ASSEMBLY STANDING COMMITTEE
COMMITTEE OF THE WHOLE
THE CITY AND BOROUGH OF JUNEAU, ALASKA

August 10, 2020, 6:00 PM.
Zoom Webinar & FB Live Stream
To join the Zoom Webinar https://juneau.zoom.us/j/95731445663 or call: 1-346-248-7799 or 1-929-436-2866 and enter Webinar ID: 95731445663

AGENDA

I. ROLL CALL

II. APPROVAL OF AGENDA

III. APPROVAL OF MINUTES

A. March 9, 2020 Assembly Committee of the Whole Minutes

IV. AGENDA TOPICS

A. Ordinance 2020-32(b): An Ordinance Establishing a Systemic Racism Review Committee.

Ordinance 2020-32 was discussed by the Assembly Committee of the Whole on July 20, 2020. The Assembly referred it to the August 3 Assembly Human Resources Committee for further discussion, set it for introduction at the August 3 Regular Assembly meeting, and referred it to the August 10 Committee of the Whole for further discussion.

Version (b) of the ordinance reflects changes proposed by Assemblymember Edwardson since the July 20 meeting.

B. COVID Risk Matrix

C. ESTF Recommendation on Childcare

V. SUPPLEMENTAL MATERIALS

A. RED FOLDER - ESTF K-12 Recommendations Cover Memo

B. COVID-19 Update - EOC update

VI. ADJOURNMENT

ADA accommodations available upon request: Please contact the Clerk's office 36 hours prior to any meeting so arrangements can be made for closed captioning or sign language interpreter services depending on the meeting format. The Clerk's office telephone number is 586-5278, TDD 586-5351, e-mail: city.clerk@juneau.org

DRAFT

THE CITY AND BOROUGH OF JUNEAU, ALASKA
Assembly Committee Of The Whole Work Session Minutes
MINUTES

Monday, March 9, 2020

I. ROLL CALL

Deputy Mayor Maria Gladziszewski called the meeting to order at 6:00 p.m. in the Assembly Chambers.

Assemblymembers Present: Maria Gladziszewski, Loren Jones, Rob Edwardson, Wade Bryson, Carole Triem, Alicia Hughes-Skandijs, Greg Smith, Michelle Bonnet Hale, and Mayor Beth Weldon.

Assemblymembers Absent: None.

Guest presenters: Sarah Hargrave, Public Health Nurse from DHSS; Adam Crum, Commissioner DHSS, Chuck Bill, BRH; Bridget Weiss, JSD; Ralph Samuels, Holland America Princess; Kirby Day, Holland America/Princess Cruise Lines; Mike Tibbles, Cruise Lines International Agencies

Staff present: City Manager Rorie Watt, Deputy City Manager/Incident Commander Mila Cosgrove, City Attorney Robert Palmer, Municipal Clerk Beth McEwen, Emergency Program Manager Tom Mattice, Library Director Robert Barr, Docks & Harbors staff Matt Creswell and Scott Hinton

II. APPROVAL OF AGENDA

The agenda was approved as presented.

III. AGENDA TOPICS

Ms. Gladziszewski explained process behind the meeting, where to find reliable information on COVID-19. She explained that this issue is changing by the hour but provided the city website which will continue to be updated as this matter unfolds. She noted that the CBJ webpage https://beta.juneau.org/covid-19 also has links to other websites such as the Center for Disease Control (CDC) and State of Alaska Department of Health & Social Services (DHSS) amongst others. Ms. Gladziszewski noted that we are broadcasting this meeting via Facebook live for the first time as well as broadcasting it out over the radio and she thanked all those who were in attendance as well as those watching on Facebook and listening on the radio. They scheduled this meeting a week ago and asked the public to provide questions/comments for the Assembly to explore at this meeting. She noted that they received more than 75 emails with questions and each email had many questions so they have hundreds of questions that the public has provided. She said that they were very helpful to the Assembly, staff, and Public Health in addressing this unprecedented situation. She noted that the Deputy City Manager spent an incredible amount of time over the weekend compiling the questions in a topic by topic format so they can be addressed during this meeting. Ms. Gladziszewski and Ms. Cosgrove noted that the Assembly Chambers was full and that there was overflow seating available upstairs in City Hall Conference Room where people can listen in via the radio broadcast. Due to fire codes, people not sitting in a chair in the Chambers were asked to attend in the overflow room.

Ms. Gladziszewski reiterated the official sources to find reliable information and encouraged everyone to follow the public health recommendations regarding washing hands, and not touching faces. She said that the elderly appear to be the most vulnerable so even if an individual is not worried about their

own health, she encouraged them to take the necessary precautions to ensure it doesn't spread any further than themselves. She noted that there is a lot of fear and uncertainty surrounding this issue and she asked community members to treat one another with kindness and respect.

She explained the process for this meeting will be to hear from the panelists on four main subject areas:

1) Basic facts of the disease and the issues related to that;
2) What CBJ's emergency planners and local agencies are doing;
3) Discussion about the *Westerdam*; and
4) Discussion about the cruise season in general.

Mr. Watt explained that this is an unprecedented topic at the Borough Assembly. He said that staff and the Assembly are not experts and we don't have all the information, but neither do the experts worldwide. However, we are ready to do the best we can to address these issues. He thanked all the members from the community who sent in questions and their diligence and attention to this issue. He said they are all following this in real time and the information flows hour by hour and he acknowledged the stress that is felt in the community. That is real and tangible and we need to work hard together to manage the community stress and we all need to work hard to follow the guidance of the public health experts so that here in Juneau we make the best decisions in concert within the larger system of which we are a part.

A. Basic Facts of COVID 19 (DHSS Public Health Nurse Sarah Hargrave, DHSS Commissioner Adam Crum, and Bartlett Regional Hospital Administrator Chuck Bill)

Sarah Hargrave, DHSS Nurse covered many topics including the following with respect to testing locally:

- They are conducting point in time testing which is to test the right patients at the right point in time.
- Testing is available in Alaska in specific cases.
- Specimens can be collected in Juneau, the hospital is able to do that or at one of their clinics and then sent to one of the two state laboratories in either Anchorage or Fairbanks for analysis.
- The decision to collect and run a test is made based on CDC criteria and includes a conversation with State Epidemiology and a patient's doctor or health care provider.
- They are looking at what the clinical presentation of the patient is.
- Whether they had exposure to a confirmed case or recent travel to an area with sustained or wide transmission occurring and it is often a case by case decision.
- The Department of Health and Social Services is working to increase capacity for testing.
- Several private labs will be coming online to be able to increase that testing capacity.
- The test they have is a good test, very sensitive and specific to the virus.
- What they know is that if a sample is obtained correctly, and it is labeled and handled correctly, that test is likely to be a true indicator of infectiousness.

Questions about quarantine and isolation:

- In the event a confirmed case is found in Juneau, the Section of Epidemiology with the state and the local public nurses will work together to do some contact investigations of that case. They would work with health care providers, the hospital and others to work their way out.
- Regarding the Westerdam coming to town, it is not just this or other cruise ships that people will be coming to town on, there are many people who come in and out of Juneau every day.

- Local partners are working with state and federal partners to review plans and modify them based on the situation in light of the cruise ship season.
- DHSS is working closely with CLIA and other local partners.
- Similar to if they had found a COVID-19 case in Juneau, if there was something coming in on a ship, there would be conversations between CDC quarantine station, the Section of Epidemiology, Customs and Boarder Protection, and the U.S. Coast Guard.

In summary, Nurse Hargrave said that in addition to the CDC website, the State of Alaska has some great information to take a look at: www.coronavirus.alaska.gov. She said Juneau is a community that looks after one another, fear and stigma can be as dangerous as the virus. We have an opportunity to take action now and work cooperatively to keep each other safe and healthy. **She reminded people to "Cover you cough, wash your hands, get your flu shot, stay home if you have a fever and symptoms, and call ahead to your provider if you need to be seen."**

Chuck Bill, CEO at Bartlett Regional Hospital (BRH) said they have a number of items they want to bring the community up to date on what is happening at the hospital.

- They need the community to be their partners in this situation and they need the help and support of the community in not overwhelming the community's ability to respond to these issues.
- That goes back to what was mentioned by DHSS and that is to get your flu shots, call providers and/or ER before you try to come in if you have a condition.
- He said the biggest concern currently is that people worry really well which can lead to tying up a lot of their resources.
- They recently had two cases at the hospital of suspected coronavirus. Both those cases tested negative but both have created issues for BRH. One quarantined two of their nurses for a day until they got the response from the lab that it was negative.
- BRH is prepared to stand up a special tent outside the emergency room to triage the viral concerns with patients that show up. They have that in their processes and have been working on these plans being practiced for years related to swine flu, SARS, MERS, and Ebola.
- He said they have not had that number to justify that so far.
- BRH is prepared to take care of this type of situation to a point.
- The other reality is if the whole world gets it and we have a lot of significantly ill patients, we will be challenged to take care of those patients.
- BRH has the ability to do seven (7) isolation rooms at the hospital. They have the ability to do two (2) ventilators at the hospital.
- He said the real need is to make sure not to overwhelm the system – call your provider first before coming to be seen. That allows them to do triage if they have concerns before you get to the point of being in a waiting room with many other people including three staff members being potentially exposed.
- He said there will be vaccines developed. They are in the midst of developing their testing capabilities which DHSS Commissioner Crum spoke to in more depth.
- When BRH staff is exposed to someone and they don't have a heads up and don't know that a patient is coming who may have the symptoms, that staff member(s) is exposed and has to go into quarantine. If the test doesn't comes back positive, they lose one day while the test is happening. If it does come back positive, that puts them in quarantine for at least 14 days.
- Mr. Bill said they have made provisions to bring in additional staffing to come in for the summer.
- They increased their personal protective equipment (PPE) supplies. They have 6300 gloves on hand at the hospital, 10,000 masks and a couple of thousand gowns. They also have 1,000 disposable goggles on order. He said the whole world is looking for PPE so they are in competition with everyone else to get that equipment.

- BRH is being allocated based on what they have had in the past. Right now they have about two month's worth of gear for what they expect to happen. They will continue to receive their regular allocation but they expect that will get tighter over time so the more the public can help in avoiding having to use it, the better.
- Mr. Bill stressed the point that Sarah Hargrave made to say that the general public should not be wearing masks unless they have active symptoms. That will help BRH maintain their supplies. He said they used to have masks at each of the entrances to the hospital and those disappeared in about four hours.
- BRH will be changing their visitor rules. If someone has any symptoms that are similar to those of the virus, they will be asked not to visit.
- He said with respect to the skilled nursing facilities since that is where the many of the most vulnerable patients are and they need the community's help in not spreading the disease there.
- He said that both our skilled nursing facilities here in Juneau have gotten very strict about screening people coming into the facility. Do NOT go there if you have any symptoms. He suggested people contact their loved ones through alternative means such as phone calls, FaceTime, or other distance delivery methods.
- When Mr. Bill was asked at what number of people or level of care would "overload the system" he they have been working with disaster planning for years and there is a lot of response capabilities including a pop-up hospital if that is needed. There are plans for isolation if there is a huge number. They currently have two ventilators and five-up to seven reverse isolation rooms at the hospital. He said their biggest concern is with respect to making sure they have the staff needed to respond, especially if schools close and that requires staff to stay home with their families. They are trying to respond to that by bringing in extra nurses for this season. He said it is highly unlikely we will get there but they are prepared to deal with whatever happens.
- BRH will have the testing capabilities once they become available outside the Anchorage/Fairbanks labs. Mr. Bill said he was given an estimate by their lab manager that it will be 2+ months before those tests will become available at the local lab level. He said that in the meantime, the reference labs have increased their ability to do that as had the state's lab capacity.
- It was clarified that the testing samples can be taken here in Juneau and then sent up to the labs in Anchorage or Fairbanks for testing analysis.

DHSS Commissioner Adam Crum covered some of the previous topics as well as provided the following in more depth:

- Testing kits: "Why can't we test in Juneau right now?" He said it is a very prescriptive test that requires high-level analytics. Right now the tests are all being sent to two state labs in Anchorage and in Fairbanks.
- Last week they had 100 test kits. They now have 150 test kits if they run them individually.
- He said that they found a better way to be more efficient with their testing and that was to do them in batches so they can test for 21 cases at a time rather than just one at a time.
- He said they are working with CDC to continue to get more test kits.
- There are not a lot of hospitals with the capability for doing this, they are working with private labs to see if they can do this. It may take a couple of days for the private labs to run the tests vs. the DHSS turnaround of 1 day once it is in the state lab by doing them in batches. They are hoping that over time, the CDC will develop a quick test similar to influenza.

Following are some comments and a timeline from City Manager Watt regarding the Westerdam's arrival to Juneau as well as comments shared by the following panelists spoke

regarding the Westerdam and cruise ships in general: Holland America (HA) Group Vice President Ralph Samuels, HA Group Government and Community Relations Kirby Day, and CLIA Government Affairs Mike Tibbles.

City Manager Watt provided the following timeline with respect to CBJ's knowledge of the Westerdam coming to Juneau:

- Mr. Watt said that similar to our citizens, he tries to follow what is happening in the news and was trying to follow what was happening with cruise ships and the coronavirus. He said he started to spot the Westerdam in the news and know that it is one of the ships that comes to Juneau. He said he was aware of what the national media was reporting on it.
- (Tues.) February 25, 2020 – Mr. Day contacted Mr. Watt to request a chance to talk. They spoke later that day and Mr. Day advised Mr. Watt that the company was looking at bringing the Westerdam to Juneau and that one of their senior Vice-Presidents was going to give him a call the next day.
- (Wed.) February 26, 2020 – Mr. Watt received a call from the vice-president and Mr. Watt said he understood their reasoning. He said that based on his reading of the national media, it appeared that the Westerdam had been cleared by the CDC. The passengers had all flown home on commercial airlines. Mr. Watt said he advised the vice-president that he thought that was something the city would want to communicate to its citizens and he asked that if the decision to bring the Westerdam was confirmed that Mr. Watt be advised as soon as possible so that communication could commence. He said he thinks the company was dealing with lots of issues around other ships.
- (Sun.) March 1, 2020 – Mr. Watt sent the Assembly an email saying what he understood to be happening and he also let senior staff know. To his knowledge at that point that it was still tentative. On the evening of Sunday, March 1, social media caught hold of the potential arrival of the Westerdam.
- (Mon.) March 2, 2020 – Ms. Adalyn Baxter from KTOO called up Mr. Watt asking what he knew and he told her everything he knew and gave her a copy of the communication that he had sent to the Assembly and senior staff and he then sent that to others who requested the same information.
- Mr. Watt said that his view of the Westerdam is solely in context to what the CDC says. If the CDC cleared the Westerdam, his advice is to follow the CDC guidance is.
- Mr. Watt said that is also in context to the concern to what he has about the number of enplanements that we have coming in and out of town. He said that risk is always relative and while we don't know the absolute numbers, there are approximately 700,000 enplanements a year with an average of 1,000 people per day coming here.

Mr. Samuels provided the following information in four categories:

1) History of the Westerdam
    - January 28, 2020 – the Westerdam was supposed to be in Shanghai. At that time the CDC issued a Level 3 ruling for health. He said that when a ship has an itinerary change for any reason, they have to find alternative dock space, shore excursions, all the various aspects of running the cruise. The ship was then redeployed to Taipei. It was then scheduled to go to several stops in Japan.
    - February 6, 2020 – the Prime Minister of Japan said they don't want that ship here because they said there was a suspected coronavirus case on board. Mr. Samuels said he doesn't know why the prime minister said that as they did not have a case on board. This was a cruise that had been turned away from a port because of the port's problems and there were no issues whatsoever on the Westerdam.

- Once the Japanese government turned them down, the Korean government and then Guam turned them away, then Bangkok, Thailand and they were finally allowed to dock in Cambodia.
- No one was in quarantine or in their cabins during that cruise, it was a normal cruise with every day being a "sea day." There was no problem on the ship and no suspected coronavirus.
- Once they got to Cambodia, they did tests to some people who had a cold or some type of medical issue that did not show symptoms of the coronavirus. They tested those people. They all came out negative. They unloaded 600 people at a hotel at Phnom Penh and some people made it out and flew home all on commercial airlines.
- February 19, 2020 - In Kuala Lumpur, Malaysia they took all the Westerdam people and put them in a room for six hours and an 83 year-old woman and her 85 year-old husband felt ill. They tested her and they said that she came out positive and everything stopped. The people in the hotel, the people still on the ship, the crew, everything stopped.
- Then then tested, not screened, every single person on the ship – every guest and every crew member. Those people left on charter flights, since you can't get 1500 seats out of Phnom Penh, and flew home. Nobody since they left the ship have shown any signs of the virus since they been home, not the crew and not the passengers.
- A couple of days after the woman who tested positive in Kuala Lumpur, tested negative and proceeded to test negative every time. There were 2257 people, they were all tested and there was one positive result for two days. He said that the CDC hasn't come out to actually say this was a false positive but if you look at other ships that have had problems, in his view, it had to be a false positive.

2) Crew Change
   - The ship then, with all tested crew, went to Manilla, Philippines. They dropped off crew whose contracts had ended. None of the crew that disembarked had positive tests and they did not disembark anyone into a medical facility.
   - The cruise ship industry that last 6-8 or 2 months in length. The contracts for some of the Filipino crew had ended and they disembarked. They did not allow anyone else to disembark the ship. They did not want to take any chances because everyone had been tested.
   - The ship is now en-route to Hawaii. There was a story about a crew change being done in Hawaii but they had talks with Holland America earlier in the day and there will not be a crew change in Hawaii. He said that if anything happens differently, he will notify the City Manager as soon as he is made aware.
   - He said that by the time the crew gets to Juneau, they will have all been tested and will have been on the ship for one month for the entire crew that is on there. The incubation period is 14 days.

3) Why Juneau
   - Mr. Samuels said they looked at things that they need to do for marine operations and they can't get kicked off the dock. They have to have a couple of weeks at the same place.
   - One idea was originally, could they take the ship and take a series of small three day cruises somewhere else.
   - The decision was made that Alaska is such an important part of their business, they skipped all that, take three weeks off and park it someplace.

- Where could they park it without getting kicked off the dock? They are a minority partner in this dock and they can discharge grey water into the city system as this dock is already permitted for that.
- They are also a minority partner in a dock in Ketchikan but they cannot discharge grey water. They are also a minority partner in a dock in Skagway but they can't discharge grey water and there isn't an airport.
- Those were the main reasons they chose Juneau as the location.

4) Environmental Questions
    - Mr. Samuels said that in last year's post-season meetings with CLIA, the City Manager commented that the percentages of the trash were too big and it was discovered that someone was dumping mattresses. He said that the ships are mini cities unto itself. The captain calls up a vendor, the vendor takes the trash and you pay the vendor and they take it to the dump. He said that no one from Carnival had any idea and he isn't even sure who did that. He said they can promise that will not be happening any more.
    - As far as the trash on the Westerdam, they will discharge the trash in Honolulu and the ship is stopping in Victoria, BC on the way for fuel and they will discharge the trash there. Any trash they will have here will be minimal at best. Occasionally they may have to take a minimal amount of trash off.
    - Re: plug in for shore power, they cannot use shore power for two reasons.
        - The plug is on the wrong side of the ship.
        - AEL&P has a contract with Princess and the RCA regulates that. They asked if they could buy the power from Princess and were told that was not legal either.
    - There will be no hazardous waste discharged and the grey water will go into a system that is already permitted into a city system. Mr. Day added that this is the same thing they do all summer long for all their ships, it is permitted with CBJ and is no different than what they do every year.
    - They will be burning MGO rather than using the scrubbers. He said they know that causes a lot of consternation and Carnival did that all of last season.
    - Mr. Samuels said he doesn't know how many crewmembers will be on board exactly but a full contingent would be 700. He said they have heard approximately 450-500 and he is waiting for a firm answer but that may differ depending on crew changes, if any in Hawaii.

- Regarding the question related to level of compensation to CBJ, they would be paying for their water and wastewater use.
- They discussed the potential for discharge of black water if that was needed. Mr. Watt said that with respect to worker safety at the treatment plants, those protocols needed for the virus are the protocols already in place. Mr. Day said they didn't anticipate the need to discharge black water but if they did, it would be in low amounts.
- Assemblymembers had additional questions regarding testing and Mr. Samuels explained that testing is done under CDC and DHSS protocols and not a function of the cruise industry. DHSS Commissioner Crum explained the protocols and noted that since the crew has been on the ship with no cases for the past month, it would not likely rise to the level of requiring additional tests. Additional discussion took place regarding the Alaska Maritime plan, CDC, USCG and other network protocols.

Following Mr. Samuels presentation, the discussion turned to the cruise season in general. HA Group representative Kirby Day and CLIA representative Mike Tibbles provided the following precautions they are taking:

- Mr. Tibbles said a number of questions dealt with port screening and he would defer to local authorities on that. On January 30 when the World Health Organization declared COVID-19 a

public emergency, cruise lines and the executive CEOs got together immediately and talked about what kind of pre-screening measures they could put in place.

- Within 24 hours, they had their first pre-screening protocol adopted industrywide and that was to deny boarding by any individual who had traveled through mainland China.
- As things evolved around the globe, the policies have kept up with the best advice being provided by the health professionals. They are now into the 6th or 7th version of CLIA health policy that all their members are adhering to.
- As recent as Saturday, March 7, the industry met with Vice-President Pence and discussed a number of enhanced protocols beyond what is already being done and is committed to come back with a plan this week.
- As of today (March 9), the policy in place for all CLIA members globally is to deny boarding to all persons who have traveled from, visited, or transited via airports in South Korea, Iran, China, Hong Kong, Macao, select municipalities in Italy that have been identified by the Italian government.
- CLIA members will conduct illness screenings. This includes symptom history, checks for fever, coughs, difficulty in breathing.
- CLIA members will conduct temperature screenings. People will be separated if they show any temperature above 100.4.
- CLIA members will deny boarding to all persons who, within 14 days prior to embarkation, has had any contact or helped cared for someone who is suspected to have COVID-19.
- These are the policies in place and are on top of the health screenings that have been longstanding in the industry.
- There are a lot of CLIA cruise ships operating all over the world normally under these enhanced securities.
- All CLIA members are required to have medical professionals on board and available 24/7.
- All CLIA members are also required to have well equipped health facility that includes the ability to isolate passengers and care for those passengers.
- They have a medical working group that is advising the industry that is working with CDC, the state, local communities and they are trying to do everything they can.
- Mr. Day brought up the protocols for who should and shouldn't be wearing masks and he said t that not everyone gets that same information so he would caution people that as we see visitors walking around downtown with masks on, we should not automatically assume they are infected. They may not have received the same message as us or are being overly cautious.
- Additional discussion took place regarding pre-screening. Mr. Tibbles explained the pre-screening would take place on the initial point of embarkation and unless there was cause, they wouldn't not be doing prescreening in the various ports.

B. CBJ/Community Readiness Emergency preparedness & Local Government Operations

Mr. Watt said this is when emergency planning ceases to be in planning mode and transitions to unified and incident command structure.

CBJ Emergency Program Manager Tom Mattice explained that during emergencies such as this, we operate using a unified command structure falling under both BRH and DHSS. We do a lot of all hazards planning and when we look at this response, we keep working and coordinating with our partners.

Mr. Watt and Mr. Mattice answered questions from Assemblymembers on a variety of issues related to the Incident Command process with respect to this type of emergency.

Juneau School District Superintendent Bridget Weiss spoke to what precautions the schools were taking and explained the four level response plan they have developed in collaboration with Public Health and CDC guidelines. Mr. Watt, Dr. Weiss and Mr. Mattice also addressed the protocols and decision making trees that go into determining closures of schools or public facilities and answered questions from Assemblymembers regarding answering questions from the public, staff, and student families and consistent messaging about cleaning, calling 211, and using Teledoc services.

C & D. Updates to CBJ Code 3.25 (Civil Defense) and 03.35 (Continuity of Government) and Scope and Authority re: Disaster Declarations

City Attorney Robert Palmer explained that there are two code authorities under CBJ 03.25 and 03.35 which were written in an era before CBJ unification. He said there were some awkward provisions that should be amended and he suggested those could worked on either at the Assembly Human Resources Committee or at an Assembly Committee of the Whole.

Additional discussion took place regarding scheduling review of the two code sections and it was decided that they would first go to the March 16 HRC meeting and then to the Assembly COW for additional discussion on March 23.

Discussion then turned to the scope of authority of the various levels of government and if local government has the authority to act unilaterally. Mr. Palmer explained the powers of local government and how that relates to the powers of the CDC, USCG, and how USCG plans provide for various agencies to assist local governments. He explained there are a series of checks and balances and that ship captains have a duty to report if they are entering a port and they have individuals on board who may be symptomatic. He said that we are entering an era now were we may need to begin having ferry passengers screened and that air carriers, and water carriers may have an increased duty for a while to make sure they are not transmitting infected persons across the state.

Assemblymembers and Mr. Palmer then discussed past declarations of emergency and the circumstances under which those were called. Mr. Palmer explained that the Assembly and City Manager have similar but slightly different authorities to declare certain emergencies. When the City Manager declares an emergency, those have to be ratified by the Assembly in a short period of time following the Manager's declaration. He explained that once that is triggered, it begins a series of events, such as funding sources at state and federal levels. Something unique about coronavirus incident is the scale across the nation to have emergency across the nation at the same time.

Additional discussion between Assembly and staff focused on getting as much information to the public as possible about this as it is occurring. Ms. Cosgrove said they are working on getting better information onto the website and the intent is to put some of the FAQs and answers that were at this meeting online for everyone to be able to access.

Members asked if they could receive updates on the status of COVID-19 at each Finance Committee, and Special Assembly and Regular Assemblymembers at the beginning of each meeting. Mayor Weldon and Mr. Jones will work on including that on each of those agendas at the beginning of each meeting.

DRAFT

IV. ADJOURNMENT

There being no further business to come before the committee, the meeting was adjourned at: 9:01p.m.

Submitted by,
Beth McEwen, MMC
Municipal Clerk

Presented by: R. Edwardson
Presented: 06/29/2020
Drafted by: R. Palmer III

ORDINANCE OF THE CITY AND BOROUGH OF JUNEAU, ALASKA

Serial No. 2020-32(b)

An Ordinance Establishing a Systemic Racism Review Committee.

WHEREAS, discrimination based on race in institutional policies leads to systemic racism; and

WHEREAS, systemic racism creates disparities in the social and civic fabric of a community through legislation related to all aspects of society, including but not limited to education, criminal justice, employment, elections, housing, and political power; and

WHEREAS, systemic racism is as overt and covert as individual racism and it has similar emotional, economic, physical, and liberty consequences though it may be harder for individuals to see even when revealed in disparities and data; and

WHEREAS, systemic racism is similar to disparate impact discrimination, which is generally defined as a facially neutral act, practice, or policy that has a significant discriminatory impact on a protected group; and

WHEREAS, the Assembly would benefit from having a systemic racism review of legislation before a resolution or an ordinance is up for public hearing; and

WHEREAS, the Assembly encourages racially diverse individuals to apply and encourages racial minority groups to nominate individuals to help advise the Assembly.

THEREFORE BE IT ENACTED BY THE ASSEMBLY OF THE CITY AND BOROUGH OF JUNEAU, ALASKA:

Section 1. Classification. This ordinance is a non-code ordinance.

Section 2. Systemic Racism Review Committee Established.

(a) **Establishment.** There is established a Systemic Racism Review Committee consisting of seven individuals.

(1) The Assembly shall appoint members of the Committee to staggered three-year terms. Members of the Committee shall serve at the pleasure of the Assembly. Terms shall commence on July 1. Appointments to fill vacancies shall be for the unexpired term. In the event a seat has six months or less remaining to the unexpired term, the Assembly, at its discretion, may choose to appoint the member to the remainder of the current term as well as to the full term immediately following the expiration date of the unexpired term. No member who has served for three consecutive terms or nine years shall again be eligible for appointment until one full year has intervened, provided, however, that this restriction shall not apply if there are no other qualified applicants at the time reappointment is considered by the Assembly.

(2) Members shall be selected to provide the most balanced representation possible. Members shall have experience identifying unlawful discrimination—including based on race, color, or national origin—experience identifying social justice inequity, or intimate knowledge of local cultures and practices, including tribal culture and practices.

(b) **Duties.** The Committee is charged with:

(1) Reviewing all ordinances after introduction and before public hearing to advise whether the ordinance likely includes a systemic racism policy or implication.

(2) Reviewing all resolutions to advise whether the resolution likely perpetuates systemic racism.

(3) Presenting options for curing the potential systemic racism or implications.

(4) Presenting the Committee's analysis and conclusions timely to the Assembly in a short statement for each item of legislation.

(c) **Procedure**. The Committee's procedure shall be governed by the Advisory Board Rules of Procedure, as such may be amended from time to time. Nothing in this Ordinance shall be read to preclude the Assembly from acting upon emergency ordinances and resolutions.

(d) **Officers, Meetings, and Quorum**. In accordance with the Advisory Board Rules of Procedure, the Committee shall select its own officers, and shall hold regular meetings on a schedule established by the Committee, as well as such special meetings as required to conduct business. The presence of four members constitutes a quorum and any action of the Committee requires four or more affirmative votes to be approved.

(e) **Staff Assistance**. Staff support to the Committee shall be provided by the City Attorney, or designee, as available and appropriate.

(f) **Legislation Procedure.** The Committee should meet and send the legislative report to the Manager at least six days before the Assembly meeting (i.e. Wednesday for a Monday meeting). However, legislation may be scheduled for public hearing and the Assembly may adopt legislation that has not been reviewed by the Committee. If the Assembly adopts legislation before the Committee has

reviewed it, the Committee should review the adopted legislation as soon as possible.

Section 3. Sunset Clause. The Committee created by Section 2 shall cease to exist and the provisions of Section 2 shall automatically terminate three years from the effective date of this ordinance unless the Assembly extends the committee to exist until disbanded by the Assembly.

Section 4. Effective Date. This ordinance shall be effective 30 days after its adoption.

Adopted this _____ day of _____, 2020.

_____
Beth A. Weldon, Mayor

Attest:

_____
Elizabeth J. McEwen, Municipal Clerk

CITY AND BOROUGH OF JUNEAU COVID-19 RISK METRICS

Category	Key Question	Indicator	Level 1	Level 2	Level 3	Level 4
			Minimal	Moderate	High	Very High
Disease situation	**What is the level of disease burden and how is it changing?**	New cases - active cases over 14 days including active/present nonresident cases	Case rate < 5.	Case rate 5-10	Case rate > 10.	Case rate > 10 or 14-day rate significantly lagging 7-day rate
		Containment situation	Minimal transmission, limited suspected undetected cases	Moderate transmission, likely undetected cases based on contact investigations	Significant transmission, many undetected cases based on contact investigations	Widespread transmission, many undetected cases based on contact investigations and/or inability to investigate
		Nature of outbreaks	Discrete, small, isolated cases and easily contained	One or more ongoing outbreak likely to result in limited secondary spread only with lower risk population(s)	Multiple ongoing outbreaks or one or more outbreaks involving high risk populations	Multiple outbreaks that are hard to contain or multiple outbreaks with high risk populations
	Are there early signs of a resurgence in cases?	Increase in percent positive rate	< 2%	2-5%	5-10%	> 10%
		New case rate over 7 days including all non-resident cases	Case rate < 5	Case rate 5-10	Case rate 10-20	Case rate > 20
		Syndromic data - presentations of influenza & COVID-like symptoms	Stable	Slightly increasing	Increasing	Increasing and unstable
BRH Capacity	**What is the current situation at BRH?**	Current hospital operational status	Normal operations	Limited in-hospital surge	Partial campus surge	Full campus surge
		Total CCU bed capacity	5 to 9 beds available	3-4 beds available	0-2 beds available	0-2 beds available and increasing demand
		BRH PPE Supply	Adequate supply	Limited supply	Limited supply and certain key items uncertain	Inadequate supply
		% of admissions COVID related	< 10%	10 - 20%	> 20%	> 30%
	What is the anticipated future situation at BRH?	Number of BRH HCW ill (any reason) or quarantining	< 5	5-10 and situation contained	> 10 and situation contained	> 15 or uncontained / unknown situation
		Projected hospital or CCU capacity availability	Normal patient flow expected	Limited discharges/transfers expected	Significantly limited discharges/transfers	Patients holding in non inpatient areas

CITY AND BOROUGH OF JUNEAU COVID-19 RISK METRICS

		Total ED visits/day (baseline = 33) 5 day avg	5 day average from baseline stable	5 day average from baseline increased 10-14%	5 day average from baseline increased 15-19%	5 day average from baseline increased > 20%
	What is the current situation outside of Juneau?	Anchorage and Seattle accepting medevac	Fully open	Restricted	Restricted and indications of future closure	Not accepting
Public Health Capacity	**Is our testing capacity sufficient to detect the disease?**	Broad testing	Testing > 3% of population / month	Testing < 3% of population / month	Testing < 2% of population / month	Testing < 1% of population / month
		Testing environment	Little to no limitations in testing capacity (specimen collection supplies and lab processing ability)	Intermittent supply or staffing shortages impacting either specimen collection or lab processing ability	Regular shortages with few or no alternatives and increased test prioritization policies needed	Restrictive test prioritization policies necessary (e.g. only suspected symptomatic, high-risk, first responders, etc)
		Turnaround times	< 3 days	3-5 days	> 5 days	> 7 days
		Rapid testing	Medical community has sufficient access for internal use	BRH has sufficient access for internal use	BRH periodically runs out of desired rapid test kit for internal use	BRH consistently out of desired rapid test kit for internal use
	Is our contact tracing capacity sufficient to successfully quarantine and isolate?	Average close contacts per case	< 5 contacts	6 - 10 contacts	> 10 contacts	> 10 contacts or contact tracing utility waning
		Percent of new cases contacted in < 24 hours	> 90%	50 - 90%	< 50%	< 50% or contact tracing utility waning

CITY AND BOROUGH OF JUNEAU *DRAFT* COVID RISK MITIGATION STRATEGIES

Community Risk Level	Masks / Face Coverings	Social Distancing	Large Gatherings	Restaurants, Bars	Personal Services, Gyms	Travel
Very High	Masks/Face coverings required outside the home.	Residents are required to stay at home except as needed for groceries, medical care, and essential workforce needs.	Outdoor gatherings limited to no more than 10 people with proper social distancing. Indoor communal events not allowed.	Restaurants and bars limited to delivery and curbside pickup if allowed by law.	Personal Services and Gyms closed.	Critical Infrastructure and essential travel only.
High	Masks/Face coverings must be worn indoors and outdoors in public areas where 6ft of social distancing cannot be maintained.	6 feet of distance must be maintained. Keep social bubble contained to family members.	Gatherings of more than 50 people indoors not recommended. Outdoor gatherings recommended.	Strongly recommend bars closed. Restaurants reduce capacity to ensure physical distancing not to exceed 50% with reservations required. Delivery/curbside pick up if allowed by law.	Personal Services by appointment only, one customer per service provider, no waiting areas. Gyms, no group activities, limit capacity to 25%	HM 10 plus require instate travelers to follow same protocols.
Moderate	Masks/Face coverings must be worn indoors in public areas where 6ft of social distancing cannot be maintained. Masks/face coverings recommended when: outdoors and 6 feet of distance can't be maintained from others.	6 feet of distance must be maintained. Keep social bubble limited to family members and critical contacts.	Gatherings of more than 100 people indoors not recommended. Outdoor gatherings recommended.	Strongly recommend bars and restaurants reduce capacity to ensure physical distancing between parties, recommend reservations required. Recommend delivery/ curbside pick up if allowed by law.	Personal Services by appointment only, no waiting areas. Gyms, small group activities outdoors, limit capacity to 50%.	HM 10 plus recommend instate travelers to follow same protocols.
Minimal	Masks/Face coverings must be worn indoors in public areas where 6ft of social distancing cannot be maintained.	6 feet of distance must be maintained. Keep social bubble limited to family members and a few other key contacts.	Limit gathering size so a minimum distance of 6 feet can be maintained. Outdoor gatherings recommended	Follow all Public Health State Mandates in reopen responsibly plan.	Follow all Public Health State Mandates in reopen responsibly plan.	HM 10.

Local Mitigation Guidance

Recommended Mitigation Level	Face coverings / masks	Social Distance	Large Gatherings	Restaurants	Bars and Nightclubs
High	Masks/face coverings must be worn when: 6 feet of distance can't be maintained from others, this is for outdoors and indoor public spaces	6 feet of distance must be maintained	Gatherings of more than 50 people indoors is not recommended Encourage outdoor events	Indoor capacity is reduced to 50% Dining parties limited to family units Encourage delivery/ carryout/ curbside or outside dinning in family units. Employees must wear masks	Indoor capacity is reduced to 25% Encourage outdoor serving with social distancing 6 foot of distance maintained all times Employees must wear masks
Moderate	Masks/face coverings must be worn when: indoor public spaces and 6 feet of distance can't be maintain from others Masks/face coverings recommended when: outdoors and 6 feet of distance can't be maintained from others	6 feet of distance must be maintained	Gatherings of more than 100 people indoors is not recommended Encourage outdoor events	Indoor capacity must be reduced to maintain 6 feet of distance. Encourage delivery/ carryout/ curbside or outside dinning in family units. Employees must wear masks	Indoor capacity reduced to 50% Encourage outdoor serving Employees must wear masks
Minimal	Masks/face coverings recommended when: 6 feet of distance can't be maintained from others	6 feet of distance should be maintained	Strong recommendation for limiting gathering size so a minimum distance of 6 feet can be maintained	Delivery/carryout/curbside encouraged. Outdoor dining encouraged.	Indoor capacity must be reduced to maintain 6 feet of distance Employees must wear masks

STATE OF ALASKA - Governor Dunleavy July 28, 2020 Press Conference Slides

Borough/Regional Current Alert Levels

Region	Alert Level	Cases – Last 14 days	Cases – Avg Last 14 days	Case Rate
Municipality of Anchorage	Red	588	42.0	14.39
Other Interior Region	Red	63	4.50	19.19
Fairbanks North Star Borough	Orange	119	8.50	8.86
Mat-Su Borough	Orange	79	5.64	5.3
Kenai Peninsula Borough	Orange	73	5.21	8.93
City and Borough of Juneau	Orange	24	1.71	5.36
Northwest Region	Yellow	14	1	3.65
Y-K Delta Region	Yellow	3	0.21	Not Reported
Southwest Region	Yellow	7	0.50	1.73
Other Southeast Region North	Yellow	13	0.93	4.54
Other Southeast Region South	Yellow	11	0.79	3.94

STATE OF ALASKA - Governor Dunleavy July 28, 2020 Press Conference Slides

Risk - Report Indicator Metric Details

Category	Key Question	Indicator	Trigger to Raise Level	Trigger to Lower Level	Level 1 - Low	Level 2 - Moderate	Level 3 - High	Level 4 - Very High
Diseases Situation	**What is the level of disease burden and how is it changing?**	New Community Transmission Cases	Increasing to Meet New Threshold over 7 Day Period	Decreasing to meet new threshold over a 14 day period	<3 cases/7day	3-4 cases/7days	5-6 cases/7 days	7+ cases/7days
Diseases Situation	**What is the level of disease burden and how is it changing?**	Conregate or Industry Cases	Increasing to Meet New Threshold over 7 Day Period	Decreasing to meet new threshold over a 14 day period	<5 case/7days	5-7 cases/7 days	8-10 cases/7 days	11+ cases/7 days
Diseases Situation	**What is the level of disease burden and how is it changing?**	Travel Cases (not including seafood processing Industry)	Increase to Meet New Threshold over 7 Day Period	Decreasing to meet new threshold over a 14 day period	<5 case/7days	5-7 cases/7 days	8-10 cases/7 days	11+ cases/7 days
Diseases Situation	**Are there early signs of a resurgence in cases?**	Syndromic data (Influenza-like illness or COVID-19 like illness)	Increasing over 5-day period	N/A	Near Seasonal Average	Near Seasonal Average	Above Seasonal Average and Decreasing	Above Seasonal Average and Rising
Healthcare System Capacity	**Do we have bed capacity for COVID-19 cases?**	PHKMC Covid Unit Utilization	Increasing over 5-day period	Decreasing over 5-day period	<25%	25%-50%	50%-75%	>75%
Healthcare System Capacity	**Are we protecting healthcare workers?**	Number of healthcare worker infections (acquired in the workplace)	Increasing over 7-day period	Decreasing over 7-day period	No healthcare worker infections	Decreasing	Decreasing	Increasing or unknown
Diseases Control	**Are we testing enough to detect cases?**	Percentage of positives	Increasing over 7-day period	Decreasing over 7-day period	<1%	1-2%	2-3%	>3%
Diseases Control	**Are we testing enough to detect cases?**	Total testing per 1000**	Increasing to Meet New Threshold over 7 Day Period	Decreasing to meet new threshold over a 14 day period	>7 average/day >686/week	3-7 average/day 294-685/week	1-3 average/day 98-293/week	<1 average/day <98/week
Diseases Control	**Do we have adequate contact tracing?**	Percent of new cases (close contact and community transmission) from quarantined close contacts	Meet specified threshold over a 7-day period	Meet specified threshold over a 7-day period	50% or more	30-49%	10-29%	<10%
Diseases Control	**Do we have adequate contact tracing?**	Percent of new contact investigations completed within 48 hours	Meet specified threshold over a 7-day period	Meet specified threshold over a 7-day period	> 80%	50-79%	30-49%	<30%

Ketchikan Gateway Borough COVID Risk Metrics (DRAFT)

Ketchikan Gateway Borough Community Mitigation Measures (DRAFT)

Risk - Report All Detailed Mitigation

Community Risk Level	Public Health Social Measures (PHSM)	Schools	Travel	Businesses and Municipal Government	Bars, Restaurants, Personal Services, Gyms
Level 4 - Very High	Mandate Masks and Social Distancing outside of private residence.	KGBSD Smart Start High Risk Scenario; All Staff and Students at Home.	Only Critical Infrastructure and Critical Personal Needs.	Closed except critical infrastructure or designated essential positions and telework.	Closed
Level 3 - High	Strongly recommend masks and social distancing be enforced in communal settings and any public locations with 5 or more people (i.e. offices, stores)	KGBSD Smart Start Medium Risk, Staff 100%, Students 50% (with the use of annex buildings for extra space) with additional safety protocols.	HM10 plus strongly recommend In-State travelers to test or quarantine. Consider providing traveler testing for In-State travelers at traveler testing site.	Strongly recommend maximum reduced capacity to ensure physical distancing can be maintained not to exceed 50% capacity, close shared spaces such as break rooms, kitchens, etc.	Strongly recommend. Bars Closed. Restaurants reduce capacity to ensure physical distancing not to exceed 50% capacity with reservation required. Delivery/curbside pick up if allowed by law. Personal Services by appointments only, one customer per each service provider, no waiting areas. Gyms no group activities, limit capacity to 25%
Level 2 - Moderate	Strongly recommend masks and social distancing be enforced in communal settings, and public locations with 20 or more people (i.e. conference rooms, public meetings, grocery stores, shopping centers, seafood processing plants, libraries).	KGBSD Smart Start Medium Risk, Staff 100%, Students 100% (with the use of annex buildings for extra space) with additional safety protocols.	HM10 plus recommend In-State travelers to test or quarantine.	Strongly recommend reduced capacity to ensure physical distancing can be maintained including, staggered scheduling, encouragement of teleworking, etc.	Strongly recommend. Bars and Restaurants reduce capacity to ensure physical distancing between parties, recommend reservations required and encourage delivery/carryout/curbside pick up if allowed by law. Personal Services by appointments only, no waiting area. Gyms small group activities outdoors, limit inside capacity to 50%.
Level 1 - Low	Recommend Masks in specific settings where social distancing can not be maintained.	KGBSD Smart Start Low Risk, Staff 100%, Students 100% (with the use of annex buildings for extra space).	Health Mandate 10 (HM10)	Recommend following all PHSM outlined in the Reopen Alaska Responsibly plan. Recommend allowance of telework for employees that are, live with, or care for high risk population.	Follow all PHSM outlined in the Reopen Alaska Responsibly plan.

Ketchikan Gateway Borough General Mitigation Strategies

Risk - Report All Level with General Mitigation

Community Risk	Disease Situation	Healthcare System	Disease Control	Recommended General Mitigation Measures*
Level 4 - Very High	High burden Increasing spread Many outbreaks	Limited capacity to safely care for cases Many healthcare worker infections	Limited or no ability to isolate cases and quarantine contacts	Shelter in place: Stay at home Schools: All Staff and Students at home*** No gatherings >20 people Essential services only Modified healthcare services No non-essential visits to congregate facilities (e.g. nursing homes) Recreation locally with safety measures** (e.g. walking)
Level 3 - High	Moderate burden Decreasing spread Few outbreaks	Some capacity to safely care for cases Some healthcare worker infections	Some ability to isolate cases and quarantine contacts	Significant: Limit non-essential travel outside home Schools: Staff 100%, Students 50% with safety measures*** Indoor: Limited small <20 mass gatherings with safety precautions (funeral, wedding, etc.) Outdoor: Limited small <30 gatherings with safety precautions Businesses limited openings with safety measures** Modified healthcare serices (e.g. telemedicine, essential care, chronic care) No non-essential visits to congregate facilities (e.g. nursing homes) Recreation expanded with saety measures (e.g. low risk) **
Level 2 - Moderate	Low burden Decreasing spread Outbreaks rare	Full capacity to safely care for cases Rare healthcare worker infections	More ability to isolate cases and quarantine contacts	Moderate: Can travel outside home with safety measures Schools: Staff 100%, Students 100% with safety measures*** Indoor mid-size gatherings <50 with safety measures** Outdoor mid-size gatherings <100 with safety measures** Businesses limited openings with safety measures** Healthcare services with safety measures (e.g. elective procedures)** No non-essential visits to congregate facilities (e.g. nursing homes) Recreation with safety measures**
Level 1 - Low	Cases and outbreaks rare	No healthcare worker infections	Ability to fully isolate cases and quarantine contacts	Minimum: Can travel outside home with safety measures** Schools: Staff 100%, Students 100% with safety measures*** Indoor and Outdoor mass gatherings with safety measures** gatherings >500 people requires coordination with an plan submitted to EOC in advance Businesses open with safety measures** Healthcare services with safety measures** Minimal safe visits to congregate facilities (e.g. nursing homes) Recreation with safety measures**

Safe Anchorage:
Roadmap to Reopening the Municipality of Anchorage

Current Status: "Hunker Down"
High Risk of Community Transmission • Highest Level of Community Protections
Stabilize and aggressively "Flatten The Curve" and "Raise the Bar"

Allowable Activities	Protective Measure	Risk Metrics
• Critical Businesses can operate, provided they adhere to strict physical distancing, frequent cleaning practices and other preventative measures. • Limited access to physical locations of Non-Critical Businesses for upkeep, site maintenance, payroll, remote business operations, or online order fulfillment only. • Physically distant outdoor recreation allowed, maintain at least 6' distance.	• All unnecessary trips and/or travel eliminated; public to stay home as much as possible. • Face coverings in public strongly encouraged. • Non-Critical Businesses and entities closed except for tele-work or other work from home procedures. • Entertainment facilities closed (e.g. theaters, gyms, bingo halls, food courts, etc.) • Public facilities closed (e.g. libraries, museums, playgrounds, pools, and other public buildings.) • No gatherings larger than 10 people. • Travel limited and/or mandatory travel quarantine implemented. • Non-emergency or non-urgent medical procedures canceled or postponed. • All businesses to safeguard PPE supplies in case of need by COVID-19 medical responses.	In order to transition from this phase these metrics are met. *Epidemiology* • Ability and capacity to screen and test widely. • Case counts trending downwards for 14 days with stable and adequate testing. • COVID/PUI hospitalization rate trending down for 14 days. *Health Care Capacity* • Ability/capacity (beds, ICU beds, ventilators, staff) to meet anticipated case surge • Sufficient PPE for all healthcare workers and first responders *Public Health Capacity* • All positive cases interviewed • All contacts monitored • Symptomatic contacts get tested within 24 hours.

Phase 1: "Easing"
Medium Risk of Community Transmission • Medium Level of Community Protections
Carefully ease, continually monitor.

Allowable Activities	Protective Measure	Risk Metrics

• Partially reopen low-risk, non-critical businesses with appropriate safety measures from "Anchorage Opens" Risk Assessment, such as strict physical distancing, frequent cleaning practices and other preventative measures. Encourage alternate delivery methods for goods (e.g. curbside pickup, to-go), and limited or no contact between employees and customers.
  ○ Ex: Restaurants with appropriate physical distancing, staff PPE, frequent cleaning and other preventative measures such as fewer tables, increased spacing between customers, etc.
  ○ Ex: Personal Care Services with appropriate physical distancing, appointment-only, 1-on-1 services, etc.
  ○ Ex: non-public facing businesses institute distancing measures, limit gathering of employees, require face coverings, and protections for vulnerable workers, etc.
  ○ Ex: public-facing businesses institute distancing measures, alternate pickup / delivery methods, require face coverings, and limit occupancy, etc.
• Some non-emergency or non-urgent medical procedures can proceed.
• Low-risk outdoor recreation activities are allowed.
	• Closely monitor community Risk Metrics to evaluate any change in the wrong direction; ability to quickly rollback Allowable Activities to Hunker Down again if data shows worsening conditions (lower threshold would be used).
	• Limited trips outside the home allowed, but people encouraged to stay home as much as possible. Extra precaution for those at high risk of illness (older people and those with existing medical conditions.)
	• Face coverings in public strongly encouraged.
	• Critical businesses continue practicing remote work when possible, and practice physical distancing and cleaning practices.
	• Travel limited and/or mandatory travel quarantine remains in place.
	• No gatherings larger than 20 people.
	• Public facilities remain closed (e.g. libraries, museums, gyms, pools, playgrounds.)
	• Develop "Anchorage Opens" Risk Assessment that identifies high-level risk levels for different categories of Anchorage business and venues in effort to identify opportunities for reopening.
		In order to transition from this phase, all Hunker Down metrics are met with increases to downward trends.
		Epidemiology
		• Ability and capacity to screen and test widely.
		• Cases trending downwards for an extended period: initially 28 days, but will continue working with public health experts to identify any changes needed to this extended period.
		• COVID/PUI hospitalization rate trending down for an extended period: initially 28 days, but will continue working with public health experts to identify any changes needed to this extended period.
		Health Care Capacity
		• Ability/capacity (beds, ICU beds, ventilators, staff) to meet anticipated case surge.
		• Sufficient PPE for all healthcare workers and first responders.
		Public Health Capacity
		• All positive cases interviewed
		• All contacts monitored
		• Symptomatic contacts get tested within 24 hours

Phase 2: "Recovery"
Lower Risk of Community Transmission • Lower Level of Community Protections
Expand return to normal life, continual monitoring.

Allowable Activities	Protective Measure	Risk Metrics
• Utilize "Anchorage Opens" Risk Assessment to further open and expand non-critical businesses with appropriate measures in place. Alternative ways of working encouraged (e.g. remote working, shift-based working, physical distancing, staggering meal breaks, flexible leave). • Permissible gathering size increases with adequate preventative measures (e.g. handwash stations and/or hand sanitizer, limits on maximum occupancy for given space, other social distancing preventative measures.) • Sport and recreation activities are allowed if conditions on gatherings are met, physical distancing is followed, and travel is local. • Public facilities allowed to re-open, only with adequate public health measures. • Health services resume normal operations.	• Closely monitoring community Risk Metrics to evaluate any change in the wrong direction; ability to quickly rollback Allowable Activities to Phase 1 or Hunker Down again if data shows worsening conditions (lower threshold would be used). • People at high risk of severe illness (older people and those with existing medical conditions) are encouraged to stay at home where possible and take additional precautions when leaving home. If they choose to work, take similar precautions. • Physical distancing of 6-ft. when outside of home (including on public transportation.) • Some public venues to remain closed. • People advised to avoid non-essential inter-regional travel, voluntary quarantine for any travel recommended.	In order to transition from this phase, all Phase 1 metrics are met with increases to downward trends. *Epidemiology* • Ability and capacity to screen and test widely. • Cases trending downwards for an extended period: initially 42 days, but will continue working with public health experts to identify any changes needed to this extended period. • COVID/PUI hospitalization rate trending down for an extended period: initially 42 days, but will continue working with public health experts to identify any changes needed to this extended period. *Health Care Capacity* • Ability/capacity (beds, ICU beds, ventilators, staff) to meet anticipated case surge. • Sufficient PPE for all healthcare workers and first responders. *Public Health Capacity* • All positive cases interviewed • All contacts monitored • Symptomatic contacts get tested within 24 hours

Phase 3: "Maintenance" Lower Risk of Community Transmission • Lower Level of Community Protections *Daily life resumes with increased COVID-19 awareness and monitoring.*		
Allowable Activities	**Protective Measure**	**Risk Metrics**
• Schools and workplaces open and must operate safely. • Increased gathering size. • No restrictions on domestic travel or transportation but avoid public travel or transportation if sick.	• Continue monitoring community Risk Metrics to evaluate changes; ability to quickly rollback Allowable Activities to Phase 2, 1, or Hunker Down again if data shows worsening conditions (lower threshold would be used). • Self-isolation and quarantine still required. • Stay home if you're sick, report flu-like symptoms. • Physical distancing still encouraged. • Wash and dry hands, cough into elbow, don't touch your face.	In order to transition from this phase, all Phase 2 metrics are met with increases to downward trends. • Widespread community transmission is no longer present in the MOA. • Individual cases are identified, traced and isolated.

Phase 4: "New Normal" Community Protections In Place *Daily life resumes.*		
Allowable Activities	**Protective Measure**	**Risk Metrics**
		• Vaccine and anti-viral treatments which will allow our community to have reliable annual access to vaccination and treatment exist.

Washington State Department of Health

May 16, 2020

Key Metrics to Guide Public Health Decision-Making during the COVID-19 Pandemic

The following set of metrics will be use to guide public health decision-making throughout the COVID-19 pandemic. The targets represent the ideal state. The state and/or counties will not necessarily need to meet all targets in order to move to the next phase in the "Safe Start Washington" plan. Likewise, the state and/or counties will not necessarily need to drop to a previous phase if targets are not maintained. While these metrics are important, other factors will be considered in public health decision-making.

COVID-19 Activity	Incidence of new cases reported during prior two weeks	Target: <10 cases / 100,000 / 14 days
	Reproductive rate by region	Target: $R_e < 1$
Healthcare system readiness	% licensed beds occupied by patients (i.e., hospital census relative to licensed beds)	Targets: Green: ≤80% (Yellow: 81-90%; Red: >90%)
	% licensed beds occupied by suspected and confirmed COVID-19 cases	Target: Green: ≤10% (Yellow: 11-20%; Red: >20%)
Testing	Average number of tests performed per day during the past week (or average % tests positive for COVID-19 during the past week)	Target: 50 times the number of cases (or 2%)
	Median time from symptom onset to specimen collection among cases during the past week	Target: median ≤2 days
Case and contact investigations	Percent of cases reached by phone or in person within 24 hours of receipt of positive lab test report	Target: 90%
	Percent of contacts reached by phone or in person within 48 hours of receipt of positive lab test report on a case	Target: 80%
Protecting high-risk populations	Number of outbreaks reported by week (defined as 2 or more non-household cases epidemiologically linked within 14 days in a workplace, congregate living or institutional setting)	Target: 0 for small counties (<75,000), 1 for medium counties (75,000-300,000), 2 for large counties (>300,000)

Safe Start Washington

Phased Reopening County-By-County

ISSUED BY THE OFFICE OF THE GOVERNOR | July 24, 2020

Safe Start Washington – Phased Reopening County-by-County
Governor Jay Inslee

Governor Jay Inslee, in collaboration with the Washington State Department of Health, has established a data-driven approach to reopen Washington and modify physical distancing measures while minimizing the health impacts of COVID-19. Washington will move through the phased reopening county-by-county allowing for flexibility and local control to address COVID-19 activity geographically.

This approach reduces the risk of COVID-19 to Washington's most vulnerable populations and preserves capacity in our health care system, while safely opening up businesses and resuming gatherings, travel, shopping and recreation.

The plan involves assessing COVID-19 activity along with health care system readiness, testing capacity and availability, case and contact investigations, and ability to protect high-risk populations. The plan allows counties and the secretary of Health to holistically review COVID-19 activity and the ability for the county to respond when determining if a county is ready to move into a new phase.

County Application Process

On June 1, each county began in their then current phase. Any county can apply to the secretary of Health to move to the next phase, unless a "freeze" is in place. The application process will require the county to report on key metrics set by the secretary of Health along with other quantitative and qualitative data. The application must be submitted by the county executive, in accordance with the instructions provided by the secretary of Health. If the county does not have a county executive, it must be submitted with the approval of the county council/ commission.

The secretary of Health will evaluate county applications based on how their data for the key metrics compare to the targets and their ability to respond to situations that may arise in their county, including outbreaks, increased hospitalizations or deaths, health system capacity and other factors. The metrics are intended to be applied as targets, not hardline measures. The targets each contribute to reducing risk of disease transmission, and are to be considered in whole. Where one target is not fully achieved, actions taken with a different target may offset the overall risk. A final decision on whether a county is ready to move to the next phase rests with the secretary of Health. The secretary may approve a county moving in whole to the next phase, or may only approve certain

activities in the next phase depending on a specific county's situation.

A county that remains in Phase 1 has the ability to apply for a modified Phase 1 (as described below) to allow additional activity. That application would be submitted to the secretary of Health. The secretary of Health has discretion to modify or change any part of the modified Phase 1 to address the needs of a specific county. All activities must follow the health and safety requirements for those activities.

Nothing in the Safe Start Proclamation or this Reopening Plan prevents the governor and secretary of Health from, based on analysis of the data and epidemiological modeling, delaying ("freezing") progress of any or all counties to a subsequent phase or returning any or all counties to a prior phase.

COVID-19 DISEASE ACTIVITY

COVID-19 disease burden is measured by the following key metrics:

COVID-19 Disease Activity

Metric	Target
1. Incidence of new cases reported during prior two weeks	<25 cases / 100,000 / 14 days
2. Trends in hospitalizations for lab-confirmed COVID-19	Flat or decreasing
3. Reproductive rate (if available)	$R_e < 1$

READINESS AND CAPABILITIES NEEDED

The Department of Health and local public health officials will monitor data to assess a county's readiness for safely reopening and modifying physical distancing measures. In addition to disease burden, readiness will be evaluated in four key areas. The four key areas include health care system readiness, testing capacity and availability, case and contact investigations, and ability to protect high-risk populations. Key metrics and their targets for each area, along with other pertinent data that will be considered, are detailed below.

1. Health Care System Readiness

Adequate bed capacity, staffing and supplies in the healthcare system to handle a surge in COVID-19 cases, measured by the following key metrics:

Health Care System Readiness

Metric	Target
1. % licensed beds occupied by patients (i.e., hospital census relative to licensed beds)	Green: <80% Yellow: 81-90% Red: >90%
2. % licensed beds occupied by suspected and confirmed COVID-19 cases	Green: <10% Yellow: 11-20% Red: >20%

Other data that will be considered include availability of PPE in hospitals, long term care facilities and other healthcare settings and availability of ventilators in hospitals.

2. Testing Capacity and Availability

Ability for everyone with COVID-19 symptoms and those with high-risk exposures to be tested immediately using a polymerase chain reaction (PCR) test and rapidly receive test results as measured by the following key metrics:

Testing

Metric	Target
1. Average number of tests performed per day during the past week (or average % tests positive for COVID-19 during the past week)	50 times the number of cases (or 2%)
2. Median time from symptom onset to specimen collection during the past week	Median <2 days

Other data that will be considered include the geographic distribution of testing sites in counties, the ability to test the entire population, and the availability of sufficient swabs, viral transport media, lab reagents and other materials required for COVID-19 testing.

3. Case and Contact Investigations

Ability to rapidly isolate those with COVID-19, identify and quarantine their contacts, and provide case management services as measured by the following key metrics:

Case & Contact Investigations

Metric	Target
1. Percent of cases reached by phone or in person within 24 hours of receipt of + lab test report	90%
2. Percent of contacts reached by phone or in person within 48 hours of receipt of + lab test report on a case	80%
3. Percent of cases being contacted daily (by phone or electronically) during their isolation period	80%
4. Percent of contacts being contacted daily (by phone or electronically) during their quarantine period	80%

Other data that will be considered include the number of investigators trained and working, the availability of isolation and quarantine facilities, and plans for case management.

4. Ability to Protect High-Risk Populations

Ability to immediately respond to outbreaks in congregate settings, such as long-term care facilities, behavioral health facilities, agricultural worker housing, homeless shelters and correctional facilities, and address the needs of other high-risk populations, including the elderly and the medically frail, measured by the following key metric:

Protect High-Risk Populations

Metric	Target
1. Number of outbreaks reported by week (defined as 2 or more non-household cases epidemiologically linked within 14 days in a workplace, congregate living or institutional setting)	0 - small counties (<75,000) 1 - medium counties (75,000-300,000) 2 - large counties (>300,000) 3 - very large counties (>1 million)

Other data that will be considered include a county's ability to rapidly respond to an outbreak and address health disparities in their communities.

ALL INDIVIDUALS AND BUSINESSES

Until there is an effective vaccine, effective treatment or herd immunity, it is crucial to maintain some level of community interventions to suppress the spread of COVID-19 throughout all phases of recovery. This includes heightened protections for the health and safety of workers in essential sectors, people living and working in high-risk facilities (e.g., senior care facilities) and all other workers.

All Washingtonians have a responsibility to protect themselves and others. Each phase, while allowing for additional services to open and return to full capacity, is grounded in the following required basic practices:

Requirements for Individuals

All phases – Individuals must continue to:

- When not at work: Wear face coverings that cover the nose and mouth when in any indoor or outdoor public setting, subject to the requirements and exceptions in Order of the Secretary of Health 20-03; and
- While at work: Wear a face covering when working, in compliance with the requirements in the "Requirements for All Employers" section below.
- Cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of COVID-19 and with the implementation of infection control measures pursuant to State Board of Health rule WAC 246-101-425.

Guidance for Individuals

All phases – Individuals should continue to:

- Engage in physical distancing, staying at least six feet away from other people
- Stay home if sick
- Avoid others who are sick
- Wash hands frequently with soap and water (use hand sanitizer if soap and water are not available)
- Cover coughs and sneezes
- Avoid touching eyes, nose and mouth with unwashed hands
- Disinfect surfaces and objects regularly

Requirements for All Employers

All phases – Employers are required to:

- Provide (at no cost to employees) cloth facial coverings to employees, unless their exposure dictates a higher level of protection under the Department of Labor & Industries' safety and health rules and guidance. Since June 8, all employees have been required to wear a cloth facial covering, consistent with the Washington State Department of Labor & Industries' COVID-19 workplace safety and health rules and guidance. A cloth face covering should be worn as a minimum level of protection, with the following exceptions: when working alone in an office, vehicle, or at a job site; if the individual is deaf or hard of hearing, or is communicating with someone who relies on language cues such as facial markers and expression and mouth movements as a part of communication; if the individual has a medical condition or disability that makes wearing a facial covering inappropriate; or when the job has no in-person interaction. Employees may remove a face covering when any party to a communication is deaf or hard of hearing or relies on language cues such as facial markers and expression and mouth movements as part of the communication. Refer to Coronavirus Facial Covering and Mask Requirements for additional details. Employees may choose to wear their own facial coverings at work, provided it meets the minimum requirements.
- Cooperate with public health authorities in the investigation of cases, suspected cases, outbreaks, and suspected outbreaks of COVID-19; cooperate with the implementation of infection control measures, including but not limited to isolation and quarantine and environmental cleaning; and comply with all public health authority orders and directives. Cooperation and compliance includes, but is not limited to:
  - Returning phone calls within 4 hours;
  - Meeting with public health officials promptly and answering questions from public health officials to help determine if and where transmission might be occurring in the work place;
  - Sharing lists of employees with their contact information and other relevant documents, if requested;
  - Allowing immediate and unfettered access to any work place and facility, as well as to all employees without threatened or actual retaliation against those employees;
  - Following public health recommendations for testing and disease control measures; and
  - Engaging in respectful and productive conversations regarding public health interactions.
- Notify your local health jurisdiction within 24 hours if you suspect COVID-19 is spreading in your workplace, or if you are aware of 2 or more employees who develop confirmed or suspected COVID-19 within a 14-day period.
- Keep a safe and healthy facility in accordance with state and federal law, and comply with COVID-19 worksite-specific safety practices, as outlined in Governor Inslee's Proclamation 20-25, and all amendments and extensions thereto, and in accordance with the Washington State Department of Labor & Industries'

interpretive guidance, regulations, and rules, including WAC 296-800-14035 and General Coronavirus Prevention under the "Stay Home, Stay Healthy" order and the Washington State Department of Health's Workplace and Employer Resources and Recommendations.

- Educate workers in the language they understand best about coronavirus and how to prevent transmission, and the employer's COVID-19 policies.
- Maintain minimum six-foot separation between all employees (and customers) in all interactions at all times When strict physical distancing is not feasible for a specific task, other prevention measures are required, such as use of barriers, minimizing staff or customers in narrow or enclosed areas, and staggering breaks and work shift starts.
- Ensure frequent and adequate hand washing with adequate maintenance of supplies. Use disposable gloves where safe and applicable to prevent virus transmission on tools or other items that are shared.
- Establish a housekeeping schedule that includes frequent cleaning and sanitizing with a particular emphasis on commonly touched surfaces
- Screen employees for signs/symptoms of COVID-19 at the start of their shift. Make sure sick employees stay home or immediately go home if they feel or appear sick. Cordon off any areas where an employee with probable or confirmed COVID-19 illness worked, touched surfaces, etc. until the area and equipment is cleaned and sanitized. Follow the cleaning guidelines set by the Centers for Disease Control to deep clean and sanitize.
- Post a sign requiring customers to wear cloth facial coverings, and prominently display it at the entrance to the business so that it is immediately noticeable to all customers entering the store.
- Follow requirements in Governor Inslee's Proclamation 20-46 High-Risk Employees – Workers' Rights.

Businesses are also required to implement any health and safety requirements developed specifically for their industry.

Challenge Seattle and the Washington Roundtable have developed a business checklist which is a great starting point for businesses as they prepare for "Safe Start Washington". Our shared goal is to establish clear requirements that everyone can understand and apply – employers, workers and customers.

PHASED APPROACH TO REOPENING WASHINGTON COUNTY-BY-COUNTY AND MODIFYING PHYSICAL DISTANCING MEASURES

A county will stay in every phase for a **minimum of three weeks**. During that time, the Department of Health, County Elected Leadership, Local Health Jurisdictions, and the governor will re-evaluate the above targets. No phase will last less than three weeks before moving to the next phase, unless moving to a previous phase, in order

to allow one complete disease incubation period plus an additional week to compile complete data and confirm trends. After three weeks, a county may apply to move to the next phase through the application provided by the secretary of Health.

If a county experiences an increase in COVID-19 disease activity and they need to return to an earlier phase, they must notify the secretary of Health and include their rationale but they do not need prior approval. Alternatively, the secretary has the authority to return a county to an earlier phase if the county chooses not to do so on its own, and the secretary has identified a need to do so. The secretary must notify a county in writing and provide a rationale for it being moved to an earlier phase.

The following table shows the phased approach for reopening businesses and resuming activities. **This phased approach may be adjusted as the pandemic evolves.** The industries listed are not an exclusive or exhaustive list of industries. Businesses listed in each phase of the plan will have industry-specific guidance and safety criteria developed to ensure workplace safety and public health are maintained. Those business activities are not authorized to open until the industry-specific guidance and safety criteria are issued.

If a county is not ready to move from Phase 1 to Phase 2, they have the ability apply for a modified Phase 1. The secretary of Health has discretion to modify or change any part of the modified Phase 1 to address the needs of a specific county. All activities must follow the health and safety requirements for those activities. The modified Phase 1 could include the following Phase 2 activities with the specific modifications to the previously issued health and safety requirements listed below.

- **High-risk populations**
  - Strongly encouraged, but not required, to stay home unless engaging in modified Phase I permissible activities.
- **Recreation and fitness**
  - Only allowed outdoor with five (not including the instructor) or fewer people outside of household.
- **Gatherings**
  - Only allowed outdoor of five or fewer people outside the household.
- **Additional construction**
  - As outlined in Phase 2 guidance.
- **Manufacturing operations**
  - As outlined in Phase 2 guidance.
- **Real estate**
  - 25% of building occupancy.
  - Indoor services limited to 30 minutes.

- **In-store retail**
  - 15% of building occupancy. (This does not apply to currently operating essential retail such as grocery stores. Currently operating essential retail should continue to follow the Phase 2 requirements.)
  - Indoor services limited to 30 minutes.
- **Personal services**
  - 25% of building occupancy.
- **Professional services**
  - 25% of building occupancy.
  - Indoor services limited to 30 minutes for customers.
- **Photography**
  - As outlined in Phase 2 guidance.
- **In-home/domestic services**
  - As outlined in Phase 2 guidance.
- **Pet grooming**
  - 25% of building occupancy.
- **Restaurants**
  - No indoor dining allowed.
  - Outdoor dining is permitted but seating at 50% of existing outdoor capacity.

Additional plans for a phased approach to restarting health care, spiritual gatherings, professional sports, and educational activities are under development and will be released separately.

Families are adjusting to a new way of life, and we understand the impacts this is having on them. The connection between education, child care, youth sports, summer programs and extracurricular activities is critical and must be viewed from a holistic lens to ensure equity and high quality of life. As we prepare for what the reopening of school looks like, we will be working closely with the Department of Health, Office of the Superintendent for Public Instruction, Department of Children, Youth and Families, and parents to release plans in the future.

While child care is currently an essential business activity and a key component to the reopening plan, we know there is more to do. The state will continue efforts to ensure adequate access and affordability for families.

WASHINGTON'S PHASED APPROACH

Modifying Physical Distancing Measures (Modifications to July 20, 2020 Plan are effective July 30, 2020)

INDIVIDUALS AND BUSINESSES SHOULD FOLLOW ALL REQUIREMENTS LISTED ABOVE DURING ALL PHASES

	1 Phase 1	2 Phase 2	3 Phase 3	4 Phase 4
High-Risk Populations*	Stay home unless engaging in Phase 1 permissible activities	Strongly encouraged, but not required, to stay home unless engaging in Phase 1 or Phase 2 permissible activities.	Strongly encouraged, but not required, to stay home unless engaging in Phase 1, 2, or 3 permissible activities.	Resume public interactions, with physical distancing
Recreation	Some outdoor recreation (hunting, fishing, golf, boating, hiking)	Outdoor recreation involving 5 or fewer people outside your household (camping, beaches, etc.)	- Outdoor group rec. sports activities (50 or fewer people) - Recreational facilities at <25% capacity (gyms, public pools, etc.)	Resume all recreational activity
Gatherings	No gatherings	Gather with no more than 5 people outside your household per week	Allow gatherings with no more than 50 people	Allow gatherings with >50 people
Travel	Essential travel and limited non-essential travel for Phase I permissible activities	Essential travel and limited non-essential travel for Phase I & II permissible activities	Resume non-essential travel	Continue non-essential travel
Business/ Employers (All businesses will be required to follow safety plans written by the state)	- Essential businesses open - Existing construction that meets agreed upon criteria - Landscaping - Auto/RV/boat/ORV sales - Retail (curb-side pick-up orders only) - Car washes - Pet walkers	- Remaining manufacturing - Additional construction phases - In-home/domestic services (nannies, housecleaning, etc.) - Retail (in-store purchases allowed with restrictions) - Real estate - Professional services/office-based businesses (telework remains strongly encouraged) - Personal services (hair and nail salons/barbers, tattoo, etc.) - Pet grooming - Restaurants/taverns <50% capacity, table size no larger than 5 (no bar-area seating) - Drive-in Movie Theaters - Library (curbside pick-up)	- Restaurants/taverns <75% capacity/ table size no larger than 10 - Movie theaters at <25% capacity - Customer-facing government services (telework remains strongly encouraged) - Libraries - Museums - All other business activities not yet listed except for nightclubs and events with greater than 50 people	- Nightclubs - Concert venues - Large sporting events - Resume unrestricted staffing of worksites, but continue to practice physical distancing and good hygiene - Live entertainment

*High-risk populations are currently defined by CDC as: persons 65 years of age and older; people of all ages with underlying medical conditions (particularly not well controlled), including people with chronic lung disease or moderate to severe asthma, people who have serious heart conditions, people who are immunocompromised, people with severe obesity, people with diabetes, people with chronic kidney disease undergoing dialysis, and people with liver disease; people who live in a nursing home or long-term care facility.

people who are immunocompromised, people with severe obesity, people with diabetes, people with chronic kidney disease undergoing dialysis, and people with liver disease; people who live in a nursing home or long-term care facility.

Economic Stability Task Force
K-12 Pandemic Childcare Recommendations

Driven by the Covid-19 pandemic, Juneau's schools will be operating on a schedule in which pupils attend classes only part-time. To mitigate the economic impacts of this schedule on working parents and employers, the Economic Stability Task Force (ESTF) urges the immediate development of adequate childcare alternatives that would remain in place for the duration of the pandemic. The recommendations below are based on information gathered from stakeholders in the community including The Juneau School District (JSD), parents, The Juneau School Board, Southeast Alaska Association for the Education of Young Children (AEYC), The Juneau Chamber of Commerce, and Tlingit & Haida Central Council.

Primary Recommendation:
Appropriate CARES Act funds to support a short-term K-12 childcare coordinator position. Estimated funding for six months $60,000.

Under the purview of the Childcare Coordinator through CBJ:

A. Create a childcare program for school aged children for the duration of the pandemic.

B. Consider all locations to safely and efficiently distance students, while maintaining their cohort groups from JSD attendance.

C. Recruit childcare staff from the current labor force including substitute teachers, retired teachers, teachers in training, and childcare professionals.

D. Provide financial and implementational support to employers who choose to offer onsite childcare.

E. Provide support for families forming small "bubbles" of students to share the delivery of care.

Current Environment

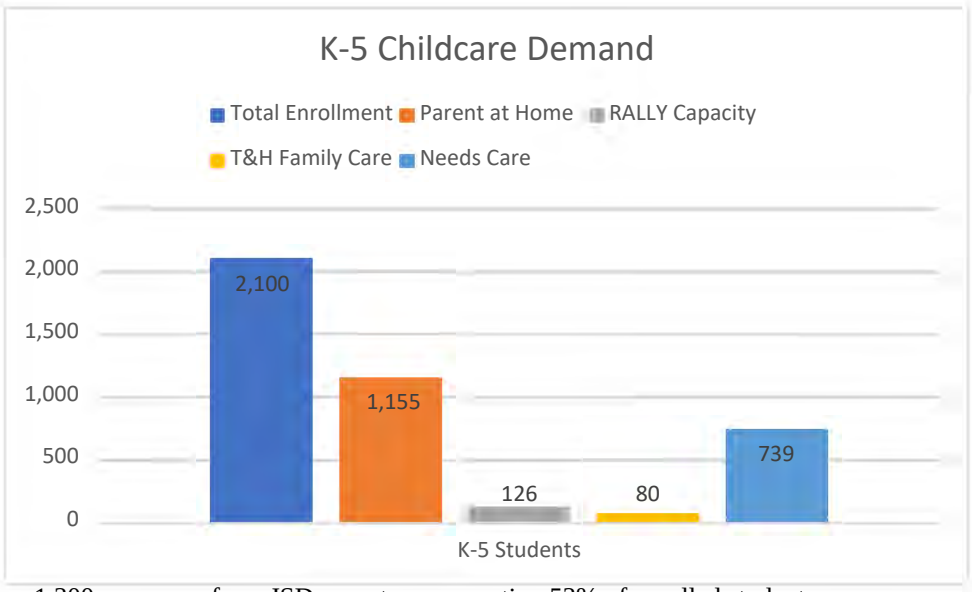
The coming school year is scheduled to begin August 24th. The Juneau School District (JSD) has recently announced the school year will begin with entirely distance delivery for its 4,700 students. Of major economic concern is the impact on businesses and employees relative to available childcare while students are not receiving in-person instruction. The loss of working parents from Juneau's labor force would present huge barriers to economic recovery from the crisis created by the COVID pandemic.

JSD recently conducted a survey of school parents and received 1,300 responses, representing 2,500 students. Based on the responses to this survey, approximately 66% of Juneau families report that reduced or eliminated in-person instruction for students this fall will create a hardship for their family. Over 95% of survey respondents have at least one member of their household in Juneau's workforce, and must continue to earn enough income to support their family needs, and 30% of parents report that it is likely or highly likely that an adult in their household will

have to quit their jobs to provide care for their children. Meanwhile, 36% report that it is likely or highly likely that they will leave children home alone, and 55% of respondents reported that a parent will stay home to deliver instruction.

The current RALLY program is being expanded as space allows, to a capacity of 126 children districtwide. Of the 126, JSD estimates 84 of the spaces will be filled by teacher's children, leaving 42 spaces available for childcare onsite divided between three different school locations. As RALLY is a program operated through the JSD, these recommendations do not address the program's specific needs, *however the ESTF strongly urges the RALLY program to expand capacity while JSD is operating distance only delivery, as this allows more space for the program to operate.*

The Juneau Chamber of Commerce is currently conducting a survey to assess the demand for supporting on-site childcare for employees. 36% of preliminary respondents expressed interest in providing on-site childcare with financial and structural support. Additionally, businesses may currently deduct childcare expenses as a business expense and apply for a tax credit of 25% of childcare expenses up to $150,000 (IRS 8882), however it is important to consider this tax credit it not helpful for the immediate cashflows of operations which have already been greatly impacted by the pandemic.



*Data based on 1,300 responses from JSD parents, representing 53% of enrolled students.

Economic Stability Task Force
K-12 Pandemic Childcare Recommendations

Primary and Immediate Recommendation:

Appropriate CARES Act funds to support a short-term K-12 childcare coordinator position to facilitate and to oversee the creation and implementation of childcare options for school aged children for the duration of the pandemic and to support businesses offering flex schedules and remote working options for employees, as well as support for families forming small "bubbles" of students to share the delivery of care.

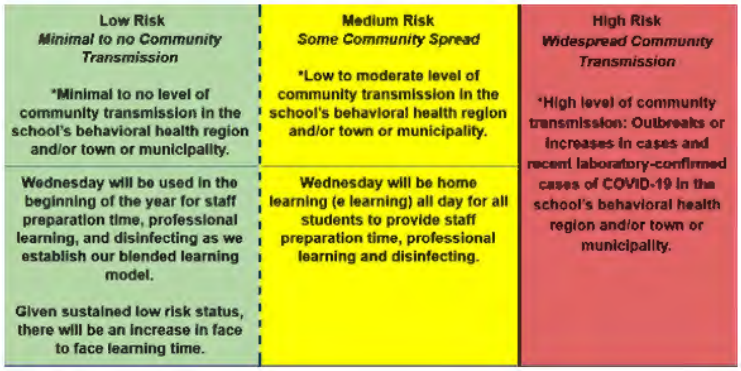
Operated by: ***City Entity or Non-profit Organization***
Source of funding: ***CARES Act***
Funding needed: ***$60,000 (Salaried Position for 6 months)***

Childcare Coordinator Implementation Recommendations:

1. Create a childcare program for school aged children for the duration of the pandemic. Priority should be given to the youngest children first. Providing care for K-5 aged children is imperative to allow parents to remain in the workforce, and to maximize structured, in-person development. Given that students are already receiving distance education through JSD, the intent of this program should be to safely care for children during their parent's workday.

    a. Of the 4,700 students in the JSD – approximately 2,100 are in the K-5 age range. Based on survey response data, RALLY capacity, and potential Tlingit & Haida supported family care, a minimum of 739 pupils will need childcare in order for their parents to maintain their income.

    b. Of the 2,100 K-5 students, 500 are enrolled as having special needs and have individual education plans (IEP's), these pupils will be prioritized for full-time in person instruction, which takes place when JSD is operating under yellow or green risk conditions.



    c. As JSD operates under the current protocol of 100% distance delivery during "orange" risk conditions, childcare should be provided for a minimum of 740

students. Further consideration should be given to this demand for care, as these estimates are based on one survey during rapidly changing market conditions.

d. As the childcare coordinator begins to design this program, the ESTF will work closely alongside to define the market in terms of costs, funding, and demand.

2. Consider all locations to safely and efficiently distance students, while maintaining their cohort groups from JSD attendance. Potential spaces include city facilities, faith-based organization locations, and privately owned venues. Locations which have been previously licensed for childcare can obtain licensing in the most streamlined manner. Fact finding research has identified the following potential locations for short term childcare facilities:

- Public Libraries
- The Dimond Park Field House
- Mt. Jumbo School
- Centennial Hall (If emergency tents already in CBJ's possession can be used for quarantine sites)
- Church gathering spaces
- The former Wal-Mart building
- Available UAS spaces

3. Recruit childcare staff from the current labor force including substitute teachers, retired teachers, teachers in training, and childcare professionals. Additionally, a training program should be created ***immediately*** using CARES Act funds to increase the potential labor market.

4. Provide financial and implementational support to employers who choose to offer onsite childcare. Based on the DHSS childcare cost assessment, a subsidy of $350 per-month, per-child should be created for employers who offer on-site or off-site informal child supervision with connection to school instruction assignments. Either may be in association with other employers. Based on JSD survey responses, the potential demand for onsite employer provided care would accommodate approximately 120 children districtwide.

Operated by:	***Private Employers//Chidlcare Coordinator***
Capacity:	***120 students***
Facilities:	***private donated***
Source of funding:	***CARES***
Funding needed:	***$630,000 (300 students x $350 per month x 6 months)***

5. Based on JSD survey responses, interest in family pods to provide "bubbles" of care could potentially serve up to 200 K-5 aged pupils. Structural, curriculum, and organizational support for these families should be provided though the childcare coordinator.

Economic Stabilization Task Force
Appointed by the City & Borough of Juneau's Mayor

Email: Economic-Stabilization@juneau.org
Mail: 155 S Seward Street, Juneau, AK 99801
www.beta.juneau.org/assembly/economic-stabilization

Date: August 10, 2020

To: City & Borough of Juneau Assembly

From: Economic Stabilization Task Force

Regarding: K-12 Pandemic Childcare

Given the time sensitive and complex issues surrounding childcare for Juneau's K-12 aged children, the Economic Stability Task Force (ESTF) is requesting the Assembly direct city staff to coordinate a comprehensive childcare strategy for Juneau in light of the COVID-19 pandemic.

A fact-finding group comprised of ESTF members has gathered information from stakeholders in the community and compiled suggested solutions that may or may not be incorporated within this strategy, at the discretion of CBJ. These recommendations are included in the report submitted to the Assembly to provide background information and initiate discussion.

Thank you for your consideration,

Laura Martinson

Designated Chairwoman

K-12 Pandemic Childcare Factfinding Team
Mayor Bruce Botelho
Mayor Ken Koelsch

City and Borough of Juneau
City & Borough Manager's Office
155 South Seward Street
Juneau, Alaska 99801
Telephone: 586-5240| Facsimile: 586-5385

DATE: August 10, 2020

TO: CBJ Assembly

FROM: Mila Cosgrove, Incident Commander

RE: **Situational Update –Level 2 Moderate -** Operational Period 19 (8/6/2020 - 8/20/2020)

Overall Community Risk	Disease Situation	Hospital Capacity	Public Health Capacity
Level 2 Moderate	Outbreaks are ongoing but controlled. Community spread based cases are occurring at low rates.	Hospital capacity is good and the general situation at the hospital is stable.	The testing environment is stabilizing. Contact tracing is constrained statewide, but local investigations are being conducted in a timely manner.

COVID-19 In Juneau				
	Active	**Recovered**	**Deceased**	**Cumulative**
Resident	23	87	1	111
Non Resident	8	65	0	73
Total	**31**	**152**	**1**	**184**

Note: CBJ EOC data may be leading the data reported on the State of Alaska dashboard due to lags in data entry on the state level.

Issues of Note:

The community continues to experience a steady uptick in cases which maintains our moderate risk assessment. Over the last 14 days, disease has been acquired primarily through secondary transmission, mostly stemming from family type gatherings. Travel remains a critical risk factor. Low level community spread is consistently present. The EOC continues to monitor the situation closely to determine if cases will escalate.

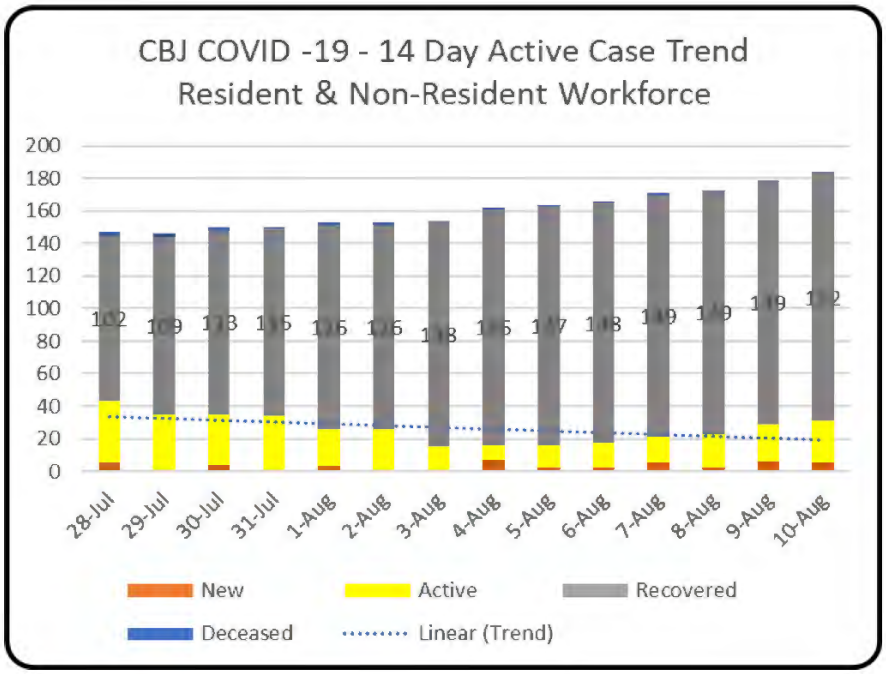
CBJ distributed 7900 cloth face coverings at community distribution events last Thursday and Friday.

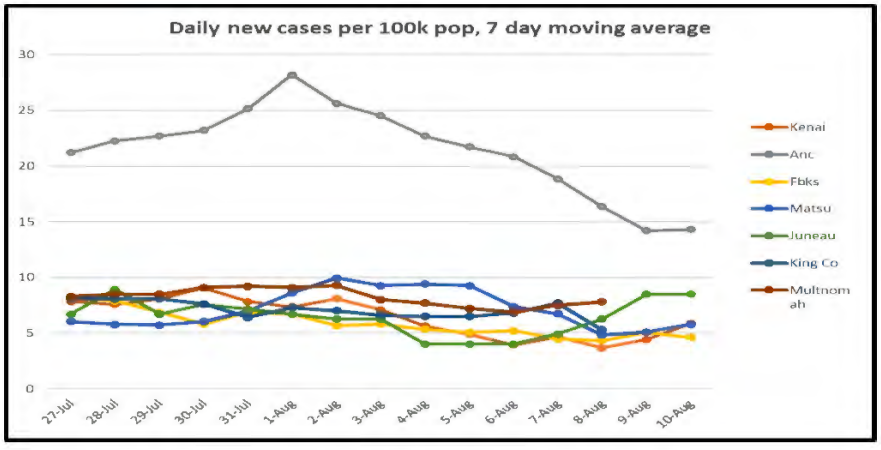
The UnCruise vessel sailed from port this morning bound for the shipyard in Seattle. The individual who tested positive and the other 5 people who were identified as close contacts remained quarantined in town. The remainder of the guests were cleared by Public Health to come out of quarantine.

August 10, 2020
Assembly EOC Update
CBJ COVID-19 Response

Disease Transmission/Contact Tracing:
4 resident and 1 nonresident cases reported for Juneau today. DPH is reporting that the majority of new cases reported today are secondary transmission amongst individuals they were following. They are reporting 80 PUIs associated with the active cases.

Testing:
Test results continue to come in generally in the 3 – 5 day range. No test results were returned yesterday due to state lab closures on Sunday.





This chart tracks the number of new cases in the past 7 days, controlled for population. King County (Seattle) and Multnomah County (Portland) are included for context and due to travel frequency. The source data for Alaska is from the SOA dashboard. Out of state data is from the Harvard Global Health Institute (https://globalepidemics.org/key-metrics-for-covid-suppression/) and is generally lags a day behind most of our other reporting. Policy recommendations at varying levels (<1, <10, <25, 25+) can be found on their website.