



ReOpen DC

Recommendations to the Mayor

ReOpen DC Advisory Group

May 21, 2020

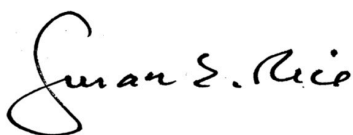
OUR RECOMMENDATIONS TO REOPEN DC

As the capital of the United States of America, Washington, DC, stands out among cities. But for many of us, DC is home to more than just the White House, Congress, and the U.S. Supreme Court—it’s our hometown. It’s where a young girl goes to robotics club after school and develops a love of science and where a college student gets his first internship and opens his eyes to a new career. It’s where people volunteer and support nonprofits and schools so that others can have the same opportunities. It’s home to over 702,000 people, a place to work for almost a million, and a place to visit for more than 23 million each year. One of us was born and raised here and both of us have lived in, worked in, and enjoyed DC for many years over the course of our lives. So when Mayor Bowser asked us to help develop recommendations to reopen DC in the wake of an unprecedented global pandemic, we were proud and honored to answer the call.

Since Thursday, April 23, 2020, we have worked with six fellow Steering Committee members and eleven committees to develop recommendations to reopen DC safely and sustainably. We anchored our work in DC’s core values of “HOPE”—Health, Opportunity, Prosperity, and Equity. In developing these recommendations, we looked at all four dimensions to develop a safe and equitable approach to reopening. We listened to residents, business owners, teachers and visitors through virtual focus groups and online surveys that captured over 17,000 voices across all eight DC Wards. We studied health and economic data to understand the various impacts of COVID-19. We also reviewed the reopen plans of over 35 states and several countries to understand other reopen approaches.

As a result, we have developed these recommendations to reopen DC. It includes more detail on our values, process and stakeholder outreach. The report outlines a four-stage approach to opening DC, how we would move across stages, and the universal safeguards that should be implemented in all stages. Finally, the report includes a summary of the committees’ recommendations. Their detailed findings should be used by DC Government and turned into formal guidance.

Finally, we want to say thank you—to the people on the front-line who shared their stories, to the committee members who spent countless hours researching and drafting their recommendations, and to our Advisory Group members who spent many days with us in virtual meetings carefully developing this report. Thank you for your time and commitment to DC—a remarkable place we’re proud to call our home.



Ambassador Susan E. Rice, Chair

Sincerely,



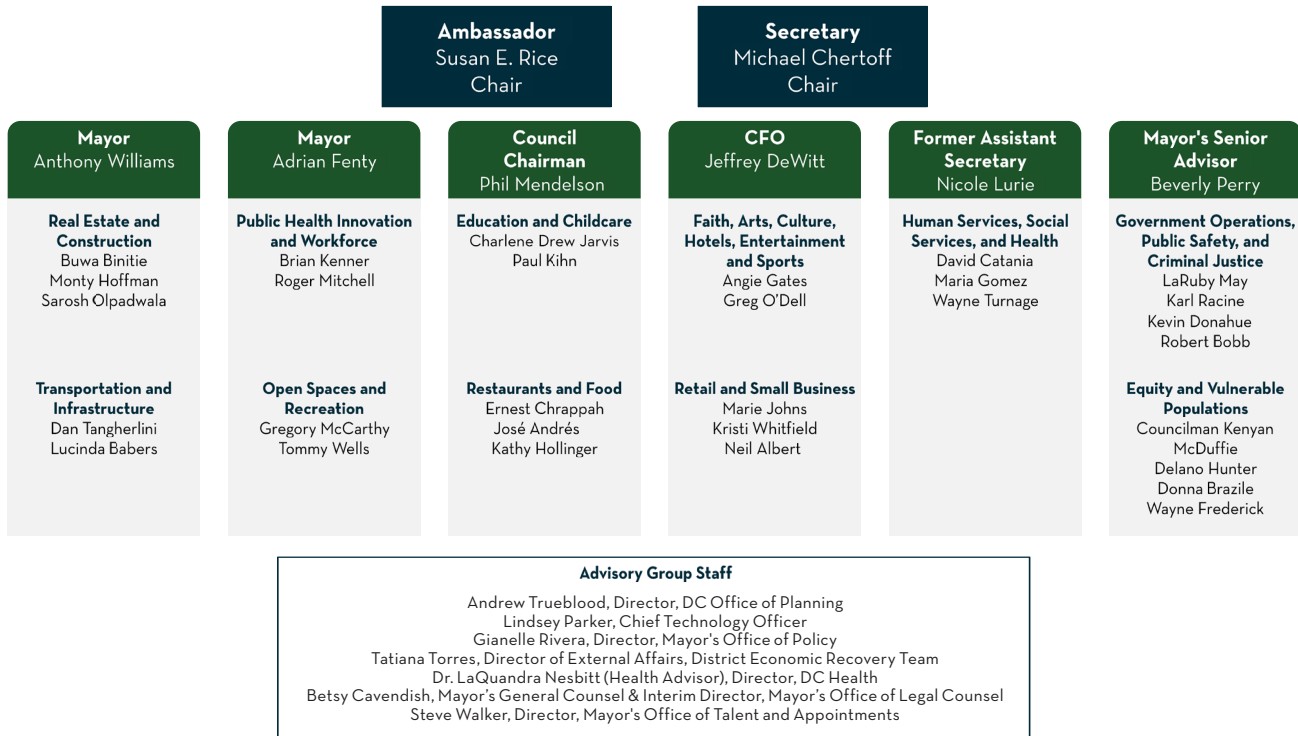
Secretary Michael Chertoff, Chair

4	REOPEN DC ADVISORY GROUP
5	STAKEHOLDER ENGAGEMENT
7	OVERVIEW OF ADVISORY GROUP'S PROCESS
12	OUR RECOMMENDATIONS TO REOPEN DC
21	STAGE 1
22	STAGE 2
23	STAGE 3
24	STAGE 4
24	HOW TO STAY INFORMED
25	APPENDIX A: STAKEHOLDERS ENGAGED IN THIS PROCESS
30	APPENDIX B: ADDITIONAL RECOMMENDATIONS FROM THE REOPEN COMMITTEES

This report serves as a set of recommendations to Mayor Muriel Bowser and the Government of the District of Columbia, and does not reflect official changes in policy, law or regulation.

REOPEN DC ADVISORY GROUP

The ReOpen DC process was led by the ReOpen DC Advisory Group appointed by Mayor Muriel Bowser. The Advisory Group consists of a Steering Committee and 11 industry- and population-oriented committees.



We would like to thank Dr. Anthony S. Fauci and the Center for Health Security Advisors at the Johns Hopkins Bloomberg School of Public Health for the expertise provided during the creation of these recommendations.

25,000+ hours of work across a team of over 250 community and government leaders

We thank all DC residents for their extraordinary sacrifices, discipline, and persistence through this crisis so far—and for their continued commitment and determination to doing their part in reducing the risk of COVID-19.



STAKEHOLDER ENGAGEMENT

COMMUNITY OUTREACH

The Advisory Group's work has been community-driven and community-centric from the outset. Mayor Bowser's stated goal has been to reopen Washington, DC, in a way that people trust, and in a phased manner that is safe, sustainable, and science-based—and even better than before.

In crafting these recommendations, the Advisory Group engaged residents and stakeholders in a way that reflects these goals.

BY THE NUMBERS



17k+

Responses to ReOpen DC surveys (300,000+ questions answered!)



45+

Focus groups with residents, community groups and business leaders



100+

In-depth interviews with community and business leaders



650+

Residents, advocates and business leaders engaged across focus groups and interviews



10k+

Townhall participants engaged



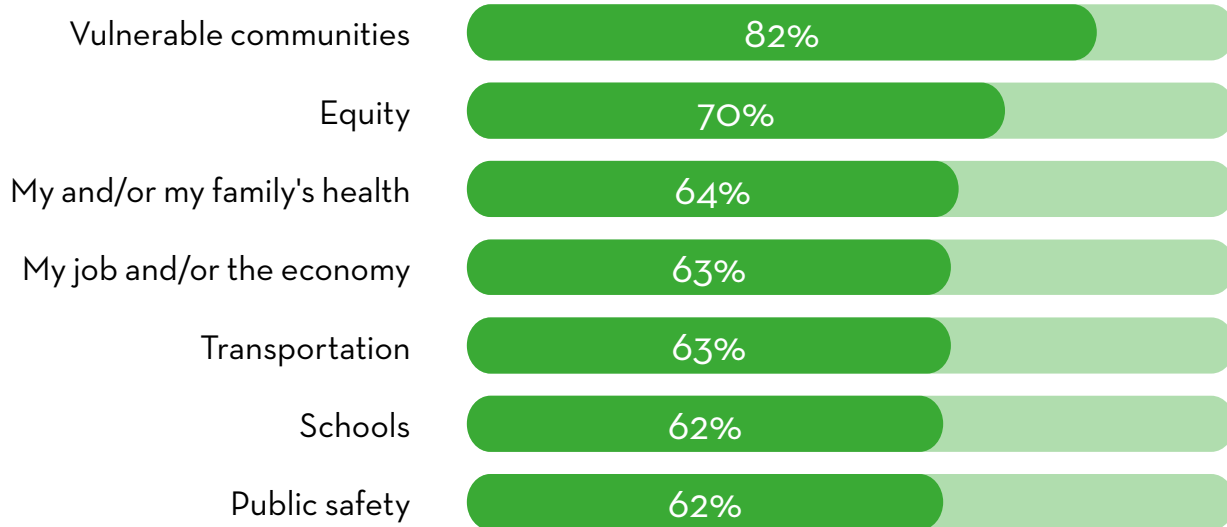
250+

Committee members who provided insight and brought diverse expertise into the research process

STAKEHOLDER ENGAGEMENT

WHAT WE HEARD

Which areas and activities concern you in regards to their ability to reopen¹?



Thousands of residents shared with us their priorities, concerns and hopes about how reopening will affect various groups of people, sectors of businesses, and activities of daily life.

“Without a physically healthy community we cannot have a full economic recovery.”

- Ward 8 resident

“Make sure the local small businesses and minority and immigrant populations that keep our city and economy thriving have the resources they need to stay strong.”

- Ward 1 resident

“I think, first and foremost, we need to make sure that vulnerable communities are protected.”

- Ward 4 resident

“We can take this opportunity to reshape our city and economy in line with principles that prioritize the most vulnerable populations.”

- Ward 2 resident

¹ ReOpen DC Survey, April to May 2020, N = 15,415

OVERVIEW OF ADVISORY GROUP'S PROCESS

GUIDED BY OUR HOPE VALUES

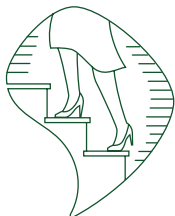
In line with Mayor Bowser's vision, we anchored our recommendations on DC's core values of "HOPE"—Health, Opportunity, Prosperity, and Equity. These values guided all dimensions of our considerations and deliberations on our ReOpen DC recommendations. From collaborating with DC Health and national public health experts to working closely with residents, community groups, and business and civic leaders—these recommendations reflect our city's deep commitment to these values. We acknowledge that with reopening comes incremental risks in each stage. We used the HOPE framework to help inform how we reduce risks for residents as DC moves towards a "new normal."



HEALTH

We value a healthy and safe city.

In addition to reducing the health risk to residents, this process is an opportunity to prioritize and improve health outcomes, develop more responsive emergency services, build a healthier environment, and reduce traffic fatalities, injuries, and crime.



OPPORTUNITY

We value creating a chance for residents to thrive.

We can help residents achieve their goals through supporting a vibrant job market and planning for new job opportunities through education and training. We can support small businesses and entrepreneurs with technical and financial assistance to come back stronger.



PROSPERITY

We value a vibrant city.

We know that restarting our city is critical for residents and businesses. We will need to ensure a strong financial recovery to support critical investments in our schools, infrastructure, social services, childcare, world-class places and spaces, and housing for families.



EQUITY

We value the diversity of our city and improving outcomes for our most vulnerable, and we remain deeply conscious of DC's entrenched racial disparities.

We underscore that these historic inequities must be effectively addressed to enable all residents to have access to affordable housing, convenient and healthy communities, healthy food, local business, retail options, and great community facilities. These resources should be found close to home in all neighborhoods and targeted to communities that need them most.



HEALTH

WHY THIS VALUE MATTERS

We cannot recover as a city without prioritizing health for all. As of mid-May, over 7,500 residents have tested positive for COVID-19, approximately 370 are actively hospitalized, and we have lost over 400 of our fellow Washingtonians². Given this painful reality, reducing risks to residents associated with reopening has been our core focus. We collaborated closely with DC Health for regular updates on DC's COVID-19 case load, health system capacity, testing, contact tracing and personal protective equipment (PPE) provision. Public health data, expertise and insights were used to determine the circumstances that should dictate when the city could safely move from one stage to the next, as well as to inform how different business functions and activities could operate in each stage of reopening.

WHAT WE HEARD FROM STAKEHOLDERS

85% of respondents agree with DC's current stay-at-home order.

70% said it was appropriate and 15% agreed but thought it could be even more strict.

Having clear health and sanitation guidelines is essential.

Strong agreement among focus groups that reopening should happen in a staged approach with health-driven controls around occupancy, spacing, PPE requirements (specifically masks), and sanitation. "These regulations give consumers confidence that reopening is happening safely and help owners plan for the future of their businesses."

Need for increased testing.

Many stakeholders believe that only with increased testing and equitable access to PPE, for both vulnerable residents and DC as a whole, will communities feel safe to reopen.

Some interest in stronger enforcement of guidelines.

Survey and focus group respondents highlighted the need for DC to increase enforcement of personal protective guidelines in businesses and government facilities, primarily regarding the wearing of masks.

Prioritization of recreational and health facilities.

Survey respondents specifically cited the controlled reopening of spaces including fitness centers, playgrounds, and recreation centers as a key means for promoting the physical and emotional well-being of DC residents.

7,500
Residents have tested positive for COVID-19²



² DC Government, Coronavirus Data for May 19, 2020



OPPORTUNITY

WHY THIS VALUE MATTERS

DC has experienced robust growth in recent years that has supported the economic lives of many Washingtonians. Over the past decade, DC has been among the fastest growing regions in the country in job growth, adding over 80,000 jobs and more than 100,000 residents³. Despite this growth, many residents face real economic challenges that pre-date this pandemic. While recent economic growth has helped many—it has not erased the structural and historic inequality that is also a reality of our city and that we must continue to fight. For example, as recently as late 2018, DC had the highest black unemployment rate in the nation—a staggering 6.2 times the white unemployment rate⁴. And poverty rates were approximately 2 and 4 times higher for black and Latino residents relative to white residents⁵.

Beyond these historic challenges, many will face added hardship as a result of this pandemic. In fact, workers in DC filed more than 100,000 unemployment claims between mid-March and mid-May of this year—erasing years of economic growth in a matter of weeks⁶.

In addition to guidance and data provided by top health officials, we examined DC's economic data (e.g., DC jobs by sector, jobs in small- and medium-sized businesses) to inform our reopening recommendations. We considered how to best reinvigorate opportunities for all residents to thrive while restoring DC's economy in an even more inclusive manner.

WHAT WE HEARD FROM STAKEHOLDERS

Need to prioritize childcare.

Many parents expressed concern about going back to work without childcare centers, schools, or summer programs operational because of a lack of childcare options during the day.

Widely recognized interdependencies across sectors.

Stakeholders shared that it would be important to plan for the interdependencies among sectors for residents to return to work effectively: “Without transit and childcare/schools reopening, people cannot go back to work. Likewise, the tourism

100,000
Unemployment insurance
claims from March to May⁶



industry cannot survive without restaurants, museums, and other attractions that draw people into the city.”

Reskilling initiatives.

Stakeholders shared ideas such as reskilling and upskilling programs to prepare individuals for the future of work in the “new normal” post-crisis.

³ DC Policy Center, Bureau of Labor Statistics, US Census Bureau, data from 2010 to 2018

⁴ Economic Policy Institute, October 2018

⁵ Kaiser Family Foundation, 2018

⁶ District Economic Recovery Team (DETR), unemployment insurance claims from March 13 through May 19



PROSPERITY

WHY THIS VALUE MATTERS

DC’s thriving economy and status as the nation’s capital has helped the city become a vibrant international destination and a hub for public, private, and cultural leadership. For example, in 2018, 23.8 million tourists visited DC, spending over \$7.8 billion and contributing over \$850 million to the city’s tax revenues⁷. Its strong and resilient economy allows DC to make meaningful public investments in its residents and preserve its leadership as a preeminent city in which to live and work.

Many of DC’s leading industries have been disproportionately impacted by COVID-19-related closures. These include our thriving restaurants, hotels, retailers, and performance venues—many of which are small businesses. In creating these ReOpen DC recommendations, we consulted dozens of business owners and leaders across industries to understand the core challenges they have faced during the stay-at-home period and that they anticipate during reopen. Consideration of these challenges directly informed our proposed reopen staging for each business function and activity. In addition, we sought ideas to promote DC’s continued prosperity.

WHAT WE HEARD FROM STAKEHOLDERS

Need for financial support.

Stakeholders reiterated that many people and businesses will need additional financial support to stay afloat. Within many sector focus groups, both individuals and business owners expressed concern about making rent and mortgage payments.

Desire to prioritize small businesses.

Survey respondents voiced desire for smaller businesses to be prioritized for aid and stimulus packages.

Preserving DC’s culture.

Many focus group participants discussed how important faith, arts, culture, sports, and entertainment are to DC, with many in the faith community emphasizing places of worship as essential. In addition, many stakeholders see the arts industry as a

primary economic driver of DC and “the key to the soul of the city.”

Interest in opening businesses as appointment only.

Opening storefronts and small businesses by appointment only was commonly suggested as a potential means to reopen personal services and retailers with smaller footprints.



\$7.8bn

Amount of money spent by DC tourists in 2018⁷

⁷ Destination DC, Visitor Fact Sheet 2018



EQUITY

WHY THIS VALUE MATTERS

DC must seize the opportunity to support an equitable reopening for all residents. Historical inequities, especially along color lines, have created unfair and unequal health and socioeconomic realities for DC residents which COVID-19 has only exacerbated. For example, according to the CDC, African Americans are on average about 30% more likely to have health conditions that lead to more critical effects of COVID-19. In DC, African Americans represent just under half of positive cases, but nearly 80% of all deaths⁸. Economically, DC’s minorities are overrepresented not only in jobs vulnerable to COVID-19 exposure, but also in jobs more vulnerable to COVID-19-related layoffs—nearly half of all jobs held by Latino residents and almost a third of jobs held by black residents are vulnerable⁹.

DC must prioritize equitable outcomes for all residents and especially for vulnerable populations—including people with disabilities, our senior community, immigrants, people experiencing homelessness, our health care workers, first responders, the incarcerated, those suffering from chronic illness, the immunocompromised, and many others—all of whom face increased risk without proactive action. Mayor Bowser assembled our group’s 11 committees to represent these diverse perspectives, and we have taken a lens of equity throughout every decision, every trade-off, and every idea put forth in these recommendations.

WHAT WE HEARD FROM STAKEHOLDERS

We engaged members and advocates of many communities across DC to understand how COVID-19 has affected them, and exactly what tools they need to prepare for a more equitable reopening. Our outreach included people with vulnerabilities due to physical and behavioral health and unmet social and economic needs.

Concern for vulnerable communities.

The majority of survey respondents (82%) expressed concern for vulnerable populations, and it was the topic most marked by respondents as “keeping them up at night.”

A call for everyone to focus on equity.

People felt all sectors should think about the equity implications of their actions and make sure people who are more at risk get support they need and can stay at home longer.

An untenable digital divide at the worst time.

The achievement gap is likely to widen during this period in which not all students have equal access to technology or caregivers with time to teach.

77% / 46%

DC African Americans' share of lives lost vs. percent of population⁸

47%

Share of DC jobs held by Latino residents considered vulnerable⁹

80k

Number of DC residents with a disability¹⁰



⁸ DC Government, Coronavirus Data for May 19, 2020; US Census Bureau

⁹ McKinsey Global Institute Vulnerable Jobs, Bureau of Labor Statistics, American Community Survey

¹⁰ American Community Survey

OUR RECOMMENDATIONS TO REOPEN DC

Our recommendations to reopen the nation's capital include four core components:

CROSS-CUTTING ENABLERS AND IDEAS

Initiatives that we recommend DC undertake to improve the effectiveness of reopening and set it on a path to a more inclusive and equitable recovery.

UNIVERSAL SAFEGUARDS

Safeguards and protocols for all individuals, employers, and venues to follow throughout the reopen process.

GATING CRITERIA

The metrics DC Health continues to monitor to guide DC's movement from stage to stage in the reopening process (and assess whether to pause or move backwards, if necessary).

STAGES TO REOPEN DC

Description of the proposed stages for reopening the city, with identification of which business functions and activities could resume in each stage and at what level.

CROSS-CUTTING ENABLERS AND IDEAS FOR REOPENING DC

Through our stakeholder engagement, multiple ideas as to how to reopen emerged that cut across sectors and activities. These included coordinating the reopening of critical economic and social enablers, such as education and transportation, as well as planning for important resources, such as PPE, needed for safeguarding. Ideas on how to ensure an equitable and inclusive reopen also surfaced. Below are several priority ideas that we believe would make a real difference for DC's reopening:



Equity assurance and support for vulnerable populations

DC should monitor equity throughout the reopening to increase preparedness and mitigate outbreaks in vulnerable communities—focusing especially on prevention, health outcomes, and access to resources. The city should collect and publish data, including by race/ethnicity, to provide transparency and guide reforms. DC should also explore innovative philanthropic partnerships to provide health and economic support to communities in greatest need, such as financial education and banking to enable cashless transactions (See the section on Universal Safeguards, and the appendix on Equity and Vulnerable Populations to learn more).



Supports to end the digital divide

The city should provide access to and/or subsidize broadband, devices and training for all residents unable to access digital resources—enabling all Washingtonians to have the ability to work and learn remotely regardless of ability to pay to do so (See the appendices on Education and Childcare, and Equity and Vulnerable Populations to learn more).



Public-private testing partnership

Collaboration across DC Government and private testing providers should occur to track, report, and centrally coordinate DC's testing strategy, as well as manage rising supply and demand for testing needs during reopening. Public and private providers should give extra attention to meet the testing needs of vulnerable residents and communities, which are too often overlooked (See the appendix on Public Health Innovation and Workforce to learn more).



Reorientation of public spaces

DC should reallocate sidewalks and streets to support physical distancing for residents and greater outdoor capacity for restaurants and other businesses. It can also temporarily repurpose private spaces that are vacant during the early stages of reopen to distribute PPE or expand classroom or childcare space, as well as reconfigure road lanes to prioritize Lifeline Network bus corridors (See the appendices on Open Spaces and Recreation, and Transportation and Infrastructure to learn more).

Open



Coordinated reopening of education and transportation

Collaboration can help ensure students and workers dependent on public transportation are able to travel safely and parents dependent on childcare have safe and reliable supports (See the appendix on Education and Childcare to learn more).



Provision of PPE and supplies

DC should use government purchasing power and supply lines to quickly provide businesses, non-governmental organizations, and vulnerable residents with affordable or free PPE, cleaning supplies, thermometers, and other supplies that are needed to support reopening (See the appendix on Public Health Innovation and Workforce to learn more).



Shared accountability during reopen

DC should encourage commitment by all residents—individuals, employers and venues—to the universal safeguards and launch a DC-sponsored certification process which would allow businesses to highlight how they are adopting DC Government's reopen guidance to inspire residents' confidence. (See the section on Universal Safeguards, and the appendix on Public Health Innovation and Workforce to learn more).



Liability guidance for employers

As we think through a new normal and manage risks in reopening, DC must determine what flexibilities are needed to account for new scenarios that raise liability issues.



Clear and equitable outreach

Communications of DC's reopening should be simple, multi-lingual, and informative to empower residents to make judgments and keep themselves safe. DC can inspire confidence and optimism by proclaiming the public health anchoring of reopen decisions, and can encourage residents to support DC's businesses ("Shop Local"). Multi-channel outreach and partnerships with trusted community partners can help DC "meet residents where they are," especially vulnerable ones.

GATING CRITERIA

First and foremost, reducing the incremental health risk to residents across the stages of reopening is a primary goal in our ReOpen DC recommendations. To understand when DC is ready to move between stages, DC Health is monitoring four primary areas:



Level of community spread (e.g., transmission rate)



Healthcare system capacity (e.g., sufficient healthcare capacity without surge)



Testing capacity (e.g., ability to test all priority groups)



Public health system capacity (e.g., sufficient contact tracing capacity for all new cases and their close contacts)

DC Health's gating criteria, which are based on these areas, should determine the right time to proceed from one stage to another. If DC experiences significant deterioration across these metrics, DC should consider either halting progress on reopening or returning to an earlier stage to reduce the health risk to residents.

We, the Advisory Group, cannot know how long this crisis will last and what the situation will look like in the future. We provide our recommendations on what activities should reopen in each stage as helpful guidance, especially for the stages immediately ahead for DC. We recommend DC continue to coordinate with the CDC to inform its timing and long-term decision-making as the pandemic evolves.

For more information on what DC Health is monitoring and tracking, please visit coronavirus.dc.gov.

UNIVERSAL SAFEGUARDS ACROSS STAGES

Across all stages of reopening DC, success will depend on the commitment of individuals, employers and venues to adopt new behaviors and rigorous safeguards to reduce risk for all. Several measures are recommended for today and should remain in force across Stages 1, 2, and 3 to help protect personal and community health.

We thank all of DC’s residents, employers, and visitors for their shared commitment to these measures.

UNIVERSAL SAFEGUARDS FOR INDIVIDUALS

- Physical distancing of at least 6 ft when not at home—supported where feasible by social distancing ambassadors in hotspots and high-risk areas
- Use of masks in public spaces, including on public transportation and at work/school
- Stringent personal sanitation and hygiene practices (e.g., frequent hand washing)
- Staying home when sick
- Regular disinfection of surfaces and objects
- Enhanced precautions if you are near or are part of a group that is particularly vulnerable to COVID-19 risks (e.g., seniors, immunocompromised individuals)

UNIVERSAL SAFEGUARDS FOR EMPLOYERS AND VENUES

- Physical distancing of at least 6 ft for employees and patrons (or other safeguard measures where not possible because of the nature of the service, as with checkout counters)—supported by social distancing ambassadors to serve as credible messengers in high-risk areas
- Regular cleaning and strict sanitation standards in the workplace
- Use of health screenings and protective equipment (e.g., temperature checks, symptom questionnaires, PPE) for employees and patrons
- Protections for workers and their families who are fearful of illness, especially those from vulnerable populations (e.g., ensuring workers who fall ill have their jobs protected, workers able to self-isolate, family leave)

- Education of employees about COVID-19
- Strategies for addressing and accommodating ill employees (e.g., paid sick and family leave)

OTHER UNIVERSAL MEASURES

Testing.

- Providing focused and intentional testing (e.g., hotspots, shelters, nursing homes, schools and universities) and ensuring testing becomes more widely available through each stage

Contact tracing.

- Identifying, notifying, and monitoring contacts of infected individuals through Stage 3; DC should leverage its own residents—especially those facing economic hardship and who have deep community ties—to ensure the contact tracing workforce is “culturally competent”

Temperature monitoring and symptom questionnaire.

- Encouraging employers to conduct daily temperature and symptom monitoring, especially in Stages 1 and 2, with an emphasis on individual self-monitoring in later stages

Education.

- Empowering residents to understand their risks and know what to do to mitigate them

Worker training and reskilling.

- Meeting the immediate job needs of the healthcare sector and supporting investments to reskill and retrain DC’s most impacted communities

VULNERABLE POPULATIONS

Some residents are considered vulnerable because they are at a higher risk of being infected by COVID-19, experiencing severe illness or death from COVID-19, or having longer-term physical or behavioral health complications indirectly related to COVID-19. They may include individuals who are over 60 and/or have underlying comorbidities, individuals living in congregate living facilities (including long-term care facilities, shelters, and jails), returning citizens, and certain racial/ethnic minority groups who face historical inequities and have been disproportionately impacted by COVID-19. We recommend several principles to support vulnerable populations:



The collective commitment by all individuals and employers to the universal safeguards is especially important to protect DC's most vulnerable



People who are vulnerable—or live with people who are vulnerable—should make all available efforts to remain home and minimize time in public, wear masks when not at home, and be diligent about hygiene (e.g., washing hands, extra cleaning of surfaces)



Employers should give these employees the flexibility to protect themselves and their families, including staying home when necessary and feasible, and when possible should offer added supports to address additional physical health (e.g., chronic care management) and behavioral health (e.g., mental health) needs



Where additional exposure risks may exist such as crowded living spaces and/or use of public transportation, public and private efforts should be in place to ensure access to hygiene/sanitation supplies, screening (e.g., temperature checks, symptom questionnaires), testing, and safe isolation if needed

REOPEN DC'S 4-STAGE APPROACH

We recommend that DC Government take a staged approach to reopening. We outline three stages to follow the lifting of the stay-at-home order, and a fourth stage to begin when a vaccine has become widely available and administered.

While DC Health's gating criteria ensure that public health considerations determine the timing of reopening, DC Government must also make decisions regarding what can reopen and how. To inform these decisions, our 11 committees analyzed staging across 24 individual activities and business functions. These areas cover the primary aspects of residents' lives—how we learn, how we engage, how we work, and how we access services.

Our staging recommendations have considered the benefits, risks, and trade-offs across the HOPE framework—weighing metrics of health, opportunity, prosperity, and equity. This recommended staging aims to restore livelihoods while infusing vulnerable communities with additional resources needed to reduce overall health risk.

	Stage 1	Stage 2	Stage 3	Stage 4
What is the nature of the pandemic?	Declining virus transmission	Only localized transmission	Sporadic transmission	Effective vaccine or cure
What is the nature of our city's activities?	Key low-risk activities with strong safeguards (e.g., parks)	Additional activities with strong safeguards (e.g., indoor dining)	Higher-risk activities, with safeguards (e.g., pools)	A “new normal” for DC, likely with all activities as close to normal as possible
How should we gather¹¹?	Up to 10 people	Up to 50 people	Up to 250 people	All gatherings
Should we work remotely¹¹?	Strongly recommended	Strongly recommended	Encouraged	New normal
Can we travel¹²?	Discouraged	Discouraged	Can resume	All travel

We strongly recommend that DC's universal safeguards apply through the conclusion of Stage 3.

¹¹ While maintaining all universal safeguards and protocols, including 6 ft of physical distance and mask use

¹² Refers to non-essential travel outside of the National Capital Region

WHAT MOVING ACROSS STAGES SHOULD LOOK LIKE

UNIVERSAL SAFEGUARDS

ACTIVITIES AND FUNCTIONS	STAGE 1	STAGE 2	STAGE 3	STAGE 4
Childcare	Limited childcare open (e.g., for children of site-critical workers), limited to 10 people per room (children and adults)	Additional providers encouraged to reopen, limited to 10 people per room (children and adults)	Expanded childcare access with 10 people per room (children and adults) recommended; potential considerations for larger rooms or group sizes	New normal
Preschool-K-12 and adult education	Distance learning only	Schools partially reopen, starting with some schools accessible to students who might benefit most from in-person instruction (e.g., students in transitional grades, students of site-critical workers), followed by opening of all schools with blended instruction for all students who wish to attend in-person and mandatory virtual learning for those who do not. No more than 10 students per classroom and expectation of A/B schedules.		
Higher education	Limited on-campus activities (as today)	Colleges and universities allowed to reopen based on District-approved plans (with additional guidance to come from DC)		
Summer camps	Closed	Summer camps reopened with capacity constraints of 10 people per room for indoor activities and up to 50 for outdoor activities	Expanded access to summer camps with capacity constraints of 10 people per room for indoor activities and up to 250 for outdoor activities	
Libraries	Select libraries to provide limited curbside service	Some libraries reopen with expanded services and capacity limits	All libraries open with safeguards	
Museums and exhibits	Closed	Museums open with limited capacity (5 people per 1,000 sq. ft not to exceed 50% capacity) and physical distancing	Museums can allow limited tours (10 people per 1,000 sq. ft not to exceed 75% capacity) and physical distancing	
Places of worship	Continued virtual worship services or groups up to 10 people	Places of worship reopen to small-group (up to 50 people) services, with safeguards and physical distancing	Places of worship open to up to 250 people with safeguards and physical distancing	New normal
Outdoor large gatherings (parades, etc.)	Closed	Outdoor events reopen with up to 50 people with physical distancing	Outdoor events expand with up to 250 people with physical distancing	
Indoor venues (entertainment, arenas, theatres)	Closed	Venues reopen with up to 50 people with physical distancing	Venues expand with up to 250 people with physical distancing	
Gyms and workout studios	Closed	Gyms and studios reopen with limited access (5 people per 1,000 sq. ft) with physical distancing and specified safeguards based on plans approved by DC	Gyms and studios continue limited access (5 people per 1,000 sq. ft) with physical distancing and specified safeguards based on plans approved by DC	
Parks and recreation	Parks, fields, tennis courts, tracks and golf courses reopen with safeguards, while playgrounds remain closed	Some playgrounds reopen with safeguards	All parks and recreation facilities open with safeguards	
Communal pools (public and private)	Closed	Closed	Pools reopen with limited capacity and safeguards	



LEARN



ENGAGE

Closed
 Restricted capacity
 Open with safeguards
 New normal

WHAT MOVING ACROSS STAGES SHOULD LOOK LIKE

UNIVERSAL SAFEGUARDS

ACTIVITIES AND FUNCTIONS	UNIVERSAL SAFEGUARDS			STAGE 4
	STAGE 1	STAGE 2	STAGE 3	
Hotels and accommodations	Open with safeguards	Open with safeguards	Open with safeguards	WORK
Office spaces	Work from home strongly recommended	Work from home recommended but up to 25% capacity in office spaces allowed with physical distancing	Work from home encouraged but up to 50% capacity in office spaces allowed with physical distancing	
Construction sites	Open with safeguards	Open with safeguards	Open with safeguards	
Restaurants and food	Restaurants open outdoor seating with physical distancing and safeguards	Restaurants open indoor seating with physical distancing, safeguards, and up to 50% capacity	Restaurants continue 50% capacity, with case-by-case approvals for expansion consistent with physical distancing	
Bars and night-clubs	Closed	Closed	Bars and clubs open with capacity limits (5 people per 1,000 sq. ft not to exceed 50% capacity)	
Retail	Non-essential retailers can provide curbside and delivery service	Non-essential retailers reopen in-store service, with safeguards and capacity limits (5 people per 1,000 sq. ft not to exceed 50% capacity)	Non-essential retailers continue in-store, with safeguards and capacity limits (10 people per 1,000 sq. ft not to exceed 75% capacity)	
Personal services	Barbershops and hair salons reopen by appointment with strong safeguards and physical distancing (5 people per 1,000 sq. ft)	All other personal services (e.g., nail salons, massage spas) reopen by appointment with strong safeguards and physical distancing (5 people per 1,000 sq. ft)	All personal services continue by appointment with strong safeguards and physical distancing (5 people per 1,000 sq. ft)	
District government	District opens additional in-person services with safeguards and expands virtual service delivery	District opens some additional in-person services with safeguards	Most in-person services resume with safeguards	ACCESS SERVICES
Shared transit	Non-essential shared transit discouraged	Non-essential shared transit can resume	Operational with safeguards	
Public transit	Meet demand and allow for physical distancing	Continue to meet demand and allow for physical distancing	Expand to meet demand and allow for physical distancing	
Healthcare providers	Continued delivery of inpatient and outpatient care, with providers monitoring and preserving health system capacity			
Federal government	Federal government employees are a critical part of DC and their jobs vary based on the type of work they do across office spaces, parks, etc. Federal workers should follow the activity most applicable to their workplace, in conjunction with guidance from agency leadership			

Closed
 Restricted capacity
 Open with safeguards
 New normal

STAGE 1

Stage 1 should begin once DC has experienced declining community transmission.

DC Health is monitoring several gating criteria—including level of community spread, healthcare system capacity, testing capacity, and public health system capacity—which should determine the timing of Stage 1.



WHAT IT MIGHT LOOK LIKE

DC should allow activities and business functions with low risk of transmission to reopen with strong safeguards in place to protect residents and businesses. Public and private gatherings should be limited to up to 10 people, and non-essential travel outside of the National Capital Region should be discouraged. These activities include:



LEARN

Select libraries should reopen limited curbside service to bring educational opportunities to children and adults. Childcare should be available (up to 10 per room), and distance learning should be maintained for schools.



ENGAGE

Residents should be able to return to DC's parks, fields, golf courses, tennis courts, and tracks for low-contact community sports, including no-contact training for sports like soccer, track and field.



WORK

Outdoor seating at restaurants with appropriate physical distancing, and curbside pick-up for retailers, should be allowed. Residents should also be able to resume certain personal care services such as haircuts by appointment only. Remote working is strongly recommended.



ACCESS SERVICES

Public transit services, sidewalks and bike lanes should expand to accommodate increased travel for reopened activities.

STAGE 2

Stage 2 should begin once DC is experiencing only localized transmission.

As in Stage 1, DC Health should monitor gating criteria regarding community spread, and the capacity of DC's healthcare system, testing, and public health system, which should determine the timing of Stage 2.



WHAT IT MIGHT LOOK LIKE

In Stage 2, DC should continue to reduce incremental risk while thoughtfully expanding the range of activities and business functions allowed to resume. Strong safeguards should remain in place to help protect residents and businesses. Limits on gatherings should expand to up to 50 people with continued physical distancing. Non-essential travel outside of the National Capital Region should still be discouraged. These activities include:



LEARN

Childcare should expand to more children, and pre-K-12 schooling should resume while keeping children safer with no more than 10 per classroom and multiple additional safeguards (see Appendix B for details). Some libraries should reopen with expanded services and capacity limits. DC's museums should also reopen with capacity constraints, and DC's colleges and universities should reopen in coordination with DC Government.



ENGAGE

Places of worship should be able to open to up to 50 people, with safeguards and physical distancing, and gyms and workout studios should be able to open with strong safeguards. Residents should also be able to enjoy additional community sports and limited playground access.



WORK

Restaurant patrons should be able to eat indoors with 50% capacity restrictions. Residents should also have access to non-essential retail stores with necessary safeguards. Remote work should still be encouraged but offices could begin in-person work with capacity restrictions.



ACCESS SERVICES

Use of taxis and ride-sharing for non-essential trips should be able to resume with safeguards. Public transit services, sidewalks and bike lanes should continue to expand to accommodate increased travel to work and school.

STAGE 3

Stage 3 should begin once DC is experiencing only sporadic transmission.

As in Stages 1 and 2, DC Health should monitor gating criteria regarding community spread, and the capacity of DC’s healthcare system, testing, and public health system, which should determine the timing of Stage 3.



WHAT IT MIGHT LOOK LIKE

In Stage 3, DC should further expand the range of activities and business functions allowed to resume, maintaining safeguards to mitigate risk. Limits on gatherings should expand to up to 250 people with continued physical distancing, and non-essential travel should be able to resume. These activities could include:



LEARN

Schools, universities, and childcare facilities should be able to accommodate additional students. Museums and libraries should also allow more people inside to learn and explore with capacity limitations.



ENGAGE

Events and gatherings in DC’s venues should be allowed to resume with certain physical distancing safeguards and capacity restrictions, as should access to DC’s pools.



WORK

Restaurants should be able to further expand indoor dine-in service, subject to approval from DC, and bars and clubs should open with limited capacity. Remote work should still be recommended but offices could reopen with increased capacity restrictions.



ACCESS SERVICES

Public transit services, sidewalks and bike lanes should continue to expand to accommodate increased travel to work and school.

STAGE 4

DC should enter Stage 4 only when a vaccine or other cure has been widely administered, or the disease has effectively disappeared, such that the public health risk of COVID-19 has been drastically reduced or eliminated.

This public health and societal achievement could mean that all activities and business functions can likely resume without requiring COVID-19-related safeguards or restrictions—including the elimination of gathering size and office work restrictions that should remain in place through Stage 3.

Still, DC can expect that many ways of living and working may look different than they did before COVID-19. DC, therefore, should continue to prepare its residents, businesses, and government services for this “new normal.”



HOW TO STAY INFORMED

These recommendations are only the beginning of a process to reopen DC. As such, we know the Mayor and her team will ensure that all residents and businesses are kept up to date and informed about DC's collective response to this unprecedented pandemic.

Mayor Bowser and her team have provided and will continue to provide details and regular updates on DC's response at coronavirus.dc.gov/rependc.

Thank you again for your collective commitment to keeping our home safe and moving steadfastly toward a brighter future.

APPENDIX A: STAKEHOLDERS ENGAGED IN THIS PROCESS

The ReOpen DC process was led by the ReOpen DC Advisory Group appointed by Mayor Bowser. The Advisory Group consists of a Steering Committee and 11 industry- and population-oriented subgroups.

ReOpen DC Advisory Group Chairpersons

Secretary Michael Chertoff
Ambassador Susan E. Rice

Reopen DC Advisory Group Co-Chairpersons

CFO Jeffrey DeWitt
Mayor Adrian M. Fenty
Former Assistant Secretary Nicole Lurie
DC Council Chairman Phil Mendelson
Senior Advisor Beverly L. Perry
Mayor Anthony Williams

ReOpen DC Operations and Support

Andrew Trueblood, Committee Director
Lindsey Parker, Committee Policy Advisor
Gianelle Rivera, Committee Policy Advisor
Betsy Cavendish, Legal Advisor
Tatiana Torres, Associate Committee Director
Steve Walker, Committee Operations and Personnel Manager
Gelila Getaneh, Staff
Jordan Chaftez, Staff
Julie Lawson, Staff
Malaika Scriven, Staff
Tyler Williams, Staff
Colleen Willger, Staff
Melissa Deas, Staff
Tony Goodman, Staff
Mark Scott, Staff
Evan Chiacchiaro, Staff
Steven Hoodjer, Staff

Johns Hopkins Bloomberg School of Public Health Center for Health Security Advisors

Tom Inglesby, MD, Director
Anita Cicero, JD, Deputy Director
Caitlin Rivers, PhD, MPH, Senior Scholar, Assistant Professor
Crystal Watson, DrPH, MPH, Senior Scholar, Assistant Professor

Education and Childcare

Paul Kihn, Government Co-Chairperson
Charlene Drew Jarvis, Community Co-Chairperson
SarahJane Forman, Legal Advisor
Dr. Preetha Iyengar, Public Health Advisor
Rich Harrington, Associate Committee Director
Adanna Mbanugo, Committee Coordinator
Katherine Bradley, Community Member
Pat Brantley, Community Member
Jacquelyn Davis, Community Member
Ricarda M. Ganjam, Community Member
Tiffany Gary, Committe Resource Staff
Sonia Gutierrez, Community Member
LaTonya Henderson, Community Member
Barry LeNoir, Community Member
Patricia McGuire, Community Member
Jodi Ovca, Community Member
Cathy Reilly, Community Member
Victor Reinoso, Community Member
Eboni-Rose Thompson, Community Member

Nancy Waymack, Community Member
Elena Bell, Government Member
Elizabeth Davis, Government Member
Faith Gibson Hubbard, Government Member
Hanseul Kang, Government Member
Melissa Kim, Government Member
Jonte Lee, Government Member
Ronald Mason, Government Member
Dr. Ankoor Shah, Government Member

Equity and Vulnerable Populations

Donna Brazile, Community Co-Chairperson
Wayne Frederick, Community Co-Chairperson
Delano Hunter, Government Co-Chairperson
Councilman Kenyan McDuffie, Government Co-Chairperson
Amy Caspari, Legal Advisor
Robin (Diggs) Perdue, Public Health Advisors
Tim White, Associate Committee Director
Shanelle Patterson, Committee Coordinator
Gladys Kamau, Committe Resource Staff
Valecia Wilson, Committe Resource Staff
Akosua Ali, Community Member
Cora Masters Barry, Community Member
Tyrone Garrett, Community Member
Kimberly Leonard, Community Member
Richard Shore, Community Member
Patti Stonesifer, Community Member

Miatta Thomas, Community Member
Dr. Annetta Arno, Government Member
Michelle Garcia, Government Member
Donald Isaac, Government Member
Laura Newland, Government Member
Andrew Reese, Government Member
Laura Zeilinger, Government Member

**Faith, Arts, Culture, Hotels,
Entertainment and Sports**

Angie Gates, Government
Co-Chairperson
Greg O'Dell, Community
Co-Chairperson
Robin (Diggs) Perdue, Public Health
Advisor
Ben Moskowitz, Legal Advisor
Julia Hudson, Associate Committee
Director
Booker Roary Jr., Committee
Coordinator
Darien Pusey, Committe Resource
Staff
Karim Marshall, Committe Resource
Staff
Keisha Mims, Committe Resource Staff
Amy Austin, Community Member
Vinoda Basnayake, Community
Member
John Boardman, Community Member
Marvin Bowser, Community Member
Andy Bush, Community Member
Tamara Christian, Community Member
Monica Dixon, Community Member
Elliott Ferguson, Community Member
Kelly Flanigan, Community Member
Doug Hall, Community Member
Jay Haddock, Community Member

Natalie Hopkinson, Community
Member
Michael Kahn, Community Member
Abbe David Lowell, Community
Member
Dexter U. Nutall, Community Member
Thomas Penny, Community Member
Perry Pigeon Hooks, Community
Member
Peter Rosenstein, Community Member
Deborah Rutter, Community Member
Molly Smith, Community Member
Paul Strauss, Community Member
David Touhey, Community Member
Donna Westmoreland, Community
Member
C. Brian Williams, Community Member
Thomas Bowen, Government Member

**Government Operations, Public
Safety, and Criminal Justice**

Kevin Donahue, Government
Co-Chairperson
Karl Racine, Government
Co-Chairperson
LaRuby May, Community
Co-Chairperson
Robert Bobb, Community
Co-Chairperson
Alana Burnett, Legal Advisor
Dr. John Davies-Cole, Public Health
Advisor
Setareh Yelle, Associate Committee
Director
Elizabeth Keeton, Committee
Coordinator
Chan Tei DuRant, Committe Resource
Staff
Daniel Ezrow, Community Member

Charles Thornton, Committe Resource
Staff
Angell Jacobs, Community Member
William J. Lightfoot, Community
Member
Ron Moten, Community Member
Aubrey Stephenson, Community
Member
Jeff Tignor, Community Member
Mark Tuohey, Community Member
Andrew Washington, Community
Member
Eydie Whittington, Community
Member
Quincy Booth, Government Member
Chief Robert Contee, Government
Member
Robert Holman, Government Member
Shamiah Kerney, Government Member
Chief Judge Robert Morin,
Government Member

**Human Services, Social Services, and
Health**

Maria Gomez, Community
Co-Chairperson
David Catania, Community
Co-Chairperson
Wayne Turnage, Government
Co-Chairperson
Dorothy Brown, Legal Advisor
Dr. Preetha Iyengar, Public Health
Advisor
Amelia Whitman, Associate
Committee Director
Donovan Boyd, Committee
Coordinator
Tiffany Wilson, Committe Resource
Staff

Thomas Yabroff, Committee Resource Staff

Dr. Gigi El-Bayoumi, Community Member

Don Blanchon, Community Member

Jacqueline Bowens, Community Member

Elaine Crider, Community Member

Jim D'Orta, Community Member

Melat Debela, Community Member

Linda Elam, Community Member

Vikisha Fripp, Community Member

Chris Gardiner, Community Member

Dr. Lynn Goldman, Community Member

Linda Greene, Community Member

Kim Horn, Community Member

Judith Meltzer, Community Member

Laura Meyers, Community Member

Ken Samet, Community Member

Tom Scully, Community Member

Deborah Shore, Community Member

Steve Strazzella, Community Member

Jenna Cevasco, Government Member

Angela Franco, Government Member

Cassandra Kingsberry, Government Member

Open Spaces and Recreation

Tommy Wells, Government Co-Chairperson

Gregory McCarthy, Community Co-Chairperson

Beth Mullin, Legal Advisor

Dr. Preetha Iyengar, Public Health Advisor

Jason Wallace, Associate Committee Director

Lani Kearse, Committee Coordinator

Michael Dodson, Committee Coordinator

Deniece Clifford, Committee Resource Staff

Chanell Autrey, Community Member

Keith Barnes, Community Member

Carl Ehrlich, Community Member

Malissa Freese, Community Member

Barbara Green, Community Member

Diana Mayhew, Community Member

Monica Ray, Community Member

Eric Rosenthal, Community Member

Lamont Akins, Government Member

Ivory Cooper, Government Member

Public Health Innovation and Workforce

Roger Mitchell, Government Co-Chairperson

Brian Kenner, Community Co-Chairperson

Marie-Claire Brown, Legal Advisor

Dr. Preetha Iyengar, Public Health Advisor

Kevin Bush, Associate Committee Director

Sebastien Pierre, Committee Coordinator

Cheryle Adams, Government Member

Sally Allain, Community Member

Lisa Brown, Community Member

Jeanny Ho, Community Member

Tom Joyce, Community Member

James Moore, Community Member

Kurt Newman, Community Member

Brian Piennick, Community Member

Sharon Pratt, Community Member

Debby Ratner Salzberg, Community Member

Sam Quinney, Government Member

Ahnna Smith, Government Member

Jenifer Smith, Government Member

Dr. Anjali Talwalkar, Government Member

Real Estate and Construction

Sarosh Olpadwala, Government Co-Chairperson

Buwa Binitie, Community Co-Chairperson

Monty Hoffman, Community Co-Chairperson

Xavier Beltran, Legal Advisor

Dr. John Davies-Cole, Public Health Advisor

Ben Mindes, Associate Committee Director

Andre Eken, Committee Coordinator

Xavier B. Edwards, Esq., Committee Resource Staff

Shahidah Williams, Committee Resource Staff

G. Thomas Borger, Community Member

Jaime Contreras, Community Member

Austin Flajser, Community Member

Stephen Glaude, Community Member

Michele Hagans, Community Member

Rob Hawkins, Community Member

Chico Horton, Community Member

Stan Jackson, Community Member

Peggy Jeffers, Community Member

Stephanie Liotta-Atkinson, Community Member

Lisa Mallory, Community Member

Kymber Menkiti, Community Member

Bob Murphy, Community Member

Michael Peters, Community Member

John Ritz, Community Member

Gregory Rooney, Community Member

Joe Sternlieb, Community Member

Rosalind Styles, Community Member

Aakash Thakkar, Community Member

Robert Thorne, Community Member

Adam Weers, Community Member

Restaurants and Food

Ernest Chrappah, Government
Co-Chairperson

José Andrés, Community
Co-Chairperson

Kathy Hollinger, Community
Co-Chairperson

Marnique Heath, Architect Advisor

Susan Longstreet, Legal Advisor

Robin (Diggs) Perdue, Public Health
Advisor

Shawn Townsend, Associate
Committee Director

Uno Izegbu, Committee Coordinator

Lorena Kowalewski, Committe
Resource Staff

Donovan Anderson, Community
Member

Kim Ford, Community Member

Dyana Forrester, Community Member

Andrew Kline, Community Member

Spike Mendelson, Community Member

Maggie O’Neill, Community Member

Anwar Salem, Community Member

Rudy Seikaly, Community Member

Andy Shallal, Community Member

Nick Stefanelli, Community Member

Ona Balkus, Government Member

Arian Gibson, Government Member

Fred Moosally, Government Member

Jackie Watson, Government Member

Retail and Small Business

Kristi Whitfield, Government
Co-Chairperson

Neil Albert, Community
Co-Chairperson

Marie Johns, Community
Co-Chairperson

Lorenzo McRae, Legal Advisor

Robin (Diggs) Perdue, Public Health
Advisor

David Selman, Associate Committee
Director

Corey Griffin, Committee Coordinator

Wendell Felder, Committee
Coordinator

Leona Agouridis, Community Member

Kim Alfonso, Community Member

Stacie Lee Banks, Community Member

Jim Dinegar, Community Member

Antwayne Ford, Community Member

David Hall, Community Member

David Jannarone, Community Member

Katy Kale, Community Member

Allison Prince, Community Member

Ben Soto, Community Member

Bill van Henry, Community Member

Dave Velazquez, Community Member

Bruce Flippens, Government Member

Karima Woods, Government Member

Transportation and Infrastructure

Lucinda Babers, Government
Co-Chairperson

Dan Tangherlini, Community
Co-Chairperson

Glenn Dubin, Legal Advisor

Dr. John Davies-Cole, Public Health
Advisor

Ciana Creighton, Associate Committee
Director

David Jones, Committee Coordinator

Greg Billing, Community Member

Max Brown, Community Member

Krystal Brumfield, Community
Member

Bicky Corman, Community Member

Ryan Croft, Community Member

Veronica Davis, Community Member

Leif Dormsjo, Community Member

David Franco, Community Member

George Hawkins, Community Member

Monte Monash, Community Member

Emeka Moneme, Community Member

Kathleen Penney, Community Member

Thorn Pozen, Community Member

Warner Session, Community Member

Darnell Sutton, Community Member

Henok Tesfaye, Community Member

Harriet Tregoning, Community
Member

Jeff Marootian, Government Member

Paul Wiedefeld, Government Member

APPENDIX B: ADDITIONAL RECOMMENDATIONS FROM THE REOPEN DC COMMITTEES

APPENDIX B: ADDITIONAL RECOMMENDATIONS FROM THE REOPEN DC COMMITTEES

EDUCATION AND CHILDCARE COMMITTEE	32
EQUITY AND VULNERABLE POPULATIONS COMMITTEE	39
FAITH, ARTS, CULTURE, ENTERTAINMENT, SPORTS AND HOTELS COMMITTEE	43
HUMAN SERVICES, SOCIAL SERVICES, AND HEALTH COMMITTEE	47
GOVERNMENT OPERATIONS, PUBLIC SAFETY, AND CRIMINAL JUSTICE COMMITTEE	51
OPEN SPACES AND RECREATION COMMITTEE	54
PUBLIC HEALTH INNOVATION AND WORKFORCE COMMITTEE	58
REAL ESTATE AND CONSTRUCTION COMMITTEE	61
RESTAURANTS AND FOOD RETAILERS COMMITTEE	65
SMALL BUSINESS AND RETAIL COMMITTEE (SBRC)	69
TRANSPORTATION AND INFRASTRUCTURE COMMITTEE	74

EDUCATION AND CHILDCARE COMMITTEE

STAKEHOLDER INPUT

The Committee engaged stakeholders across the District including students, families, teachers and school staff, LEA and school leaders, childcare providers, leaders of local colleges and universities, health officials, city agencies, community members, and non-governmental staff.

More respondents to the city’s online public survey shared feedback for education than for any other committee. Resident responses ranged from parents who wanted an immediate reopening of schools, to those who wanted to wait until a vaccine was available. In addition, the Committee spoke with Councilmember David Grosso, who provided additional community feedback he received through his position as Chair of the DC Council’s Committee on Education. In all, the Committee collected research and feedback from 34 organizations and groups, along with thousands of survey respondents. In total, the report’s recommendations reflect dozens of 1-on-1 discussions between the 25 committee members and the community, as well as feedback from 12 focus groups, responses from 11 surveys, the review of 14 local reports or resources, and 14 research articles and reference materials from jurisdictions outside of Washington, DC.

STAGING RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least 6 feet, use of masks in public spaces - including when in schools and higher education institutions - stringent sanitation and hygiene practices), the Committee recommends the following guidance for the subsectors listed below.

GROUP	INITIAL STAGE	SUBSEQUENT STAGES
PK-12 schools	Distance learning	<p>Schools partially reopen, starting with select schools to strengthen their health operations and to work in person with some students ('Orange' phase)</p> <ul style="list-style-type: none">— Select schools can open (families could decide to continue learning at home)— Focused on students who might benefit most from in-person instruction (e.g., students in transitional grades, students of workers who must return to work)— Modified schedule should be implemented (e.g. A day/B day).— Limit of 10 people in a classroom, including adults and children— Strict physical distancing measures and enhanced cleaning routines— Expanded health expertise in all schools

		<ul style="list-style-type: none"> Health trainings and direct lines of communication between schools and DC Health liaison(s) Eliminate non-essential travel <p>Expanded reopening of additional schools ('Yellow stage') with continued "blended" instruction</p> <ul style="list-style-type: none"> All students can return to schools (families can decide on their preferred learning models in person or learning at home) Capacity limits of 10 per room (including adults and children) and modified scheduling apply Strict physical distancing measures and enhanced cleaning routines remain in place 	
GROUP	STAGE 1	STAGE 2	STAGE 3
Childcare Centers	<p>Limited childcare centers open (e.g., for children of workers who must return to work)</p> <ul style="list-style-type: none"> Childcare providers who are open must follow guidance developed by OSSE in partnership with DC Health and based on CDC guidance for childcare facilities Limit of 10 people per room, including adults and children Daily symptom screenings Staggered drop-offs and pick-ups Strict dismissal criteria in the event of positive cases 	<p>Additional childcare providers encouraged to open</p> <ul style="list-style-type: none"> OSSE childcare guidance remains in place, including limit of 10 people per room, including adults and children 	<p>Nearly all licensed child development facilities open</p> <ul style="list-style-type: none"> 10 people per room recommended, including adults and children, with potential for consideration of larger rooms or group sizes
GROUP	INITIAL STAGE	SUBSEQUENT STAGES	
Higher education	<p>Continued limited on-campus activities permitted, as today</p> <p>Institutions should develop campus-specific plans, including proposed modifications to residential settings, campus facilities, scheduling, class sizes,</p>	<p>Actions for each institution will vary and may range from reopening campuses to continuation of distance learning.</p> <ul style="list-style-type: none"> Return of students to campus permitted per agreed plans Residential housing limits may pertain Congregation or high contact areas to remain closed or restricted, such as fitness centers and student unions 	

	etc. which then are discussed with and reviewed by the city	<ul style="list-style-type: none"> Expanded health capacity at Student Health Centers for testing, etc. Isolation and quarantine facilities fully operational 	
	Most dorms remain closed		
	Strict physical distancing measures and cleaning protocols in place		
GROUP	STAGE 1	STAGE 2	STAGE 3
Libraries	<ul style="list-style-type: none"> Select libraries to provide “curb-side” service; customers remain outside of buildings 	<p>Some libraries reopen with expanded services and capacity limits, with focus on areas where the digital divide is the most pronounced</p> <ul style="list-style-type: none"> Allow a controlled number of customers into the buildings to use a limited number of computers, and print/copy jobs Allow limited customer access to seating areas and reconfigure spaces to maintain appropriate physical distancing Support use of “learning hubs” - spaces within libraries for students to work in, and be chaperoned, while their families are at work, with strict physical distancing 	<p>Most or all branches open</p> <ul style="list-style-type: none"> Increase customer access to all library spaces with safeguards and physical - distancing practices Increase the number of computers available to customers

RECOMMENDED SAFEGUARDS

The committee also recommends adoption of the sub-sector specific safeguards outlined below.

SUBSECTOR	TYPE OF ACTIVITY OR STAKEHOLDER	ADDITIONAL RECOMMENDED MITIGATION GUIDELINES
All schools	Travelling to and from schools	<p>Limit student interaction on public transportation</p> <ul style="list-style-type: none"> Avoid public transportation, particularly during high-volume times Identify one parent/caregiver to be the designated drop-off and pick-up contact

		<p>Cancel or reschedule outside events</p> <ul style="list-style-type: none"> — Cancel field trips and other scheduled school-wide or class outings or convert them to virtual activities — Cancel sports tryouts, practices, and games until further guidance from public health officials — Eliminate non-essential travel for staff and teachers
	<p>Entering and exiting school</p>	<p>Adjust how students enter school buildings</p> <ul style="list-style-type: none"> — Stagger scheduled student arrival and dismissal times — Conduct health and symptom screenings as students enter each day — Open additional doors for entry and exit — Create clear space delineations for student lines as students enter and exit
	<p>Classrooms and hallways</p>	<p>Reconfigure school activities to facilitate safe distances</p> <ul style="list-style-type: none"> — Rearrange desks so that a minimum distance of 6 feet is present between desks — Utilize partitions or dividers per DC Health specifications and review to create more opportunities to maximize space — Implement one-way pathways in classrooms, using stickers or tape for demarcation — Repurpose large spaces such as gymnasiums and libraries for student learning — Rotate desks, including the teacher’s desk, so that they all face one direction <p>Reduce or eliminate transitions between classes</p> <ul style="list-style-type: none"> — Rotate teachers between classrooms, rather than students, to keep students in small and consistent cohorts to the greatest extent possible — If the lunchroom must be used, stagger lunchtime into groups of students from the same classroom cohort and disinfect in between — Eliminate or reduce elective classes to diminish student intermingling and movement — Hold breakfast and lunch periods in student classrooms
	<p>Limiting outside interactions</p>	<p>Avoid unnecessary external factors</p> <ul style="list-style-type: none"> — Revise the process for receiving mail and packages — Reduce or prevent outside visitors from entering the school — Require teachers to conduct meetings with parents virtually

	<p>Maintaining a healthy environment</p>	<p>Implement schoolwide healthy strategies</p> <ul style="list-style-type: none"> — Increase the frequency of full school cleaning and disinfecting efforts — Make hand and other cleaning supplies readily available — Prepackage lunches, including silverware, napkins, and seasonings, or serve meals individually plated — Teachers, staff and students to wear facemasks per guidance from DC Health — Remove shared supplies. Provide all students with their own materials — Establish policy that if a household member has a pending COVID-19 test, the student/staff should remain at home until receipt of results — Designate an area for students, teachers, or staff who exhibit symptoms and keep separate from the area used for routine healthcare — Close or restrict common areas such as staff breakrooms — Increase air circulation only where safe and possible and ensure proper ventilation systems Educate students on proper health strategies — Have students wash or sanitize their hands when entering and exiting a classroom or between activities — Enforce a “you touch it, you take it” policy — Have teachers reinforce the proper cleanliness techniques — Have tissues readily available in classrooms <p>Install additional infrastructure to prevent cross-contamination</p> <ul style="list-style-type: none"> — Install no-touch fixtures and equipment where possible
<p>ADDT'L EQUITY CONSIDERATIONS</p>	<p>TYPE OF ACTIVITY OR STAKEHOLDER</p>	<p>ADDITIONAL RECOMMENDED GUIDELINES</p>
<p>All schools</p>	<p>Students (in-person and remote learners)</p>	<p>Ensure all students have access to technology and the internet, including technical support</p> <p>Ongoing outreach to remain in touch and ensure progress - require a 1st and 2nd level of contact for every student, testing contact information at random to ensure delivery of material</p> <p>Enable community- based supports for physical and mental health, including telehealth</p> <p>Assure safe travel to and from school</p> <p>Facilitate safe school environments, including provision of PPE, etc.</p>
	<p>Teachers</p>	<p>PPE, hand sanitizer, and classroom set up to enforce physical distancing</p> <p>Professional development aligned to improve remote learning and understand the new safety guidelines needed to implement physical distancing effectively</p>

	<p>Ensure safe travel to and from school</p> <p>Allow dispensation for teachers who cannot be physically present in schools</p>
Staff	<p>Provide training on health risks and creating a school environment to lessen health risks</p> <p>Ensure safe travel to and from school, provision of PPE, etc.</p>
Families	<p>Ensure safe travel for their students to and from schools</p> <p>Provide training and support to help caregivers support their students' technology needs</p> <p>Enable access to necessary physical and mental health supports, including telehealth</p> <p>Provide community-based support for other needs (e.g., recruiting tutors for additional needs)</p>
Vulnerable Populations	<p>Implement supplemental academic support, especially returning citizens and homeless populations</p> <p>Allow meaningful enrichment and career pathway/employment opportunities</p> <p>Provide mental health services for youth and their families</p> <p>Enable streamlined communications for caregivers that are translated for families for whom English is not their primary language</p> <p>Facilitate technology and internet access</p> <p>Assure safe travel to and from school including provision of PPE, etc.</p>

OTHER RECOMMENDATIONS AND 'BIG IDEAS'

The committee and its members propose several important initiatives and ideas for consideration, which include:

- **All schools across the city should adopt the same schedule** (e.g., A and B days, or A and B weeks), along with employers in the District and, ideally, Maryland and Virginia. In a similar way, LEAs should consider coordinating on their school-year schedules, with common start and end dates and the inclusion of a “pause” of in-person learning to assess health effects (if deemed essential by DC Health).
- **All schools will need to build and sustain strong remote learning capabilities**, as all students continue to learn at home at least some of the time. LEAs should consider collaborating on virtual instruction to meet new scheduling demands. Toward the goal of equity, the Committee recommends the city prioritize high-quality remote learning opportunities for vulnerable populations, particularly those who are at most risk of falling further behind or disconnecting from school.
- **The city should introduce new ways to support learning-at-home**. Every student must have access to internet through a combination of hotspot purchases, partnerships with internet providers, and select

expansion of public Wi-Fi. The city should ensure needed technical support for families. “Learning hubs” should be established in government and employer buildings, with internet access, meals, and adult supervision. The city should also produce co-op guidance for families that want to safely coordinate shared childcare.

- **The city should coordinate closely with DDOT and WMATA around students and families who are commuting to school.** This may include coordinating transportation timing and capacity, or the allocation of dedicated space on transportation routes for students commuting to and from school.
- **The city should ensure childcare providers get further guidance,** peer-to-peer learning, training, and technical assistance as they deliver high-quality care and education to DC's youngest learners in this new environment, particularly given the enrollment and revenue constraints under which they operate.
- **The city should implement a consultative approval process for each college and university’s reopening plan,** given campus complexities, high numbers of students converging from around the world, and high-risk factors.

EQUITY AND VULNERABLE POPULATIONS COMMITTEE

STAKEHOLDER ENGAGEMENT

In addition to the Mayor’s ReOpen DC survey, the Committee received input through engagement with nine focus groups and interviews with more than 10 stakeholder groups. This engagement involved representatives from the African-American community, Asian and Pacific Islander community, Latinx community, African community, LGBTQ community, senior citizen community, blind and low vision community, mobility-impaired community, hearing impaired community, intellectual and developmental disabilities community, people experiencing homelessness and advocates, and nonprofit organizations that provide services to vulnerable populations.

SAFEGUARDS AND RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices), the Committee proposes the following guidance listed below.

ACTIVITY	ADDITIONAL SAFEGUARDS AND RECOMMENDATIONS
Employment and income	<ul style="list-style-type: none">Increase SNAP benefit eligibility to vulnerable populations not currently coveredIncrease investments and partnerships for connecting vulnerable populations to in-demand careersIncrease small business support to assist vulnerable businesses to access COVID-19 assistanceProvide unemployment insurance for job sharing workers with lost wagesIncentivize employer accommodation of extended work-from-home and employee requests of delay returning to work due to COVID-19 related considerationsInvest in legal aid and resources for the public in advance of increased requests for legal assistance regarding lost benefits
Education	<ul style="list-style-type: none">Provide school supplies as well as food and clothing services for children in needProvide mobile Wi-Fi or floating locations in vulnerable communities, adjacent to open spaces, and outside public facilities such as libraries and community centersDevelop an Extended Academic Program available and offered through schools and/or neighborhood community centers, integrating school supports such as learning opportunities and community partnerships to eliminate learning lossWork in tandem with DC Public Schools and area charter schools to address the digital divide, providing Wi-Fi, equipment, and tech literacy education for caregiversStage distance learning in ways that minimize internet bandwidth challenges and facilitate device sharing in householdsExpand childcare opportunities and access for families of workers who must return to work

	<p>Provide free tuition and stipends to residents without a college degree for non-profit state colleges and community colleges</p> <p>Enforce signage, sanitation, cleaning, testing, and distancing standards equitably in retail</p>
Food environment	<p>Continue to facilitate the expansion and reach of fresh food retailers and nonprofit food pantry, preparation, and delivery programs, especially 'East of the River'</p> <p>Expand delivery of farmer's market produce and urban garden capacity</p> <p>Support equitable payment options both in brick-and-mortar markets and online by adapting for unbanked populations and public benefit recipients and expanding the number of establishments that can accept WIC and SNAP payments</p> <p>Ensure that families that rely on free and reduced lunches and summer meal sites have safe access with proper physical distancing</p>
Health and medical Care	<p>Expand programming for medical literacy to help the public better navigate the medical system and access preventative medical care, including behavioral health care</p> <p>Target medical care and testing availability (including mobile testing), as well as tracing capabilities in underserved communities</p> <p>Implement and enforce equity practices in treatment and clinical trials through increased oversight and the development of a patient reporting system</p> <p>Work with pharmacies and other medical corporations to prevent treatment shortages in underserved areas</p> <p>Increase access to physical, mental, and psychological health resources for front-line workers and other individuals experiencing significant increases in stress and trauma. Resources should be made available 24/7, as typical 9am-5pm operating hours pose barriers to access for these services</p> <p>Regulate the price of essential items like sanitization supplies</p> <p>Make telehealth/telemedicine services accessible to all and ensure it is covered by insurance</p>
Housing	<p>Prevent displacement of vulnerable residents that are impacted by illness, economic turmoil, and job loss</p> <p>Sustain investments in the expansion of supportive housing and affordable housing for domestic violence victims, returning citizens, and homeless individuals (not shelter housing)</p> <p>Expand services to populations who are housing insecure due to poverty and histories of incarceration, especially rental assistance programs to pay down rent arrears and financial support to prevent more people from experiencing homelessness</p> <p>Protect tenants' rights, health and safety by prohibiting evictions and unsafe management by landlords</p> <p>Expand the use of hotel rooms for residents experiencing homelessness who have become infected or have been exposed to COVID-19 or have the highest prevalence of COVID-19 risk factors</p> <p>Provide a systemic evaluation of congregate living settings with regular testing</p> <p>Ensure that all residents have access to affordable heating and cooling options during the stay-at-home order by preventing utility shutoffs</p>
Transportation	<p>Reinstate free Circulator access and expand free bike share access</p>

	<p>Increase resources for expanded and safe transit operations, including hazard pay for vulnerable transit employees</p> <p>Improve safe access to DMV services and improve the ease of online and mail-in DMV services</p> <p>Encourage the use of PPE by riders on public and micro transit</p>
<p>Outdoor Environment and Recreation</p>	<p>Implement reopening protocols with a focus on accommodating people of all abilities</p> <p>Increase investments in ‘East of the River’ recreation amenities including fitness gyms, outdoor parks, and trails, etc., and implement physical distancing guides for safe use</p> <p>Ensure that people of all abilities and those with underlying conditions, or vulnerability due to age, are able to participate fully in recreational activities, and train recreational opportunity providers about barriers that exist with current programming so that they can be made more accessible</p> <p>Implement reopening protocols with a focus on accommodating people with disabilities</p> <p>Consider innovative ways to fight disparate environmental impacts on low income communities</p>
<p>Community Safety</p>	<p>Expand domestic violence prevention and services to respond to an anticipated surge in requests for service once the stay-at-home order is lifted</p> <p>Downgrade sentencing for lesser offenses to work release programs that require enrollment in workforce development initiatives and are attached to independent living and housing opportunities</p> <p>Eliminate long lines in public buildings and other facilities to reduce the chances of transmission and infection</p>

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Invest in accelerated closure of the digital divide through initiatives including:**
 - Providing free public Wi-Fi, devices and training for technical literacy
 - Increasing mobile availability of information, with an emphasis on accessible technologies
 - Incorporating universal accessibility in communications and devices, including instant translation, voice-activated communication, etc.
 - Expand the use of mobile messaging and development of mobile applications to deliver government services
- **Restructure outreach strategy to vulnerable communities that do not traditionally engage with government through initiatives including:**
 - Incentivizing individuals to opt-in to ongoing communications regarding COVID-19 (e.g., Metro Pass lottery)
 - Expanding 211 to include a hotline and call center to field requests for real time updates
 - Creating a universal application and outreach program for services and data sharing between agencies
 - Engaging workers who must return to work through unions and employers

- Launching a “know your rights” campaign that includes distinct branding and a website for vulnerable populations during COVID-19
- Leveraging trusted government programs (such as MORCA and Project Empowerment) to inform justice-involved individuals and their families about health updates and rights
- **Ensure recovery efforts are grounded in data, particularly in identifying existing inequities and disparate outcomes, to providing a roadmap of understanding who the recovery is serving and how programs are developed and implemented equitably by:**
 - Ensuring all data related to the Disease and resources is stored and made accessible
 - Securing private sector participation to ensure a comprehensive understanding of economic equity data

FAITH, ARTS, CULTURE, ENTERTAINMENT, SPORTS AND HOTELS COMMITTEE

STAKEHOLDER ENGAGEMENT

The FACES-H Committee consists of industry experts and seasoned practitioners. In addition, the Committee members received extensive input from community stakeholders, consulted ReOpen DC survey results, and obtained valuable feedback from CFO Jeffrey DeWitt, Councilmember McDuffie, and Councilmember Todd on lessons learned from the stay-at-home order and next steps for reopening. Stakeholder feedback emphasized the importance of faith, arts, culture, entertainment, sports, and hotels to the city, and the need for clarity regarding large gatherings. The FACES-H Committee held a total of four Committee meetings. The Committee was broken into four Sector Working Groups: Faith, Arts & Culture, Entertainment and Sports, and Hotels. Each sector was chaired by a Committee member and employed a consistent methodology that used various tools including but not limited to: DC resident surveys, sector-designed questionnaires, and stakeholder focus groups. Each of the sectors held several virtual meetings via WebEx and directly contacted a variety of additional industry stakeholders to identify best practices for standard operations and procedures post COVID-19. The stakeholder engagement methodology used by each sub-group is listed below.

- **Faith:** The Faith Sector distributed a questionnaire and received a total of 62 responses from faith-based institutions and houses of worship throughout the District. The Faith Sector also held a focus group on May 12 with several interfaith leaders to discuss specific issues that should not be overlooked as the city prepares for the new normal and learn about how their organizations have prepared to keep their communities and stakeholders safe.
- **Arts and Culture:** This sector reached out to a wide variety of additional industry stakeholders and captured valuable input from the arts and culture community through an industry specific questionnaire. The group received 104 responses which also included a consolidated response from the Smithsonian Institution. This group also held focus groups geared towards artists in the creative industries including filmmakers, musicians, photographers and visual artists, gaining valuable insights from the creatives who will grace the stages of cultural institutions upon reopening.
- **Entertainment and Sports:** The Entertainment and Sports group organized its work into 3 sub-groups, Live Events, Sporting Events, and Nightclubs. Each sub-group surveyed additional stakeholders and conducted conference calls to solicit feedback and gain critical insight. This sector also issued a public questionnaire to other stakeholders in the District, receiving critical feedback from venue stakeholders that varied in venue seating capacity. The Entertainment and Sports group also had 16 questionnaires completed, which represented responses from all major sports leagues in the city along with various clubs and entertainment venues.
- **Hotels:** A hotel specific designed questionnaire was issued to hoteliers around the District. This sector received feedback from 11 Hotels and Hospitality organizations. The Hotel Sector also repurposed existing industry advisory groups and consortiums to contribute to the FACES-H ReOpen DC report. Similarly, the group consulted with the Washington DC “Hospitality Alliance” a group of leaders from the labor community, Hotel and Restaurant Associations, Destination DC, and Events DC, to develop recommendations.

STAGING RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the subsectors listed below.

SUBSECTOR	STAGE 1	STAGE 2	STAGE 3
Places of worship	<p>Continued offering of virtual service</p> <p>Demonstrated adherence to physical distancing guidelines when providing social services</p> <p>Allowance of group activities with up to 10 people and stringent physical distancing (e.g., religious text study)</p>	<p>Continued offering of virtual services</p> <p>Places of worship may reopen to small-group (up to 50 people) services with physical distancing and safeguards</p>	<p>Continued offering of virtual services for high-risk congregants</p> <p>Places of worship open to up to 250 people with physical distancing and safeguards, including directional signage and new configurations of space</p>
Museums and galleries	Closed	<p>Museums open with limited capacity (5 people per 1,000 sq. ft not to exceed 50% capacity)</p> <p>Small events and receptions of up to 50 people allowed with physical distancing</p>	<p>Museums can allow limited tours (10 people per 1,000 sq. ft not to exceed 75% capacity)</p> <p>Limited tours and events of up to 250 people allowed with physical distancing</p>
Arts education organizations	Continue to use virtual or digital means for arts education, programs, and services	<p>Open with limited capacity (5 people per 1,000 sq. ft not to exceed 50% capacity) with physical distancing</p> <p>Small events and receptions of up to 50 people allowed</p>	<p>Open with expanded capacity (10 people per 1,000 sq. ft not to exceed 75% capacity) with physical distancing</p> <p>Limited tours and events of up to 250 people allowed</p>
Theaters	Closed	<p>Up to 50 persons permitted per theater with physical distancing</p> <ul style="list-style-type: none"> — In person rehearsals allowed with PPE and no contact (i.e., no kissing or stage combat) — Reconfigured seating (family grouping style) and physical distancing protocols in lobby areas 	<p>Reopen with up to 250 persons permitted with physical distancing</p> <ul style="list-style-type: none"> — Reconfigured seating (family grouping style) and physical distancing protocols in lobby areas

Bars and nightclubs	Closed	Closed	Bars and nightclubs open with capacity limits (5 people per 1,000 sq. ft not to exceed 50% capacity)
Large gatherings - entertainment	Closed	Venues reopen with up to 50 persons with physical distancing Virtual events encouraged	Venues reopen with up to 250 persons with physical distancing Virtual events encouraged
Large gatherings - sports	Professional sports teams to develop and provide DC with guidelines proposed by the leagues; possible that practice facilities open with limitations <ul style="list-style-type: none"> — Start with one-on-one player workouts and graduate to multiple player workouts — No spectators 	Professional sports team practice facilities open with stringent physical distancing and PPE, as regulated by leagues <ul style="list-style-type: none"> — Games held without fans for broadcast only; up to 50 people allowed onsite to facilitate broadcasting (with stringent physical distancing and PPE) — No spectators 	Games held for broadcast only; up to 250 allowed onsite to facilitate broadcasting (with stringent physical distancing and PPE) <ul style="list-style-type: none"> — No spectators
Hotels	Open with safeguards <ul style="list-style-type: none"> — Limited access to hotel common areas — Reduction in guest services to check-in/check-out only, no visitors other than guests in room, no valet parking — Elimination of non-essential amenities — No daily housekeeping offered under 7 days — Rooms to be cleaned, but not sold for 24 hours after guest departs 	Open with safeguards <ul style="list-style-type: none"> — Guest services and limited meetings permitted — Hotel restaurants allowed to open in line with industry guidance 	Open with safeguards <ul style="list-style-type: none"> — Continuation of Stage 2 guidelines and safeguards

RECOMMENDED SAFEGUARDS

Across all stages, the committee recommends adoption of the additional safeguards outlined below.

SECTOR AND SUB-SECTORS	STAKEHOLDER	ADDITIONAL RECOMMENDED GUIDELINES
Faith, arts and culture, entertainment, sports and hotel organizations	All employers	<ul style="list-style-type: none"> — Install sneeze guard/protective customer barrier in all areas where there is customer transaction in hotels and at ticket booths in theaters and museums — Adopt virtual ticketing and reservation platforms and contactless check-in and check-out for customer interactions — Reconfigure or mark seating arrangements in theaters and venues to delineate physically distant seating — Register or keep visitor logs for all patrons of arts organizations, museums, hotels, bars, theaters etc. to facilitate contact tracing — Develop patron movement flows for all visitors to museums, theaters etc. to minimize face-to-face passing

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Reuse dormant venues and houses of worship** to support COVID-19 response, including using venues for PPE distribution, education, and contact tracing, and using houses of worship and their networks for outreach including food drives, clothing drives, and grief counseling for vulnerable populations
- **Leverage marketing to increase tourism and associated revenue** when the city is ready to return to “new normal” (e.g., destination marketing plan) - focus on domestic tourism in months immediately following full reopening of DC and other states
- **Increase access to the arts through increased arts and culture funding**, particularly for underrepresented artists, potentially through the DC Arts and Humanities Commission
- **Develop virtual experiences and performances** to promote access to and engagement with leading arts and cultural offerings
- **Create an “Arts Equity Task Force”** that includes artists and legacy cultural businesses to make funding recommendations for budget cycles and funding appropriations

HUMAN SERVICES, SOCIAL SERVICES, AND HEALTH COMMITTEE

STAKEHOLDER ENGAGEMENT

The Committee conducted three focus groups to gather ideas and input for reopening and learn more about stakeholders’ experiences during the stay-at-home order. These groups consisted of 13 social services providers and advocates, 12 long-term care and home health providers, and 6 individuals with lived experience of homelessness. Several recommendations were common across all three of these stakeholder groups, including:

- 1) Requests for the District to provide devices and internet connectivity to residents to enable them to engage in virtual care and education
- 2) Ensuring workers and clients have access to testing and PPE
- 3) Maintaining certain flexibilities that were in place during the stay-at-home order as the District reopens
- 4) Preparing for the increased service needs that may come when the District reopens

In addition to these focus groups, the Behavioral Health Subcommittee also heard from three experts in the behavioral health field to get insight and ideas as it formed its recommendations. These experts recommended that the District communicate clearly with residents about the emotional effects of COVID-19, strengthen the behavioral health system and marshaling it to meet escalated needs, address technology needs of residents and providers to facilitate the use of telehealth, provide adequate support and equipment to frontline workers, and dedicate special attention to meet the needs of aging adults, people with disabilities, children and families, and adults isolated or quarantined during COVID-19.

STAGING RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the subsectors listed below.

SUBSECTOR	STAGE 1	STAGE 2	STAGE 3
Healthcare providers	<i>Continue delivering inpatient and outpatient care, with providers monitoring health system capacity</i> [more detailed guidance recommended by the Committee provided below]		
Hospitals	<ul style="list-style-type: none"> – Continue efforts to preserve inpatient capacity – Perform outpatient and other procedures with low 	<ul style="list-style-type: none"> – Perform all procedures which can be performed safely – Prioritize procedures that minimize adverse patient outcomes associated with 	<ul style="list-style-type: none"> – Continuation of Stage 2 guidelines and safeguards

	<ul style="list-style-type: none"> impact on COVID-19 related resources — Prioritize procedures based on risks resulting from further delay 	<ul style="list-style-type: none"> delayed care and with minimal transmission risk — Continue alternative care models when appropriate 	
Health centers, independent/private and group practices (including dentistry), ambulatory surgical centers, and dialysis centers	<ul style="list-style-type: none"> — Continue alternative care models when clinically appropriate — Prioritize care by urgency and necessity of face-to-face care — Address essential pediatric and maternal care, providing preventative care in the safest way possible — Prioritize procedures that minimize adverse patient outcomes associated with delayed care and with minimal transmission risk 	<ul style="list-style-type: none"> — Continue alternative care models when clinically appropriate — Prioritize procedures that minimize adverse patient outcomes associated with delayed care and with minimal transmission risk 	<ul style="list-style-type: none"> — Continuation of Stage 2 guidelines and safeguards
Skilled nursing facilities, long-term acute care facilities, home health care agencies, and assisted living residences	<ul style="list-style-type: none"> — Continue alternative care models when clinically appropriate — Prioritize care by urgency and necessity of face-to-face care — Continue to prohibit visitors to senior living facilities 	<ul style="list-style-type: none"> — Continue alternative care models when clinically appropriate — Prioritize procedures that minimize adverse patient outcomes associated with delayed care and with minimal transmission risk — Resume visitation, but with screening and distancing protocols 	<ul style="list-style-type: none"> — Continuation of Stage 2 guidelines and safeguards
Behavioral health	<ul style="list-style-type: none"> — Continue alternative care models, including telehealth, when clinically appropriate — Expand services to address increased needs resulting from the virus — Prioritize opening services that require face-to-face care 	<ul style="list-style-type: none"> — Continue alternative care models when clinically appropriate — Continue to expand services to address increased needs resulting from the emergency — Continue opening face-to-face services, prioritizing care 	<ul style="list-style-type: none"> — Continuation of Stage 2 guidelines and safeguards

	<ul style="list-style-type: none"> Continue to operate DBH 24/7 mental health help line 	those needed for stabilization	
Homeless services, public benefits and child welfare	<ul style="list-style-type: none"> Continue expanded shelter and food access Continue remote eligibility assessments Maintain emergency housing protections including eviction delays Continue online applications for benefits Plan for the safe resumption of in-person visits on a staggered timeline, prioritizing high-risk cases Prepare for a surge in services to address increased needs resulting from the emergency 	<ul style="list-style-type: none"> Continue to maintain and expand hotel capacity Begin resuming normal shelter hours and procedures Continue to prepare for a surge in services to address increased needs Begin re-opening in-person services Continue to resume in-person case management prioritizing cases based on risk Enhance capacity for connectivity for people in congregate facilities 	<ul style="list-style-type: none"> Continuation of Stage 2 guidelines and safeguards

RECOMMENDED SAFEGUARDS

Across all stages, the Committee recommends adoption of the additional safeguards outlined below.

SECTOR AND SUB-SECTORS	STAKEHOLDER	ADDITIONAL RECOMMENDED GUIDELINES
All human services, social services and healthcare services	Employers	<ul style="list-style-type: none"> Provide guidance for essential care Ensure access to PPE, equipment, testing, supplies, and other safety measures Accelerate the use of telehealth, technology, and connectivity Stabilize the workforce Address trauma and fatigue among frontline staff Increase available workforce with reciprocity agreements and licensure strategies Modify physical layouts to create more physical distancing Eliminate crowding in waiting areas by using phone calls to call people in

- Create separate air handling areas
- Use technology to facilitate administrative communication whenever possible
- Consider alternative locations for delivering immunizations
- Provide preventative measures in alternative facilities to ensure physical distancing

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Consider developing a funding pool to purchase PPE** for frontline healthcare workers
- **Align operations and infrastructure** to support residents as they return to work and seek medical care (e.g. identify special bus routes)
- **Address equity barriers to telehealth** and other virtual services by ending the digital divide and supporting small providers in standing up these services
- **Consider continuing, and where appropriate, expanding, telehealth services** and targeted reimbursements, including remote patient monitoring, along with classifying telehealth equipment as “durable medical equipment” for Medicaid reimbursement
- **Enhance flexibility of care** coordination models
- **Allow young people to continue receiving services** from CFSA through age 23
- **Create safe ways to visit older adults living in nursing homes** (e.g., temperature checks)
- **Provide recommendations in all the common languages** spoken in DC
- **Allow practitioners to practice in DC if they have a license in another** state while they go through the credentialing process
- **Hire individuals experiencing homelessness**, including young adults, as contact tracers and Community Ambassadors
- **Address trauma and fatigue** among frontline workers
- **Invest in a communications strategy** related to seeking the right medical care, at the right time, in the right place
- **Address social determinants of health**, including the need for rental assistance and associated vouchers, supported employment opportunities, and food availability

GOVERNMENT OPERATIONS, PUBLIC SAFETY, AND CRIMINAL JUSTICE COMMITTEE

STAKEHOLDER ENGAGEMENT

The committee held five focus groups with returning citizens, the recovery support community, consumers of court services, and labor representatives. These focus groups engaged more than 60 District residents, employees, and labor leaders across the following clusters: health and human services, internal services, operations and infrastructure, human resources, public safety and justice. The committee also met with Councilmember Charles Allen and Councilmember Brandon Todd, and representatives from the Public Defender Service, the Council on Court Excellence, and the District Taskforce for Jails and Justice. Finally, the committee reviewed input received through the ReOpen DC surveys, which received over 17,000 responses. Key takeaways from these conversations are embedded in the Committee’s recommendations.

STAGING RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the subsectors listed below.

SECTOR AND SUB-SECTORS	STAGE 1	STAGE 2	STAGE 3
District government	<p>District opens additional in-person services with safeguards and expands virtual service delivery</p> <ul style="list-style-type: none"> Essential services that cannot be performed or facilitated online should resume in-person. District government should prioritize front-facing services that, while deemed non-essential when closed for a few weeks, are deemed essential when closed for months Employees that provide critical functions or support critical functions could return to work with 	<p>District opens some additional in-person services with safeguards</p> <ul style="list-style-type: none"> Employees that can telework, but prefer not to, may be permitted to return to work Some non-essential programming resumes, with reduced capacity when appropriate or necessary 	<p>Most in-person services resume with safeguards</p> <ul style="list-style-type: none"> Many services resume, with as many being provided virtually as possible Employees with mitigating factors (childcare, personal or household health risks) will work with human resources to determine work status

	<p>reasonable accommodations, including additional protections or have mitigating circumstances</p> <ul style="list-style-type: none"> – Duties that are currently performed in-person, but could be facilitated online, are transitioned to virtual service delivery 		
Federal government	<p><i>Federal government employees are a critical part of DC and their jobs vary based on the type of work they do across office spaces, parks, etc. Federal workers should follow the activity most applicable to their workplace, in conjunction with guidance from agency leadership</i></p>		

RECOMMENDED SAFEGUARDS

Across all stages, the Committee recommends adoption of the additional safeguards outlined below.

SECTOR AND SUB-SECTORS	STAKEHOLDER	ADDITIONAL RECOMMENDED GUIDELINES
District government	Employers	<ul style="list-style-type: none"> – Facilitate access to broad, easy-to-access testing – Conduct internal contact tracing (1 contact tracer per 120 employees) – Institute requirements to put employees on quarantine after exposure – Issue guidelines promoting employee physical distancing outside of work – Implement mitigation measures including physical changes to the workplace – Provide access to an adequate supply of PPE for all staff – Conduct workplace screening for all staff

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Maintaining changes that embody ReOpen DC’s HOPE values** - There are several changes in District government operations which should be potentially made permanent. These include the expansion of telework, continuation of officer-less papering at the United States Attorney’s Office, and continued

efforts to reduce the DC Jail population to prevent overcrowding by enhancing meaningful alternatives and increasing the practice of restorative justice measures

- **Using a multi-pronged compliance strategy** - The burden and expectation must not remain on police as the sole officials for enforcing stay-at-home orders, face mask use and, etc. The city should deploy credible individuals, hard-to-reach communities, to educate and influence. Non-law enforcement government representatives such as health inspectors and liquor board inspectors should have a role in investigating complaints regarding non-compliance
- **Building a culturally competent contact tracing force** - The hiring process for the District's Contact Tracing force should ensure that position requirements do not shut out otherwise qualified community members from these job opportunities. A pairing process might allow culturally competent contact tracers who do not have a college degree, but have community ties, to be able to play a role in this life-saving work. Having trusted community members in these roles will be key to successful contact tracing in communities that do not trust the government
- **Issuing clear communication regarding gating criteria for reopening and pulling back** - When public health experts announce the start of a phased reopening of DC, District government employees and the public will want to know on what public health basis that decision was made. In line with guidance issued by Johns Hopkins University's Center for Health Security, the Committee recommends communication around the reopening of DC be centered around gating criteria, or conditions that must be satisfied before proceeding to a phased reopening. Mayor Bowser will also have to clearly announce that she will likely have to reimpose these restrictions in the future for recurrent outbreaks. Ideally, all District residents should understand which phases or parts of reopening will have to be closed again should there be another spike in cases
- The district government should **make testing more widely available and free of charge**
- DOES should **convert workforce and transitional employment programs to virtual**
- DOES and other DC agencies that hold contested hearings should **create an advisory committee of attorneys to provide feedback and recommendations on the reopening of the workers' compensation system, etc.**
- DOES should **implement a mandatory mediation program to avoid backlog of practice compensation cases.** The recommended would be like the DC Superior Court mandatory mediation program that has reduced the time and expense to resolve cases
- The District should **ensure the safe opening of a new men's halfway house**
- The **Department of Corrections should urgently work to safely increase out-of-cell time**
- The **Metropolitan Police Department should strive to be transparent about its mask and physical distancing enforcement policies** and procedures
- **Superior Court should create an advisory committee of attorneys and other stakeholders to provide recommendations on how to reopen court services**

OPEN SPACES AND RECREATION COMMITTEE

STAKEHOLDER ENGAGEMENT

The Open Spaces and Recreation Committee engaged community members and advocates across DC, including affected youth, owners of gyms and workout studios, community sports organizers, groups that regularly use parks and community centers, and leaders of summer camps. Stakeholders represented various minority groups and potentially vulnerable populations. Stakeholders represented approximately 30 organizations including College Bound, Pathways 2 Power, Blackswan Academy, and 100 Black Men. Direct outreach to stakeholders organized into five focus groups of community advocates found that people generally support mask-wearing, expanding sidewalks, and using park space to host gatherings that would otherwise take place indoors.

The focus groups were organized to elicit feedback from youth and parties affected by the five identified subsectors. The youth focus group represented 9th-12th grade high school students from Wards 1, 4, 5, and 7, and 8. The pool focus group was composed of 6 leaders from private pools, public pools, and summer camps that offer pool services. The Recreation and Community Centers, Community Sports, and Summer Camps focus group was composed of eleven managers and staff from public, private, and nonprofit organizations that support recreational programming and activities for youth from all 8 Wards. The gyms and workout studios focus group consisted of nine leaders from minority-led fitness groups and boutique, studio, and big box gyms. In addition, the parks focus group consisted of five leaders from private minority sports and wellness groups and non-profit organizations that support the city's parks, recreation centers, and open spaces. The Committee also gleaned insights from the ReOpen DC Survey, which received 17,000 responses and found that 30% of residents worry that recreation spaces may not recover, especially residents in Wards 7 and 8.

STAGING RECOMMENDATIONS

In addition to the report's primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the subsectors listed below.

SUBSECTOR	STAGE 1	STAGE 2	STAGE 3
Parks, walking paths, dog parks, cemeteries, waterways	Parks, walking paths, fields and waterways open with safeguards Cemeteries remain open with safeguards Limited number of dog parks open and increase with each phase	Additional dog parks open with safeguards	All dog parks open with safeguards

Communal pools	Closed	Closed	<p>Pools open with limited capacity and safeguards</p> <ul style="list-style-type: none"> — Access to pools should be limited by time of day and age (e.g., senior-only hours) — Pool equipment to be removed — Locker rooms and showers closed (outdoor showers only) — No deck chairs/lounging
Summer camps	Closed	Summer camps reopened with capacity constraints of 10 people per room for indoor activities and up to 50 for outdoor activities	Expanded access to summer camps with capacity constraints of 10 people per room for indoor activities and up to 250 for outdoor activities
Community sports, golf courses, tennis courts, tracks, fields, and playgrounds	<p>No-to-low-contact community sports and training and games open with safeguards; medium-to-high contact sports remain closed</p> <p>Golf courses, tennis courts, tracks and fields open with safeguards</p> <p>Playgrounds remain closed</p>	<p>Medium-to-high-contact community sports non-contact training / practices open with safeguards while games remain closed</p> <p>Limited playgrounds open only if enhanced cleaning and sanitation can be followed</p>	<p>Community sports medium-to-high-contact games open with safeguards</p> <p>All playgrounds open with safeguards</p>
Gyms and workout studios	Closed	Gyms and workout studios reopen with limited access (5 per 1,000 sq. ft) provided DC-approved plans, safeguards and physical distancing	Gyms and workout studios continue limited access (5 people per 1,000 sq. ft) provided DC-approved plans, safeguards and physical distancing
Plazas and public events	<p>Plazas remain open with safeguards for personal fitness and exercise activities</p> <p>Public events of up to 10 people with safeguards and physical distancing allowable</p>	Public events of up to 50 people with safeguards and physical distancing allowable	Public events of up to 250 people with safeguards and physical distancing are allowable

RECOMMENDED SAFEGUARDS

The Committee also recommends adoption of the sub-sector specific universal safeguards outlined below.

SUBSECTOR	STAKEHOLDER	ADDITIONAL RECOMMENDED MITIGATION GUIDELINES
Parks, Walking paths, dog parks, cemeteries, waterways	Individuals	Use protective facemask
	Businesses	Limit the number of dog parks that could open and grow within each phase Post signs with physical distancing protocols
Recreation and community centers, pools, spray parks and summer camps	Individuals	Recreation and community centers and summer camps: <ul style="list-style-type: none"> – Use doorside pick-up and drop-off only – Conduct daily temperature and symptoms check for children at summer camps – PPE for all summer camp staff & participants – Increase cleaning frequency of bathrooms and showers
	Businesses	Recreation and community centers, summer camps, and pools: <ul style="list-style-type: none"> – Create protective barriers for front-office staff – Control entry and exit points – Limit number of individuals who can shower/use restrooms Summer camps: Provide daily questionnaire and health screening for child and/or parents Pools: Clean equipment aligning with CDC standards Pools: Limit number of individuals allowed to swim in pools Pools: Ensure daily attendance and check-in conducted at pools ALL: Post signs with physical distancing protocols ALL: Establish hand sanitizing stations at entry/exit and near activity
Community sports, golf courses, fields, playgrounds	Individuals	Golf courses: Ensure patrons to use every other stall for driving range at golf courses Golf courses: Enable contactless payment and waiver process ALL: Continue wearing non-medical masks
	Businesses/ public facilities	Community sports: Continue to limit high contact sports Community sports: Each guest tested for temperature and asked about symptoms upon entry Community sports and golf courses: Prohibit fingerprinting for verification of membership

		ALL: Post signs with physical distancing protocols
Gyms and workout studios	Individuals	ALL: Mandate that guests provide their own water bottles
	Businesses	<p>ALL: Maintain capacity and time limits on gym usage</p> <p>ALL: Close locker rooms and showers</p> <p>ALL: Ensure increased spacing between fitness equipment</p> <p>ALL: Where possible, require different entry and exit points</p> <p>ALL: Ensure gym equipment to be cleaned after each use</p> <p>ALL: Request customers provide names, contact information, time of arrival</p>
Plazas and public events	Individuals	<p>Plazas: Institute physical distancing controls</p> <p>Plazas: Display appropriate signage</p>

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The Committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Utilize parks and recreational facilities** to create and/or facilitate workforce development opportunities
- **Capitalize on considerable investment in fields and recreation centers** and partner with professional sports teams and other entities to ensure that youth from underserved communities participate in organized sports to the same degree as children from other parts in the city
- In coordination with DCPS athletics staff, train adults, including DPR staff, to **administer child sports to provide equitable access to outdoor physically distant recreational activities** for all youth
- **Invest in parks and recreation centers East of the River** that create destinations and tourist attractions
- **Develop “hyperlocal public spaces,”** including identifying locations to widen sidewalks and bike lines, where residents can spend time outdoors within 15 minutes of their homes
- **Focus special attention on how equity impacts recreation and open spaces** within the District as reopening occurs. For example, when masks are needed, businesses and organizations should provide protective masks in lieu of turning residents away

PUBLIC HEALTH INNOVATION AND WORKFORCE COMMITTEE

STAKEHOLDER ENGAGEMENT

In addition to the Mayor’s ReOpen DC survey, the Committee received input through engagement with DC Councilmembers Allen, Silverman, and Gray. The Committee also did focus groups with various public health experts. Common themes that were considered by the Committee included:

- 1) The need for clear and specific health guidance
- 2) Protection for public transit riders and workers
- 3) Transparency of health information
- 4) Expansion of testing for vulnerable communities
- 5) Rapid surge in testing, and support for contact tracing
- 6) Workplace testing for employees
- 7) Development of an antibody testing database.

Further stakeholder engagement was achieved through presentations to business and non-profit groups, discussions with public and private health care professionals, and finally input from the Association of American Medical Colleges. Themes from these engagements include:

- 1) Capture demographic, social, and environmental condition information to better access how the virus is spreading to mitigate health inequities;
- 2) Ensure capacity of hospitals, clinics, and families to perform and participate in telehealth expansion across the District as residents may forgo timely diagnosis due to fears of contracting virus;
- 3) Expand partnerships with OSSE and DCPS and other organizations to promote the development of a homegrown, inclusive, and culturally responsive health care workforce; and
- 4) Regard housing as an extension of health care particularly for housing insecure residents and consider expanding universal testing and non-congregate placements for all people living on the street or in congregate shelters.

SAFEGUARDS AND RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the areas listed below.

ACTIVITY	ADDITIONAL SAFEGUARDS AND RECOMMENDATIONS
Testing	Establish a public-private partnership with the authority to track, report, and centrally coordinate testing strategy, consistent with CDC and DC Health guidance

	<p>To prioritize who is tested, quantify and stratify communities/businesses/workplaces by risk of infection, availability of health access, and presence of comorbidities</p> <p>Model potential capacity of available/attainable equipment and systems to determine appropriate testing capacity for each Ward</p> <p>Broadly educate residents and employers about testing methods & protocols, the limitations of testing, and what a positive or negative test result does and does not mean</p>
Disease surveillance and contact tracing	<p>Maximize existing health care assets and support future public health efforts. DC Health’s internal system must be able to allow 900+ staff members to collaborate and trace contacts remotely. Target resources to those who are not connected to care through insurance</p> <p>Establish clear and approachable disease surveillance and contact tracing communication to maximize its effectiveness. Be transparent and use accessible language with residents and engage existing government and trusted community channels to deliver/develop the message</p> <p>Empower residents to understand their health risks and what to do about them through public maps for high-risk locations identified through contact tracing</p>
PPE, equipment, cleaning and workplace sanitation	<p>Ensure employers and employees across all sectors to wear face coverings as they return to work during Stages 1,2, and 3; procure PPE that is designed for durability and repeated reuse</p> <p>Centralize procurement for PPE and cleaning supplies and provide at-cost to non-government organizations, prioritizing healthcare-related industries with little purchasing power</p> <p>Consider subsidizing PPE for certain non-government organizations that do not have the ability to provide PPE to their employees, especially for those that serve at-risk populations</p>
Temperature monitoring and symptom checks	<p>Ensure employers and employees across all sectors to undergo daily temperature monitoring and other symptom checks, especially if they return to work during the Stage 1 or 2 of reopening with reliance on self-monitoring encouraged. Follow federal health privacy laws</p> <p>Centralize procurement of temperature monitoring devices and provide at-cost to non-government organizations, prioritizing healthcare-related industries, especially smaller health care providers with little purchasing power</p>
Training and reskilling workforce	<p>Train and reskill workers to meet the immediate needs in the healthcare sector. Including the development of career pipelines from DCPS, Charter, and UDC College/University</p> <p>Identify current and projected workforce needs and current and projected training capacity for those needs (across all sectors). Identify, reskill (if necessary), and match displaced workers</p>

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The Committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Support cooperative purchase power for PPE/face covering** supplies for at-risk communities (small business, non-profit, faith based).
- **Provide at-home temperature thermometers** or low-cost devices/ tools to at-risk and underserved populations.

- **Rely on self-administered questionnaires** in addition to temperature monitors.
- **Prioritize the capacity of public health lab resources and neighborhood testing sites** to conduct robust community testing for hotspots, at-risk and underserved populations. Include broader testing of asymptomatic residents in each of these populations.
- **Engage community leaders** and resources to outreach, educate and engage residents in testing availability, procedures and participation. Resources should be sensitized to each population and available in multiple languages.
- **Develop communication strategies for each target population**, designed to address unique circumstances and reach individuals with identified access and functional needs. Communications should be sensitized to each population and available in multiple languages.
- **Tailor contact tracing messaging, technology, and guidance** so they can meet the needs of all residents in their preferred language.
- **Partner with credible messengers to build trust and reduce stigma** around disease surveillance and contact tracing. Priority given to DC residents.
- **Make contact tracing and overall adherence to public health guidelines as easy to follow as possible**, including using text messaging due to its widespread adoption.
- **Address accessibility needs of job-seekers**, given increased reliance on remote/virtual interactions. Priority given to DC residents.
- **Address the needs of workers or job-seekers** who may not reengage in the workforce due to increased risk of infection.
- **Redouble support for individuals who were already disadvantaged** but will now compete with more people for fewer jobs.

REAL ESTATE AND CONSTRUCTION COMMITTEE

STAKEHOLDER ENGAGEMENT

The Real Estate and Construction committee represented leading voices in its membership, consisting of housing community builders, affordable housing advocates and practitioners, commercial owners, property managers, union leaders, and construction and legal professionals. The committee also incorporated resident feedback from the ReOpen DC Survey, which had approximately 17,000 total responses and nearly 1,200 comments. Two recurring concerns from survey respondents included:

- 1) Landlords, tenants, and homeowners alike are concerned about individuals and businesses being able to pay rent and mortgages
- 2) Respondents are looking to the District government for clear guidelines and training on how construction sites and contractors should be operating during the pandemic.

The committee echoes these concerns and sought to deliver practical, clear guidelines for implementing safeguards not only within the construction and contracting space, but across the real estate and construction sector based on industry best practice and expert advice. The committee also recommended the expansion of the Emergency Rental Assistance Program (ERAP), a solution also provided by numerous residents, as near-term policy solution to assist renters impacted by COVID-19.

In addition to the feedback gathered from the public survey and the 25 committee members, the committee engaged 27 external individuals and organizations for reopening guidance and recommendations, including affordable housing developers and advocates (e.g. Coalition for Nonprofit Housing and Economic Development Support Housing Working Group, Jubilee Housing, Housing Up), area construction companies (e.g., Clark Construction, MCN Build, Turner Construction, Smoot Construction), worker groups (North America’s Building Trades Unions, SEIU32BJ, National Association of Minority Contractors), and industry professionals from AECOM, Gensler, Urban Atlantic, and ASHRAE.

The committee also received guidance and input on the recommended guidelines and broader report from District agency representatives from the Department of Housing and Community Development (DHCD), the District of Columbia Housing Authority (DCHA) and the Department of General Services (DGS).

STAGING RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the subsectors listed below.

SUBSECTOR	STAGE 1	STAGE 2	STAGE 3
Commercial Office Space	Work from home strongly recommended — Maintain telework	Work from home recommended, but up to 25% capacity in office spaces allowed with physical distancing	Work from home recommended, but up to 50% capacity in office spaces allowed with physical distancing

	<ul style="list-style-type: none"> — Adopt enhanced cleaning policies — Develop an access control plan that reduces elevator capacity burdens — Develop plans to increase central air filtration efficiency where possible — Ensure hand sanitizing stations throughout common areas 	<p>Office workers divided into shifts to reduce contact</p> <ul style="list-style-type: none"> — Encourage self-administered temperature checks for employees and visitors 	
Residential Real Estate	<p>Open with safeguards and minimal to no use of common areas</p> <ul style="list-style-type: none"> — Install plexi-glass shield and 6-foot floor markers at any staffed front desks 	<p>Open with safeguards</p> <ul style="list-style-type: none"> — Common areas open at 25% capacity 	<p>Open with safeguards</p> <ul style="list-style-type: none"> — Common areas open at 50% capacity
Construction and Development	<p>Open with safeguards</p> <ul style="list-style-type: none"> — Require development of a COVID-19 job safety plan, including control measures, symptom checking, physical distancing, hygiene and decontamination procedures, PPE utilization, training, and exposure control — Designate a site-specific COVID-19 Supervisor, excluding residential sites, to monitor the health of employees and enforce COVID-19 job site safety 	<p>Open with safeguards</p> <ul style="list-style-type: none"> — Continuous worker training on site COVID-19 job safety plan — Continued use of virtual inspections and other visits by DCRA and third-party providers when possible 	<p>Open with safeguards in place</p> <ul style="list-style-type: none"> — Gradual transition on worksites to allow for additional workers per shift, as informed by District health officials and authorized by the Mayor's office

RECOMMENDED SAFEGUARDS

The committee also recommends adoption of the sub-sector specific universal safeguards outlined below.

SUBSECTOR	STAKEHOLDER	ADDITIONAL RECOMMENDED MITIGATION GUIDELINES
Offices, residential real estate and construction	Businesses	<ul style="list-style-type: none"> — Continue to encourage work from home whenever feasible — Consider space reconfiguration for office environment to achieve physical distancing — Implement ‘staff rotations’ or ‘staff shifts’ for both construction workers and workers returning to commercial offices, grouping employees into A and B cohorts that use facilities at different times and don’t overlap — Install floor decals and visual markers as needed to promote physical distancing in building and construction site common areas — Make entrances and exits as touchless as possible (e.g., automatic sensors, foot openers) — Minimize contact between workers and delivery persons by shifting from paper documents to mobile apps for ordering and confirming deliveries
Residential real estate	Businesses	<ul style="list-style-type: none"> — Adopt and encourage utilization of online rent payment — Develop a plan for in-unit emergency service requests that minimizes the physical proximity between tenants and service providers — Develop an access control plan that reduces elevator capacity burdens — Extend off-hours mechanical service to circulate air before and after core working hours — Defer non-essential construction and maintenance — Utilize virtual tours and open houses for real estate showings as much as possible

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The Committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Recommend the provision of hazard pay to vulnerable workers** that cannot telework (e.g. security guards, cleaning staff, building maintenance, etc.)
- **Implement on-site testing facilities** for construction sites with >150 workers
- **Consider regulatory changes** including adoption of virtual inspections and permitting processes, and resolution of indemnification concerns for employers, landlords and building managers
- **Consider establishing and expanding rent and mortgage assistance programs** for low-income residents experiencing COVID-related financial hardship
- **Encourage offering of monthly payment plan options for residential tenants and housing providers** as well as between multi-family housing providers, tenants, and utility companies

- **Facilitate adoption of physically-distant transportation options** for construction and office workers who cannot work from home, including free memberships to Capital Bikeshare, subsidies for taxis and additional bicycle parking
- **Designate ‘Health Ambassadors’ as points of contact for real estate and construction businesses**, responsible for developing and maintaining health and safety policies, coordinating with District government officials, and collaborating with industry counterparts to ensure internal policies align and are constantly evaluated as restrictions are relaxed or intensified
- **Develop creative incentive structures for the conversion of existing vacant or under-utilized office or parking garages** into facilities for light manufacturing, storage or distribution

RESTAURANTS AND FOOD RETAILERS COMMITTEE

STAKEHOLDER ENGAGEMENT

Throughout this process, the Committee proactively sought a wide array of viewpoints and perspectives. This started with the review of guidance provided by a variety of national organizations and public health experts, and a close look at how jurisdictions throughout the region and country are handling similar issues. At the local level, in addition to the industry stakeholders who are part of the Committee, we tapped a broader group of restaurant owners, operators, and workers to help develop some of the guidelines with a focus on economic and equity considerations. Our Committee also consulted with advocates and reviewed letters from multiple advocacy organizations and community leaders, which are included in the report’s appendix. The Committee was also utilized the Reopen DC survey, which yielded more than 130 comments specific to the topics within our purview, a survey conducted by the Restaurant Association of Metropolitan Washington that included feedback from 150 area restaurants, and a survey conducted by the DC Bar and Restaurant Workers Alliance. In order to gain insight and perspective from the Council, the Committee held a conference call with Chairman Phil Mendelson and Councilmember Kenyan McDuffie.

STAGING RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the subsectors listed below.

SUBSECTOR	STAGE 1	STAGE 2	STAGE 3
Restaurants	<ul style="list-style-type: none"> – Outdoor table service only, with physical distancing and safeguards – Buffets prohibited – Maximum table size of 6 – Standing or seating at outdoor bars prohibited – Request that customers provide names and contact information and record time of arrival 	<ul style="list-style-type: none"> – Indoor seating of up to 50% capacity allowed with safeguards and physical distancing – Outdoor seating permitted – Bar seating permitted with individuals 6 feet apart (bar standing still prohibited) – Request that customers provide names and contact information and record time of arrival – Maximum table size of 10; parties larger than 6 must be from same household 	<ul style="list-style-type: none"> – Indoor seating of up to 50% capacity allowed with safeguards – Restaurants may submit case-by-case requests for capacity expansion for approval consistent with physical distancing requirements – Request that customers provide names and contact information and record time of arrival – Outdoor seating permitted

		<ul style="list-style-type: none"> – Buffets permitted if employee serves the food – Bringing alcohol from home prohibited 	
Grocery stores	<ul style="list-style-type: none"> – Continued operation under physical distance guidelines – Curbside pickup and delivery highly encouraged – Buffets and salad bars prohibited 	<ul style="list-style-type: none"> – Continued operation under physical distance and capacity guidelines – Buffets permitted if staff serves the food 	<ul style="list-style-type: none"> – Continued operation under physical distance and capacity guidelines
Farmers markets	<ul style="list-style-type: none"> – Expanded vendor offerings at markets, including (1) non-food items, (2) food items prepared on site, (3) allowing customers to select their own produce, as in grocery stores, (4) provide produce in non-pre-bagged quantities, and (5) provide non-essential information and education (like nutrition) – Extension of existing farmers market waivers through the rest of the season – Market operators to maintain designated entrances and exits from the market, capacity limits, and queues to enter the market 	<ul style="list-style-type: none"> – Maintain spacing between vendors of at least 6 feet – Market operators may relax physical distancing requirements to the appropriate requirements and recommendations of DC Health at the time 	<ul style="list-style-type: none"> – Continued operation with restricted capacity and safeguards
Food trucks	<ul style="list-style-type: none"> – Encourage customers to pre-order to minimize lines and gathering; ensure physical distancing 	Continuation of Stage 1 safeguards and guidance	Continuation of Stage 1 safeguards and guidance

RECOMMENDED SAFEGUARDS

The Committee also recommends adoption of the sub-sector specific universal safeguards outlined below.

SUBSECTOR	STAKEHOLDER	ADDITIONAL RECOMMENDED MITIGATION GUIDELINES
All restaurants and food establishments	Businesses	<ul style="list-style-type: none"> – Use of single-use utensils or condiments at restaurants, or sanitation of common items in between all table seating – All food-contact surfaces must be sanitized every 2 hours – All food-handling staff to wear masks and gloves – Use online reservation and ordering systems whenever possible and keep customer logs to facilitate contact tracing

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The Committee and its members have identified several additional initiatives and ideas for consideration, which include:

- Continued **permission for restaurants to provide take-out and delivery of alcoholic beverages** throughout all phases of reopening
- **Relaxed criteria for outdoor operations**, enabling establishments to incorporate and/or expand outdoor seating areas while ensuring physical distancing
- **Flexibility for food service establishments to change the type of license they hold** within the food service category
- Authorization of food service businesses to **conduct some or all operations at secondary locations**
- **Implementation of ‘click and collect’ for SNAP authorized food retailers** and grocers to facilitate curbside grocery pickup
- **Pursuing federal FEMA funding to support restaurants** providing meals to vulnerable residents
- **Creation of a tax incentive for restaurants to donate food** to frontline and vulnerable residents
- **Expansion of SNAP, WIC and free school meal programs** to assist vulnerable residents
- Prioritization of the development of **grocery stores and urban farming in food deserts and Wards** with limited access to fresh food
- **Expand transportation programs for low-income residents** like the Taxi to Rail and Lyft Grocery pilot program to facilitate access to food in low-grocery-density neighborhoods
- **Expand urban farming in the District to meet needs of vulnerable populations** through investment in infrastructure including cold storage and greenhouses, and identification of District properties for the Urban Land Lease Program
- **Display of ‘safety pledge’ signage** in restaurant windows, facilitating mutual acknowledgement of restaurant safety and customer participation in safety guidelines while at the establishment. Sample pledge would read as follows:

- Our promise to you (restaurants to customers):
 - Our establishment is committed to following and adhering to all health and operating measures outlined by Mayor Bowser, DC Health, and recommended guidance from the FDA and ServSafe.
 - We will continue to lead in safe sanitation practices.
 - We will monitor the health of all staff.
 - We will maintain strict physical distancing guidelines for all seating.
 - We will make hand sanitizer or hand washing stations available at all entrances.
 - We will clean and sanitize common areas and all surfaces regularly.
 - We will clean and sanitize all tables and chairs after every use.
 - We will sanitize place settings, utensils, menus, and condiments after every use, or we will use single use materials.
- Your promise to us (customers to restaurants):
 - You will keep everyone safe by staying home if you have recently been exposed to COVID-19, have symptoms of COVID-19 (including a fever, aches, cough, shortness of breath, headache, chills, or loss of taste/smell), or are sick in any way.
 - You will limit your party size to six or fewer guests. If more than six guests, you must pledge that they are all be from the same household.
 - You will practice physical distancing in all waiting areas and while seated.
 - You will utilize hand sanitizer or a hand washing station upon entry.
 - You will consider contactless delivery options if you have underlying health conditions or are otherwise concerned about contracting COVID-19.

SMALL BUSINESS AND RETAIL COMMITTEE (SBRC)

STAKEHOLDER ENGAGEMENT

The SBRC engaged over 100 stakeholders through listening sessions, interviews and conversations with individual industry representatives and guest presenters to benefit from their first-hand experience, which enabled the Committee to identify real-world, timely and specific challenges and create viable recommendations and guidance.

Industry representatives who provided input to the SBRC included: Ace Hardware, Costco, Goodwill Industries, Hines Development, Macys, Industrial Bank, CVS, Wegmans, Politics and Prose, Streets Market, and Wells Fargo.

The SBRC also received valuable input from guest presenters at our daily 8:30 am meeting. Presenters included Ron Busby, President of US Black Chambers; Nicole Quiroga, President and CEO of the Greater Washington Hispanic Chamber of Commerce; and Jodie McClean CEO of Edens, a real estate developer with a large retail footprint throughout America and in DC.

The SBRC also conducted a review of published guidance and best practices applicable to the committee's work to help frame its recommendations and guidance. Some of the guidance reviewed included publications by: The Alliance of Professional Tattooists; National Retail Federation; CDC Small Business Guidance; City First Bank; International Council of Shopping Centers; International Spa Association; OSHA; Walmart, Wegmans, and ReOpen Mainstreet.

The Committee also incorporated feedback from online surveys; emails from business owners; and focus groups which included business owners, industry associations, employees and customers. We also gathered insights from DC Ward 5 Councilmember Kenyan R. McDuffie, Chairperson of the DC Council Committee on Business and Economic Development, who participated in several Committee discussions and shared real-time, direct feedback from DC residents, businesses and other constituent groups. The Committee was also guided by DC's Chief Financial Officer Jeffrey DeWitt.

Survey and email respondents include small business and retailers from across the city. The committee was pleased with the diversity of input which truly was representative of all 8 Wards. Survey and email respondents included: Andre Taylor Photography, Plum Good LLC, and Baby Einstein, all Ward 8 businesses; Tenleytown Main Street and Write for You/JB Sweets, both Ward 3 businesses; and Solid State Books and Stan's Men's Clothing, both Ward 6 businesses.

The SBRC also held telephone sessions with groups representing neighborhood businesses. The telephone session participants included: Anacostia Business Improvement District, the DC BID Council, H Street Main Street, representatives from the Board of Barbering and Cosmetology, and groups representing business owners who are hearing and visually impaired.

Finally, the committee reviewed the results of the Mayor's online survey and incorporated suggestions into the report.

STAGING RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the subsectors listed below.

SUB-SECTOR	STAGE 1	STAGE 2	STAGE 3
Shopping malls (indoor and outdoor), BIDs and Main Streets	<ul style="list-style-type: none"> Curbside, pickup and delivery allowed Encourage online shopping 	<ul style="list-style-type: none"> Continued observation of Stage 1 guidelines Criteria for Shopping Malls/BIDs/Main Streets should be driven by the criteria established for the business operating within those shopping areas 	<ul style="list-style-type: none"> Criteria for Shopping Malls/BIDs/Main Streets should be driven by the criteria established for the business operating within those shopping areas
Essential retail (i.e. businesses open during the stay-at-home order)	<ul style="list-style-type: none"> Implement PPE and physical distancing policies Allow curbside pickup Implement and follow current mitigation guidelines Encourage online shopping 	<ul style="list-style-type: none"> Continued observation of Stage 1 guidelines 	<ul style="list-style-type: none"> Continued observation of Stage 1 guidelines
Non-essential retail	<ul style="list-style-type: none"> Curbside, pickup and delivery allowed Encourage online shopping 	<ul style="list-style-type: none"> Non-essential retailers reopen in-store, with safeguards and capacity limits (5 people per 1,000 sq. ft not to exceed 50% capacity) Allow curbside pickup Encourage online shopping Implement and follow reopening mitigation guidelines 	<ul style="list-style-type: none"> Non-essential retailers continue in-store, with safeguards and capacity limits (10 people per 1,000 sq. ft not to exceed 75% capacity) Allow curbside pickup Continue to follow reopening mitigation guidelines
Barbershops and hairdressers	<ul style="list-style-type: none"> Personal services allowed by appointment with strong safeguards and physical distancing (5 people per 1,000 sq. ft) 	<ul style="list-style-type: none"> Continued observation of Stage 1 guidelines 	<ul style="list-style-type: none"> Continued observation of Stage 1 guidelines

	<ul style="list-style-type: none"> – Rearrange stations to ensure a six-foot minimum space between customers – PPE/masks/gloves – Restroom sanitization on a frequent schedule – Payment via digital platforms encouraged as much as possible 		
Nail salons, wax salons and spas	<ul style="list-style-type: none"> – Closed 	<ul style="list-style-type: none"> – Personal services allowed by appointment with strong safeguards and physical distancing (5 people per 1,000 sq. ft) – Rearrange stations to ensure a six-foot minimum space between customers – PPE/masks/gloves – Restroom sanitization on a frequent schedule – Payment via digital platforms encouraged as much as possible 	<ul style="list-style-type: none"> – Continued observation of Stage 2 guidelines
Couriers and messengers	<ul style="list-style-type: none"> – Avoid customer interaction – Notify customers of delivery/pickup changes – Do not share hand-held devices; only delivery person to enter information 	<ul style="list-style-type: none"> – Continuation of Stage 1 guidelines 	<ul style="list-style-type: none"> – Continuation of Stage 1 guidelines

RECOMMENDED SAFEGUARDS

The committee also recommends adoption of the sub-sector specific universal safeguards outlined below.

SECTOR	STAKEHOLDER	ADDITIONAL UNIVERSAL SAFEGUARDS BY SECTOR
Retail (all subsectors)	Business	Masks for all employees and customers and gloves for employees

		<p>Hand sanitizer available in areas of contact</p> <p>If available, body scanners for larger stores</p> <p>No food or drink inside store for customers</p> <p>Sanitization measures in place to include charging stations, vending machines, Redbox, etc.</p> <p>Sanitization of carts between customers</p>
Personal care services (all subsectors)	Business	<p>Masks for all employees and customers and gloves for employees</p> <p>Restroom sanitization on a frequent schedule</p> <p>Ample signage (see sign recommendations in communications section)</p> <p>Availability of multiple ways to pay, including Auto Pay, mobile apps encouraged</p>
Barbershops/hairdressers	Business	<p>Rearrange stations to ensure a 6-ft minimum space between customers</p> <p>Wipe down all equipment at end of use</p> <p>No walk-ins; conduct business by appointment only</p>
Nail/ Wax Salons / Spas	Business	<p>Rearrange stations to ensure a 6-foot minimum space between customers</p> <p>Implement flexible worksites, if possible, or flexible schedules</p> <p>Install clear partitions at customer interaction sites</p> <p>Mandate temperature checks before entering the facility</p> <p>Wipe down all equipment at end of use</p> <p>No walk-ins; conduct business by appointment only</p>
Couriers and Messengers	Business	<p>Avoid or limit customer interaction, if possible</p> <p>Provide outside drop-off/pick up, if possible</p> <p>Notify customers of delivery/pickup changes</p> <p>Do not share hand-held devices or pens; only delivery person to enter information</p>

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The Committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Maximize the use of public spaces for curbside services**, outdoor dining, and showcasing of non-food retail

- **Create a Shopping District Ambassador Program** that distributes free health/safety equipment and resources at business points of entry to assist the public in adapting to reopening health/safety compliance
- **Recruit and train DC residents on COVID-19-related services** to offer technical assistance to small businesses
- **Provide ample compliance training** for all stakeholders
- **Assist businesses in migrating to contactless payment systems**
- **Create a small business and retail agreement form**, where the business owner covenants commitment to health/safety protocols and safeguards
- **Develop clear and thoughtful enforcement procedures**
- **Address the underlying structural disparities** that contribute to racial/socioeconomic inequities in DC pre COVID-19, including access to capital and access to markets
- **Establish key programs that support job creation and business expansion**
- **Provide all businesses equitable access to DC government resources**, including procurement opportunities
- **Make PPE available at free or reduced cost to businesses**
- **Provide training in effective PPE use** and other health/safety protocols
- **Increase the availability of testing for business** to help identify risks and reduce the spread of COVID-19

TRANSPORTATION AND INFRASTRUCTURE COMMITTEE

STAKEHOLDER ENGAGEMENT

This committee sought input from a wide range of stakeholders in local, regional, and federal government, advocacy groups, and received a letter from Councilmember Cheh. Stakeholder presentations to the committee included DDOT, Events DC, Public Service Commission, OMB, Washington Area Bicyclists Association, DC Sustainable Transportation, MetroLab Network, WMATA, Union Station Redevelopment Corporation, American Automobile Association, Greater Washington Partnership.

Additionally, the committee took over 10,319 responses from the District’s ReOpen DC Public Survey into consideration, interviewed 32 public transportation/ infrastructure officials/agencies, engaged 35 transportation industry experts, consulted 9 telecommunication organizations, and interviewed 37 transportation research and association members and organizations to obtain input and feedback on proposed recommendations and industry reopening requirements.

STAGING RECOMMENDATIONS

In addition to the report’s primary guidance and universal safeguards (e.g., physical distancing of at least six feet, use of masks in public spaces, stringent sanitation and hygiene practices) the Committee proposes the following guidance for the subsectors listed below.

SUBSECTOR	STAGE 1	STAGE 2	STAGE 3
Transit	<p>Meet demand and allow for physical distancing</p> <ul style="list-style-type: none"> Assign lanes and prioritize signals for the Lifeline Network bus corridors Institute skip-stop service Continue rear door boarding for bus transit except for riders needing extra assistance Reroute or reprioritize bus routes to areas of high usage Install more dedicated bus lanes, along high transit use corridors and transit-dependent communities, to improve efficiency and reduce passenger wait times 	<p>Continue to meet demand and allow for physical distancing</p> <ul style="list-style-type: none"> Assign lanes and prioritize signals for the Lifeline Network bus corridors Institute skip-stop service Reroute or reprioritize bus routes to areas of high usage Bundle trips and integrate travel modes, including contactless and integrated fare payments through WMATA 	<p>Expand to meet demand and allow for physical distancing</p> <ul style="list-style-type: none"> Reroute or reprioritize bus routes to areas of high usage

	<ul style="list-style-type: none"> Consider on-demand shuttle services for essential workers with schedules that do not match current transit operating levels - such as hospital and public safety workers 		
Shared and micro-mobility for hire	<p>Non-essential shared transit discouraged</p> <ul style="list-style-type: none"> Encourage plastic shields for shared ride vehicles Prohibit passengers from sitting in front passenger seat by drive Consider limiting number of passengers to 1 person or 2 people if in same household. 	<p>Non-essential ridesharing and other transit can resume</p> <ul style="list-style-type: none"> Encourage plastic shields for shared ride vehicles Prohibit passengers from sitting in front passenger seat by driver Consider limiting number of passengers to 1 person or 3 people if in same household 	<p>Non-essential ridesharing and other transit can resume</p> <ul style="list-style-type: none"> Encourage plastic shields for shared ride vehicles Prohibit passengers from sitting in front passenger seat by driver

RECOMMENDED SAFEGUARDS

The Committee also recommends adoption of the sub-sector specific universal safeguards outlined below.

SUBSECTOR	STAKEHOLDER	ADDITIONAL RECOMMENDED MITIGATION GUIDELINES
All transportation and infrastructure	Individuals	<ul style="list-style-type: none"> Use facial coverings in public spaces, on all transit and rail vehicles, and in shared mobility services
	Businesses	<ul style="list-style-type: none"> Install hand sanitizing stations at entrances and in common areas in transit hubs Block off middle seats on airplanes, trains and buses or otherwise seat passengers to prevent them from sitting directly next to each other to maintain physical distancing guidelines
Roadways and public space	Businesses	<ul style="list-style-type: none"> Reallocate public space to promote pedestrians, restaurants, and non-vehicles (e.g., bicycles, scooters) Reallocate traffic lanes to improve Lifeline bus service Dedicate more parking spaces to commercial delivery services Expand “multimodal mobility hubs” parking options

- Continue to encourage commercial delivery services to make deliveries in off-peak hours

OTHER RECOMMENDATIONS AND ‘BIG IDEAS’

The committee and its members have identified several additional initiatives and ideas for consideration, which include:

- **Use existing transportation infrastructure to expand Wi-Fi** (e.g., utility poles, bus stops)
- **Identify select streets to close off to cars and convert to outdoor seating** and retail space
- **Encourage local deliveries** of food and other goods by bicycles
- **Use food trucks and hand-washing stations** to bring amenities to every neighborhood to prevent the need for residents to travel by any method other than foot
- **Create sanitation and physical distancing “certification” program**, to increase passenger confidence, to rate how well transit and shared rides are adhering to guidelines
- **Invest in contactless entry and fare payments**
- **Establish expanded sidewalks through travel lane conversion on bridges** to promote physical distancing, especially Anacostia River crossings (Sousa, East Capital, Frederick Douglass, and Benning Road Bridges)
- **Re-program curbside lanes for e-scooter/bike lanes** along major corridors
- **Permit dock less e-bike and e-scooter providers** to increase fleet size for anticipated demand.
- **Allow taxis to deliver food and packages**
- **Convert existing on-street "bicycle route" system** to shared street network with rapid implementation of signage, barriers and traffic calming with a target speed of 10 mph
- **Reduce speed on local arteries from 25mph to 20mph** to protect more people walking in streets due to physical distancing
- **Experiment with on-demand transit**
- **Update bus lines and schedules** based on bus plan
- **Provide subsidies to ensure access to affordable bikeshare and transit services**, particularly for low-income areas
- **Enhance DFHV’s MedExpress and Transport DC services**
- **Enhance WMATA’s MetroAccess service**
- **Create “shovel ready” public space and roadway projects** and offer job training and employment to those unemployed

ReeC

DC

Open

