID-19. Outdoor activities that allow for consistent wearing of face coverings and physical distancing are lower risk than indoor activities that involve close contact between sports participants and high exertion that increases spread of exhaled particles and limits the ability to wear face coverings consistently. The competition between different teams also increases mixing across groups and outside of communities, which also contributes to the potential for spread of COVID-19 disease.

Youth and adult sports are classified below by their level of contact and transmission risk. This classification applies to competition or training/practice with others. It does not apply to individual conditioning or exercise.

- **Low-Contact Sports**

- Individual or small group sports where contact within six feet of other participants can be avoided. Some of these sports have relatively low exertion rates that allow for consistent wearing of face coverings when within six feet of other people.
- **Moderate-Contact Sports**
 - Team sports that can be played with only incidental or intermittent close contact between participants.
- **High-Contact Sports**
 - Team sports with frequent or sustained close contact (and in many cases, face-to-face contact) between participants and high probability that respiratory particles will be transmitted between participants. Indoor sports are higher risk than outdoor sports due to reduced ventilation.

For examples of different levels of sports by risk, see table below.

- **Factors Affecting the Risk of Transmission**
 - Risk increases for indoor activities; indoor sports are higher risk than outdoor sports due to reduced ventilation.
 - Risk increases when face coverings are not worn, and physical distancing is not maintained.
 - Risk increases with increasing levels of contact between participants; closer contact (particularly face-to-face contact), and the frequency and total duration of close contact, increases the risk that respiratory particles will be transmitted between participants.
 - Risk increases with greater exertion levels; greater exertion increases the rate of breathing and the quantity of air that is inhaled and exhaled with every breath.
 - Risk increases with mixing of cohorts and groups, particularly when from different communities (during or outside of sports play); mixing with more people increases the risk that an infectious person will be present.

General Guidance for Youth and Adult Sports Participants, Coaches, and Support Staff

Face Coverings

- Participants in youth and adults sports should wear face coverings when participating in the activity, even with heavy exertion as tolerated, both indoors and outdoors (unless the face covering could become a hazard), and face coverings must be worn when not participating in the activity (e.g., on the sidelines).¹
- Observers must wear face coverings indoors, and comply with the CDPH Guidance for the Use of Face Coverings, which broadly requires the use of face coverings for both members of the public and workers in all public and workplace settings.

Physical Distancing

- Participants in youth and adult sports should maintain at least six feet of distance from others to the maximum extent possible, including when on the sidelines. Coaches should avoid contact with participants, and facilitate physical distancing between participants to the maximum extent possible (e.g., staggered starts

instead of mass starts for races).

- When observing, individuals must stay at least 6 feet from non-household members.

Hygiene and Equipment Sanitation

- Shared equipment should be cleaned and disinfected before use by another person, group, or team.
- When equipment is shared during an activity, participants should perform hand hygiene (wash hands with soap and water or use an alcohol-based hand sanitizer) before play, during breaks, at half time, and after the conclusion of the activity.
 - Balls or other objects or equipment can be touched by multiple players and used during practice and play if the above hand hygiene practices are followed.
- Drink bottles must not be shared, and other personal items and equipment should not be shared.

Cohorting

- Athletes and coaches should cohort by team, and refrain from participating with more than one team over the same season or time period (notwithstanding competitions permitted as outlined below).

Observers

- For youth sports (age 18 years and under), immediate household members may observe practices and games as needed for age-appropriate supervision, but observers should be limited to ensure physical distance can be maintained, reduce potential crowding, and maintain indoor and outdoor capacity limits allowed by Tiers.
- Observers must stay at least 6 feet from non-household members and wear face coverings.

Indoor Venues

- Limit indoor sports venue capacity for athletes, coaches, and observers to CDPH Gym & Fitness Center Guidance Capacity (25% in Tier 3 [Orange/Moderate], and 50% in Tier 4 [Yellow/Minimal]).
- Ventilation in indoor sports venues should be increased to the maximum extent possible.

Additional Recommendations

- For adult sports, spectators are not permitted at this time.
- Local health departments and school districts may have stricter rules and should be consulted to confirm what is allowed.

Permitted Youth and Recreational Adult Sports by County Tier

- Physical conditioning, practice, skill-building, and training that can be conducted outdoors, with 6 feet of physical distancing, and within stable cohorts are authorized regardless of county tier status. Such activities may be conducted indoors consistent with restrictions by Tier in the Gym & Fitness Center Guidance Capacity.
- The Table below provides information on which categories of competitions are permitted in each Tier.

- The Table is not exhaustive, but provides examples of sports with different levels of contact so that the level of risk and appropriate Tier can be assessed for other sports.

Inter-Team Competitions

- As transmission rates are increasing significantly in California, communities across California must act with caution and state agencies will carefully monitor epidemiological trends.
- Inter-team competitions (i.e., between two teams) may resume in California beginning January 25, 2021, based on the guidelines outlined in this document. The status of return-to-competition is subject to change at any time given the level of COVID-19 transmission in California.
- Teams must not participate in out-of-state tournaments; several multistate outbreaks have been reported in CA residents and around the nation.
- Inter-team competitions, meets, races, or similar events are authorized only if (a) both teams are located in the same county and the sport is authorized in the Table below; or (b) teams are located in immediately bordering counties and the sport is authorized in both counties in the Table below.
- The county-based authorizations outlined in the Table below applies to the locations/counties in which the teams, schools, clubs, leagues, and similar organizations are functionally based (e.g., where the players reside, where facilities are located, etc.).
- Any tournaments or events that involve more than two teams are not currently permitted in California. Exceptions may be made, with authorization from the local health department, for the following sports where individual competitors from multiple teams are routine: track and field; cross-country; golf; skiing/snowboarding; tennis; and swimming/diving.

Returning to sports after infection (1)

- Children and teens with symptoms of COVID-19 should not attend practices or competition. They should consult their physician for testing and notify their coach, athletic trainer and/or school administrator of their symptoms.
- Youths recovering from COVID-19 will have different paths to return to sports based on the severity of their illness. Those who are asymptomatic or have mild symptoms should not exercise until cleared by a physician. See the American Academy of Pediatrics Interim Guidance on Return to Sports for additional guidance for more serious infections.

Table: Youth and Adult Recreational Sports* Permitted by Current Tier of County

Widespread Tier (Purple)	Substantial Tier (Red)	Moderate Tier (Orange)	Minimal Tier (Yellow)
1†	2†	3†	4†

Outdoor low-contact sports	Outdoor moderate-contact sports	Outdoor high-contact sports	Indoor moderate-contact sports
<ul style="list-style-type: none"> • Archery • Badminton • Biking • Bocce • Corn hole • Cross country • Dance (no contact) • Disc golf • Golf • Ice and roller skating (no contact) • Lawn bowling • Martial arts (no contact) • Physical training programs (e.g., yoga, Zumba, Tai chi) • Pickleball (singles) • Rowing/crew (with 1 person) • Running • Shuffleboard • Skeet shooting • Skiing and snowboarding • Snowshoeing • Swimming and diving • Tennis • Track and field • Walking and hiking 	<ul style="list-style-type: none"> • Baseball • Cheerleading • Dodgeball • Field hockey • Gymnastics • Kickball • Lacrosse (girls/women) • Pickleball (doubles) • Softball 	<ul style="list-style-type: none"> • Basketball • Football • Ice hockey • Lacrosse (boys/men) • Rugby • Rowing/crew (with 2 or more people) • Soccer • Volleyball • Water polo <p>Indoor low-contact sports</p> <ul style="list-style-type: none"> • Badminton • Curling • Dance (no contact) • Gymnastics • Ice skating (individual) • Physical training • Pickleball (singles) • Swimming and diving • Tennis • Track and field • Volleyball 	<ul style="list-style-type: none"> • Cheerleading • Dance (intermittent contact) • Dodgeball • Kickball • Pickleball (doubles) • Racquetball • Squash <p>Indoor high-contact sports</p> <ul style="list-style-type: none"> • Basketball • Boxing • Ice hockey • Ice skating (pairs) • Martial arts • Roller derby • Soccer • Water polo • Wrestling

*This Table is not exhaustive, but provides examples of sports with different levels of contact so that the level of risk and appropriate Tier can be assessed for other sports.

†All sports permitted in lower tiers, are also permitted in higher tiers.

¹<https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-interim-guidance-return-to-sports/>

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



EXHIBIT 2





This is a grass roots organization that was started by parents in California, in response to the state's restrictive guidelines surrounding youth sports during the pandemic. We are particularly concerned with the return of high school athletics and now have over 50,000 members engaged in our communities.

Our collective goal is to show our CA state government and public health officials that youth sports can be done safely. We base this on data available from 40+ other states all over the country, who have allowed their youth to return to play.

Evidence shows the harm by not letting them play, outweighs the risks of spreading COVID.



3 MILLION ATHLETES *Benched*

3 Million Benched Athletes in California since March 10, 2020

While conditioning and practices have been allowed in some areas; competitive sports have been banned.



DATA COLLECTED FROM 275 CALIFORNIA HIGH SCHOOL FOOTBALL PRACTICES

21K Athletes: 3% Rate of COVID

11 Total Positives Attributed to Practice

3K Coaches: 6.5% Rate of COVID

2 Total Postivies Attributed to Practice

RATE OF TRANSMISSION

Athletes: 1 in 97,156

Coaches: 6.5% Rate of COVID

98.5% of COVID cases were traced elsewhere

SOURCE:

[California High School Football Workout Data](#)

YOUTH MENTAL HEALTH CRISIS IS SKYROCKETING

The ban on youth sports competition is currently creating an alarming negative mental health impact in the areas of suicide ideation, anxiety, depression, and acts of suicide.

[Dr. Michael Weiss, VP of Population Health, CHOC, speaking at the Orange Unified School Board Meeting on 12/15/2020](#)

"I can tell you that you know, we have the only inpatient mental health unit in Orange County for youth and we have 18 beds and they have been full, for probably the last 6 months with people waiting in the emergency department. Sometimes 3 and 4 days to be able to access that care. We also have seen an uptick in teen suicides in Orange County. I'm aware of at least 6 or 7 in the last three to four months and that does create an upward curve based on what we typically see in this age group and that is going to get worse. Mental health is a chronic disease and over time, the chronicity of that cascades and you know, unless we are proactively intervening which is the purpose of this type of a project, you know we would expect to see that continue."

American Academy of Pediatrics:

"Re-engaging in sports activity with friends has both physical and psychological health benefits for children and adolescents. Participating in sports allows youth to improve their cardiovascular health, strength, body composition, and overall fitness. Mentally, youth may experience benefits from the increased socialization with friends and coaches as well as from the return to a more structured routine. These psychological and physical benefits can help support their developmental growth. Exercise also has immune system benefits." [COVID-19 Interim Guidance: Return to Sports](#)

Studies show that social relationships have short- and long-term effects on health, for better and for worse, and that these effects emerge in childhood and cascade throughout life to foster cumulative advantage or disadvantage in health. [Social Relationships and Health: A Flashpoint for Health Policy](#)



LET THEM PLAY CA ORGANIZES 140 RALLIES STATE WIDE: Jan 15, 2021



JANUARY 29th, 2021 4-5pm

LET THEM PLAY CA RALLIES

RIVERSIDE & SAN BERNARDINO COUNTIES

LET THEM PLAY RALLY FOR OUR KIDS!

- WEAR YOUR SCHOOL COLORS!
- BRING SIGNS
- SPEAKERS
- OPPORTUNITIES TO GET INVOLVED
- INFORMATION & DATA

JANUARY 29 FROM 4PM-5PM
HUNTER HOBBY PARK
 1401 IOWA AVENUE, RIVERSIDE
 ALL AGES & SPORTS ENCOURAGED!

#LetThemPlayCA
 LetThemPlay!

Sports do not build character. They REVEAL IT.
 -Coach John Wooden

TIME TO RALLY AGAIN
ALL TOGETHER THIS TIME!

LET THEM PLAY RALLY

4:00PM
JANUARY 29

CHICO: At East Ave. and Cohasset (4 Corners)
REDDING: At Redding City Hall
YREKA: South Main Street (park at old pharmacy)

Wear your school colors and apparel. Positive signs encouraged.
 Please wear a mask and social distance.
 PLEASE JOIN HIGH SCHOOLS ACROSS CALIFORNIA AS WE STAND UP FOR SPORTS TOGETHER!
 THIS WILL BE THE SAME DAY AND TIME FOR ALL COMMUNITIES TO SHOW THE STATE WE ARE STILL HERE AND WANT TO PLAY.

WE WANT SPORTS FOR YOUTH & HIGH SCHOOL ATHLETES

LET THEM PLAY RALLY

4:00pm
January 29th
Corner of Coffee RD and Rosedale
 (Please stay on the sidewalk)

PLEASE JOIN COMMUNITIES ACROSS CALIFORNIA AS WE STAND UP FOR SPORTS TOGETHER. THIS WILL BE THE SAME DAY AND TIME FOR ALL COMMUNITIES TO SHOW THE STATE WE ARE STILL HERE AND WANT TO PLAY.

#LETTHEMPLAYCA
 We encourage you to wear school colors and sports apparel. Signs Encouraged. Please bring a mask and social distance.

Come & Advocate for our Youth Sports!

4:00 PM - JANUARY 29, 2021

LET THEM PLAY RALLY

"This is not a school sanctioned event - all efforts are organized by parents"

"All areas, schools or communities encouraged to attend"

"This is not a school sanctioned event - all efforts are parent organized"

OFFICE OF JIM WOOD
 Assembly Member, Chair of the Health Committee
 &
OFFICE OF MIKE MCGUIRE
 Senate Education Committee
 1036 9th Street
 Eureka, CA

NORTH COAST SECTION

We encourage you to wear school colors & apparel. Signs are encouraged. Please wear a mask & social distance.

Please join high schools across California as we stand up for sports together! This will be on the same day & time for all schools to show the state we are still here & want to play

#LETTHEMPLAYCA

WE WANT SPORTS FOR YOUTH & HIGH SCHOOL ATHLETES
 Salinas Valley Area

LET THEM PLAY RALLY

3 to 5 PM
January 29th
Star Market Salinas on South Main

PLEASE JOIN COMMUNITIES ACROSS CALIFORNIA AS WE STAND UP FOR SPORTS TOGETHER. THIS WILL BE THE SAME DAY AND TIME FOR ALL COMMUNITIES TO SHOW THE STATE WE ARE STILL HERE AND WANT TO PLAY.

#LETTHEMPLAYCA
 We encourage you to wear school colors and sports apparel. Signs Encouraged. Please bring a mask and social distance.

LET THEM PLAY CA

STATEWIDE RALLY

#LETTHEMPLAYCA
 Southern Section

PLEASE JOIN HIGH SCHOOLS ACROSS CALIFORNIA AS WE STAND UP FOR SPORTS TOGETHER!
 THIS WILL BE ON THE SAME DAY AND TIME FOR ALL SCHOOLS TO SHOW THE STATE WE ARE STILL HERE AND WANT TO PLAY.

WEAR SCHOOL COLORS AND APPAREL. SIGNS ENCOURAGED. PLEASE WEAR A MASK.

FRIDAY, JANUARY 29TH • 4PM - 5PM
MISSION VIEJO - INTERSECTION OF OSO/MARGUERITE

LOCAL SCHOOLS WILL BE REPRESENTED ON EACH CORNER OF THE INTERSECTION
 Follow on Facebook: @letthemplayca | Join the FB Community: playca.org
 Twitter: @letthemplayca | Instagram: @letthemplayca

WE WANT SPORTS FOR YOUTH & HIGH SCHOOL ATHLETES

LET THEM PLAY RALLY

4:00pm
January 29th
Corner of Oak Park and Grand
 Please Stay on the Sidewalk

PLEASE JOIN COMMUNITIES ACROSS CALIFORNIA AS WE STAND UP FOR SPORTS TOGETHER. THIS WILL BE THE SAME DAY AND TIME FOR ALL COMMUNITIES TO SHOW THE STATE WE ARE STILL HERE AND WANT TO PLAY.

#LETTHEMPLAYCA
 We encourage you to wear school colors and sports apparel. Signs Encouraged. Please bring a mask and social distance.

LET THEM PLAY RALLY:
 (MERCED, STANISLAUS, TUOLUMNE, CALAVERAS, MARIPOSA, AMADOR, & SAN JOAQUIN COUNTIES)

JANUARY 29TH, 4PM

JOIN COACHES, PARENTS, AND YOUTH ATHLETES. ACROSS CA IN AN EFFORT TO GET ALL KIDS BACK IN THE GAME! IT'S TIME FOR CA TO REOPEN YOUTH SPORTS SAFELY!

RAIN OR SHINE!

SJS
 SACRAMENTO JUVENILE

LOCATION - MODESTO
CORNER OF BRIGGSMORE & MCHENRY
 (NEAR STARBUCKS & SAFEWAY)

#LETTHEMPLAYCA
 WE ENCOURAGE YOU TO WEAR YOUR SCHOOL COLORS & APPAREL. SIGNS ARE ENCOURAGED. PLEASE WEAR A MASK & SOCIAL DISTANCE.

CHECK OUT #LETTHEMPLAYCA ON FACEBOOK & INSTAGRAM!

LET THEM PLAY CA

San Diego County & Imperial County

RALLY

Let Them Play!

January 29th
4 p.m. - 5 p.m.

San Diego County Administration Building
 1600 Pacific Hwy, San Diego, CA 92101

#LetThemPlayCA

This is a peaceful protest.
 We encourage you to wear your school or team colors and apparel.
 Appropriate signs encouraged.
 Please wear a mask and social distance.

Come & Advocate for our Youth Sports!

4:00 PM - JANUARY 29, 2021

LET THEM PLAY RALLY

"This is not a school sanctioned event - all efforts are organized by parents"

"This is not a school sanctioned event - all efforts are parent organized"

CIF - NCS OFFICE
 Meet at the Corner of
 DEERWOOD RD &
 OLD CROW CANYON
 RD. SAN RAMON, CA

NORTH COAST SECTION

We encourage you to wear school colors & apparel. Signs are encouraged. Please wear a mask & social distance.

Please join high schools across California as we stand up for sports together! This will be on the same day & time for all schools to show the state we are still here & want to play

#LETTHEMPLAYCA

Come & Advocate for our Youth Sports!

4:00 PM - JANUARY 29, 2021

LET THEM PLAY RALLY

"This is not a school sanctioned event - all efforts are organized by parents"

"This is not a school sanctioned event - all efforts are parent organized"

OFFICE OF JIM WOOD
 Assembly Member, Chair of the Health Committee
 50 "D" STREET
 SANTA ROSA, CA
 (corner of D & 5th)

NORTH COAST SECTION

We encourage you to wear school colors & apparel. Signs are encouraged. Please wear a mask & social distance.

Please join high schools across California as we stand up for sports together! This will be on the same day & time for all schools to show the state we are still here & want to play

#LETTHEMPLAYCA

WE WANT SPORTS FOR YOUTH & HIGH SCHOOL ATHLETES

LET THEM PLAY RALLY

4:00pm
January 29th
Southeast Corner of Shaw Ave and Clovis Ave

PLEASE JOIN COMMUNITIES ACROSS CALIFORNIA AS WE STAND UP FOR SPORTS TOGETHER. THIS WILL BE THE SAME DAY AND TIME FOR ALL COMMUNITIES TO SHOW THE STATE WE ARE STILL HERE AND WANT TO PLAY.

#LETTHEMPLAYCA
 We encourage you to wear school colors and sports apparel. Signs Encouraged. Please bring a mask and social distance.

LET THEM PLAY CA

STATEWIDE RALLY

#LETTHEMPLAYCA
 Southern Section

PLEASE JOIN HIGH SCHOOLS ACROSS CALIFORNIA AS WE STAND UP FOR SPORTS TOGETHER!
 THIS WILL BE ON THE SAME DAY AND TIME FOR ALL SCHOOLS TO SHOW THE STATE WE ARE STILL HERE AND WANT TO PLAY.

WEAR SCHOOL COLORS AND APPAREL. SIGNS ENCOURAGED. PLEASE WEAR A MASK.

FRIDAY, JANUARY 29TH • 4PM - 5PM
CIF-SS OFFICE (CITY OF LOS ANIMITOS)

INTERSECTION OF KATELLA & LOS ANIMITOS BLVD
 Follow on Facebook: @letthemplayca | Join the FB Community: playca.org
 Twitter: @letthemplayca | Instagram: @letthemplayca

WE WANT SPORTS FOR OUR HIGH SCHOOL & YOUTH ATHLETES!

LET THEM PLAY RALLY

4-5 PM
JANUARY 29
Sunrise & Greenback

Join coaches, parents and youth athletes across California in an effort to get all kids back in the game! It's time for California to reopen youth sports safely!

#LETTHEMPLAYCA
 Represent your school/team apparel!
 Signs encouraged. MASKS REQUIRED!

WE WANT SPORTS FOR YOUTH & HIGH SCHOOL ATHLETES
 Salinas Valley Area

LET THEM PLAY RALLY

3 to 5 PM
January 29th
Star Market Salinas on South Main

PLEASE JOIN COMMUNITIES ACROSS CALIFORNIA AS WE STAND UP FOR SPORTS TOGETHER. THIS WILL BE THE SAME DAY AND TIME FOR ALL COMMUNITIES TO SHOW THE STATE WE ARE STILL HERE AND WANT TO PLAY.

#LETTHEMPLAYCA
 We encourage you to wear school colors and sports apparel. Signs Encouraged. Please bring a mask and social distance.

YOUTH SPORTS ARE *Essential*

7800 Parents, Teachers, Doctors, Nurses, Athletic Directors, Olympians, Councilmen & Trustees, Mayors have adopted:

RESOLUTION THAT YOUTH SPORT COMPETITION IS ESSENTIAL DURING THE COVID PANDEMIC IN THE STATE OF CALIFORNIA

https://docs.google.com/document/d/e/2PACX-1vQqInSab-Zp1ptiYX7urR4_Pa4GLmbvchWcn-5bc-0TPY4_L3dhZqGI3URFIQBPLwBIQ8Lr23NdIjFK/pub

Resolved, It is not ONLY the job of parents, but elected officials to advocate and challenge bodies of government that restrict opportunities and are stunting the development of our students; especially those elected to represent their communities on the school boards of California; and be it further

Resolved, That the school boards, superintendents, district personnel, county boards, mayor's offices, governor's offices take more action and use their influence in advocating for our kid's return to competitive sports and demanding that the state deem youth sports as an essential activity necessary for the future of this state.

Resolved, As the state has deemed the entertainment industry and college and pro sports as essential infrastructure; and be it further

Resolved, That youth sport programs create and follow safety protocols and guidelines that include sport competitions; and be it further

Resolved, Youth sport competitions are essential to the state of California and need to be resumed now.



Let Them Play CA

PLAYCA.ORG

50K LET THEM PLAY CA - FACEBOOK GROUP

10K EMAIL SUBSCRIPTIONS

7800 SIGNED THE RESOLUTION

1000'S ATTENDING RALLIES

[HTTP://WWW.PLAYCA.ORG](http://www.playca.org)

@LETTHEMPLAY

THE FOLLOWING INDIVIDUALS HAVE VOICED SUPPORT OF THIS MOVEMENT:

San Francisco 49ers
Tom Brady – Tampa Bay Buccaneers
Lou Holtz – Legendary Coach and TV Commentator
Hunter Bishop – San Francisco Giants
James Lofton – Former NFL player for the Green Bay Packers
David Bakhtiari – Green Bay Packers
Collin Jackson – Jacksonville Jaguars
David Wells – Former MLB player
Jeremy Roenick – Former NHL player
Josiah Deguara – Green Bay Packers
Joey Beltran – MMA Fighter
Jessica Hardy Meichtry - Olympic Gold Medalist, Swimmer
Eric Byrnes - Former MLB Player

Paul Brian Volpp, MD
Heather Volpp, MD
Anna Mendenhall, MD, FAAP
Neil Harness, MD
Valerie Rubin, MD
Darrin Privett MD
Randall Metsch MD
Lawrence Schwartz, MD

EXHIBIT 3



Golden State High School Football Coaches Community



LET THEM PLAY CA

#LETTHEMPLAYCA

January 19, 2021

The Honorable Governor Gavin Newsom
1303 10th Street, Suite 1173
Sacramento, CA 95814

Re: Youth Sports in California

Dear Governor Newsom:

We write to you on behalf of the Golden State High School Football Coaches Community and Let Them Play CA requesting that you permit youth sports in our state to resume immediately based upon data demonstrating that youth athletic competition does not pose any significant Covid risk to the participants, or the community at large.

The current youth sports' colored-tiered system is disconnected from real data available. The outcome of this system is a rapid decline in the mental health of all children who play youth sports in our state. This system creates a rapidly growing socio-economic disparity between those that can afford private schools, those that live in higher economic school districts, and those who can afford club teams which are traveling outside the state by the thousands every week in violation of the current order. To save the California youth, we request youth sports be detached from the colored-tiered system entirely.

Collectively, the following four categories of data present compelling reasons to detach youth sports from the current color-tiered system: 1) Data from 40+ states that have permitted youth sports; 2) CA High School Football Workout Data; 3) Youth mental health data and; 4) Data collected reflecting the socio-economic disparity for the less fortunate and inner city youth.

- (1) **Data from Other States:** Over 40 states conducted youth athletic competitions during the Covid pandemic. Student athletes returned to competition without posing a significant health risk through the implementation of reasonable safety measures. California does not have to pioneer efforts on how to safely play youth sports; over 40 states have proven it can be done successfully and other states have recognized this success and now have youth sports' start dates in February.
- (2) **Workout Data:** The workout data collected from over 275 California high school football programs from across the state since May 1, 2020, reveals that professional coaches, while following protocols, have created safe environments for our state's youth. These coaches follow local, county and state guidelines and collectively create environments where students and coaches work together with extremely low, Covid transmission with zero hospitalizations and zero deaths. Texas, along with other states, used this successful workout data to prove they were ready and could take the next step - athletic competition.
- (3) **Mental Health Impact on Children:** The ban on youth sports competition is currently creating an alarming negative mental health impact in the areas of suicide ideation, anxiety, depression, and suicide itself. More than 3,000,000 children in California ranging from T-Ball, to youth soccer, to all high school sports have been "benched" since March 2020. The current sports color-tiered system will be unattainable for most sports in the timeframe for the 2020-2021 season. There are already extensive mental health repercussions from the lack of youth sports, and the current mental health crisis will get exponentially worse as this year goes on.

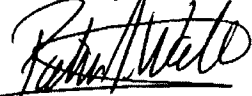
- (4) **Impact on Low Income Children:** The most alarming outcome from your ban on youth sports is its devastating impact in our California inner cities. Inner city coaches report a sharp rise in gang membership, drug and alcohol use, school dropouts, and incarceration. Coaches attribute these behaviors to student athletes lacking direction and a team identity that previously brought discipline, accountability, and hope to their lives. Several of our school districts have not allowed their student athletes to participate in socially distanced workouts, while the more affluent school districts allow these workouts. The unfortunate reality is that while some inner city youth turn to gangs and violence, the more affluent families engage in school Covid workouts and participate in youth sport club teams that travel out of county and out of state for competitive games. The current moratorium on California youth sports creates an alarming social equity disparity that is very transparent.

We are confident that our data in these four areas will convince you that California can safely and quickly return to competition with reasonable Covid-19 safety modifications. This return will afford us the opportunity to reverse the youth mental health crisis. Finally, by letting youth sports to resume, you will send a message to the inner cities that they matter.

California's children are an "Essential Business." Therefore, it is essential that you Let Them Play. During a recent podcast you stated that sports, "shaped me. I love sports. I just don't like sports. I love sports. It's the reason we are having this conversation. It's the reason I'm the Governor of California." As a person who loves sports, let us unite for our youth.

We all agree that California's children are an "Essential Business." We are requesting to meet with you and your administration to provide the best path forward for California's youth athletes.

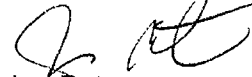
Sincerely,



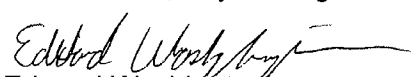
Patrick Walsh
Head Coach, Serra High School



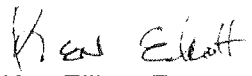
Ron Gladnick
Head Coach, Torrey Pines High School



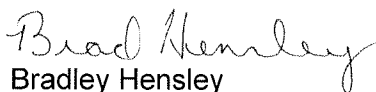
Joe Bates
Head Coach, Skyline High School



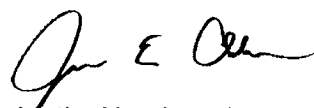
Edward Washington
Head Coach, Castlemont High School



Ken Elliott, Esq.



Bradley Hensley



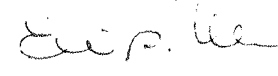
Justin Alumbaugh
Head Coach, De La Salle High School



George Jackson
Head Coach, Richmond High School



Jason Grant
Head Coach, Jefferson High School (LA)



Eric S. Clarke, Esq.
Hanson Bridgett, LLP