APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
FEBRUARY 26, 2026

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
January 22, 2026 – 9:00 a.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:	Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas *(in-person)* Frank Nemec, Vice-Chair – At-Large Member, Physician *(in-person)* Joseph Hardy, Secretary – Mayor, City of Boulder City *(in-person)* April Becker – Commissioner, Clark County *(in-person)* Bobbette Bond – At-Large Member, Regulated Business/Industry *(in-person)* Nancy Brune – Council Member, City of Las Vegas *(in-person)* Pattie Gallo – Mayor Pro Tem, City of Mesquite *(via Teams)* Marilyn Kirkpatrick – Commissioner, Clark County *(in-person)* Monica Larson – Council Member, City of Henderson *(in-person)* Scott Nielson – At-Large Member, Gaming *(in-person)* Shondra Summers-Armstrong – Council Member, City of Las Vegas *(in-person)*
ABSENT:	N/A
ALSO PRESENT: (In Audience)	Allon Adar-Burla, Saul Alvarez, David Anderson, Elva Anderson, Linda Anderson, Azucena Ayala, Toluwanimi Babarinde, Amanda Bowen-Trujillo, Scott Carlsen, Elisa Carothers, Ethan Charles, Renee Charles, Dawn Christensen, Greg Cole, Rick Davis, Lorraine DeBusk, Jessica Donnell, Maria Elliott, Andrew Farrell, Cynde Farrell, Tanascon Fowler, Irene Garcia, Mark Gilmour, Mark Goldstein, Carmen Gomide, Camilla Grantinutti, Lon Grasmick, David Harrison, Judy Heath, Rodney Heiselman, Diane Henry, Laurie Howard-Malm, Larry Ish, Edwin Kaehler, Demetria Kalfas-Gordon, Gary Kantor, Keith Kennedy, Jed Kimma, Barry King, Joyce Kotnik, Deborah Kuhls, Elaine Lane, Pamela Littleton, Tom Lobeck, Michael Lyle, Laura McSwain, Bradley Mayer, Mark Medina, Myra Medina, Ed Mikula, Connie Miles, Edwin Miller, Michael Mitchell, Brandon Monette, Tammy Moore, Dan Mooney, Tammy Moore, Dennis Neuhausel, Trent Nguyen, Cheryl Pastore, Mary Peters, Laurie Priest, Thomas Regenhard, Carol Reynolds, Cindy Romo, Dennis Romo, Christian Salmon, Jay Samuels, C. Thomas Sangretoro, Stacie Sasso, Angelia Schneider, Larry Seely, Sharon Seely, Karen Sevy, Michael Shapiro, Richard Shinnick, Cheri Sidhu, Steve Sidhu, Cindy Snow, Brigitte Solvie, Laurie Sutton, William Takohashi, Shana Tello, Michelle Van Geel, Charles Walker
EXECUTIVE SECRETARY:	Cassius Lockett, PhD, District Health Officer
LEGAL COUNSEL:	Heather Anderson-Fintak, General Counsel
STAFF:	Kevin Abbott, Adriana Alvarez, Emily Anelli, Tonia Atencio, Jacqueline Ayala, Maria Azzarelli, Tawana Bellamy, Haley Blake, Nikki Burns-Savage, Cory Burgess, Daniel Burns, Victoria Burris, Nancy Cadena, Belen Campos-Garcia,

Andria Cordovez Mulet, Shea Crippen, Gerard Custodio, Liliana Davalos, Jeff Dawson, Christian DeHaan, Aaron DelCotto, Yvonne Emry, Lisa Falkner, Kimberly Franich, Joe Ginty, Xavier Gonzales, Jacques Graham, Nancy Hall, Victoria Harding, Maria Harris, Richard Hazeltine, Raychel Holbert, Donna Houston, Carmen Hua, Jessica Johnson, Theresa Ladd, Josie Llorico, Julie Maldonado, Anil Mangla, Jonas Maratita, Blanca Martinez, Bernadette Meily, Marco Mendez, Kim Monahan, Deborah Moran, Todd Nicolson, Brian Northam, Brennen O'Toole, Rona Ordona, Veralynn Orewyler, Kyle Parkson, Shannon Pickering, Luann Province, Yin Jie Qin, Davin Raman, Vivek Raman, Emma Rodriguez, Larry Rogers, Alexis Romero, Chris Saxton, Dave Sheehan, Karla Shoup, Jennifer Sizemore, Cameron Smelcer, Randy Smith, Ronny Soy, Rosanne Sugay, Candyce Taylor, William Thompson, Rebecca Topol, Greg Tordjman, Renee Trujillo, Jorge Viote, Brenda Welch, Ashley Wheeler, Donnie Whitaker, Tiana Wright, Edward Wynder, Lourdes Yapjoco, Merylyn Yegon, Lei Zhang, Ying Zhang, Susan Zannis

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 9:00 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

The Chair acknowledged attendees present in relation to the proposed septic system regulations, expressing appreciation for their engagement. The Chair advised that as there was no posted agenda item related to the proposed septic system regulations, attendees were invited to share comments during the Second Public Comment period.

Member Brune joined the meeting at 9:02 a.m.
Member Bond joined the meeting at 9:02 a.m.

III. RECOGNITIONS

1. **Las Vegas TGA Part A HIV/AIDS Program – Clark County – Certificate of Quality Improvement Leadership**
   - Ronny Soy and Brennen O'Toole

   The Chair recognized Ronny Soy, Senior Community Health Nurse, and Brennen O'Toole, Health Educator, for receiving a Certificate from Clark County Office of HIV, Las Vegas TGA Part A HIV/AIDS Program for exemplary leadership in applying quality improvement tools, interpreting data, and driving meaningful, collaborative improvement within the Clinical Quality Management Program. Their consistency and willingness to engage in meaningful quarterly trainings and monthly meetings have elevated the overall CQM program. On behalf of the Southern Nevada Health District and the District Board of Health, the Chair congratulated the employees on this recognition.

Member Larson joined the meeting at 9:03 a.m.

2. **Southern Nevada Health District – December and January Employees of the Month**
   - Victoria Harding and Nancy Hall
   - Jonas Maratita and Rona Ordona

   The Chair recognized the December and January Employees of the Month. The Health District, and the Board of Health, recognized these employees go above and beyond for the Health District and our community and best represented the Health District's C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the employees on this recognition.

3. **Southern Nevada Health District – 2025 Employee of the Year**
   - Sarah Humphreys
4. **Southern Nevada Health District – 2025 Manager of the Year**
   - Bernie Meily

   The Chair recognized the 2025 Employee and Manager of the Year. The two individuals were selected from all the winners this past year that went above and beyond for the Health District and our community, and that best represent the C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated these exceptional employees.

IV. **FIRST PUBLIC COMMENT**: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Laura McSwain, from the Water Fairness Coalition, spoke regarding Item XI.3, the Community Health Monthly Activity Report, specifically the Health District's tobacco and vaping prevention efforts in school athletic settings. She raised concerns about student injuries associated with artificial turf, citing an August 2024 incident involving second-degree burns to student athletes, and characterized such injuries as a public health prevention and surveillance issue. Ms. McSwain also drew parallels between inhalation risks from vaping and potential respiratory exposures related to artificial turf particulates during athletic activity. She noted that Clark County School District has received expert testimony on artificial turf impacts but continues field conversions. Ms. McSwain requested clarification on whether and how the Health District was tracking and addressing artificial turf-related health risk. Ms. McSwain submitted supporting materials for the record.

Good morning, Chair Black and members of the Board. My name is Christian Salmon, spelled S-A-L-M-O-N. Under NRS 241.035(1)(d) I respectfully request the minutes reflect the substance of my remarks uh verbatim. Regarding the approval of the November 20, 2025 Board of Health Minutes on SNHD's quote audio and video recordings page, that meeting is labeled as a time of two hours 8 minutes 57 seconds, but the posted file stops at one hour, 10 minutes and 57 seconds. Two hours on the label, one hour and 10 minutes in reality. If the public can't access the complete recording, how can the public verify the accuracy of the minutes for what happened after one hour, 10 minutes and 57 seconds. And in the case specifically, my case specifically, the draft minutes preserve my public comment wording because I requested now and then that my

remarks be captured verbatim through my through through the NRS that I requested, as I did here. If the online recording is incomplete, what source was used to confirm the quoted words are correct? The video, the full video and a separate audio recording, staff notes, or something else. Please advise. So before you approve those minutes, I'm asking for three things. Please state on the record whether the SNHD had the full audio and or video for the November 20th meeting and what the official record recording of the record is. Two, if the full recording exists, please direct staff to post the complete file and confirm where it can be accessed. Three, if the full recording does not exist or cannot be produced then please do not approve the minutes that cannot be verified against a complete meeting recording. At minimum, the minutes should clearly disclose that limitation. Because these items are now raised, I res, I respectively ask the Board to pull the November 20th minutes from the consent agenda today so that this can be addressed in open session before any vote. Thank you.

Victoria Harding, an SNHD employee of 19 years and former Chief Steward, spoke in support of Dr. Cassius Lockett. She described the Health District's growth over time and the challenges that accompanied leadership and organizational changes. Ms. Harding stated that over the past year, employee engagement and communication have significantly improved, noting a renewed sense of unity, value, and shared purpose across the Health District under Dr. Lockett's leadership. She expressed strong support for Dr. Lockett's performance, contract extension, and compensation, emphasizing the importance of investing in leadership that prioritizes employee input, collaboration, and community impact.

Seeing no one further, the Chair closed the First Public Comment period.

V. ADOPTION OF THE JANUARY 22, 20265 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Kirkpatrick, and carried unanimously to approve the January 22, 2026 Agenda, as presented.

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** November 20, 2025 *(for possible action)*

2. **PETITION #18-26: Approval of the Interlocal Agreement (CBE NO. 607816-25), between the Southern Nevada Health District and Clark County, Nevada to collaborate on Ryan White Part A Jurisdictional Clinical Quality Management**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **PETITION #20-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of sudden unexpected infant death (SUID)/sudden death in the young (SDY) data and improve SDY data on febrile seizures and priority fields for entry into the National Fatality Review Case Reporting System (NFR-CRS)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **PETITION #21-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the collection of violent death data into the National Violent Death Reporting System (NVDRS)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

5. **PETITION #22-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of drug overdose data for entry into the National Violent Death Reporting System (NVDRS) through State Unintentional Drug Overdose Reporting System (SUDORS)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

6. **PETITION #23-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Washoe County Regional Medical Examiner's Office (WCRMEO) to collaborate on the registry and prevention of sudden unexpected infant death (SUID) and sudden death in the young (SDY)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

7. **PETITION #24-26: Approval of the Interlocal Agreement Number 142467-A between the Southern Nevada Health District and the Las Vegas Valley Water District for potable water utility service for the Southern Nevada Health District BSL-3 Lab Expansion Project**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Further to an inquiry from Chair regarding any legal concerns in proceeding with the approval of the Consent Agenda, Ms. Anderson-Fintak advised that Nevada Open Meeting Law required minutes that substantially reflected a meeting. She noted that the Health District exceeds this requirement by also providing a full video and audio recording of the meeting. While minor technical issues such as buffering or early start times may occur with the video, the complete meeting recording is available online and meets or exceeds legal standards for public access. Ms. Anderson-Fintak confirmed that the Board was in compliance with the Nevada Open Meeting Law with the minutes contained in the Consent Agenda.

A motion was made by Member Brune, seconded by Member Larson, and carried unanimously to approve the January 22, 2026 Consent Agenda, as presented.

VII. PUBLIC HEARING / ACTION: Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

1. **MEMORANDUM #05-26: Review and Approve the Proposed 2025 Public Accommodation Facilities Regulations**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
    a. Attachment A: Business Impact Statement (BIS)

b. Attachment B: Public Comment/Written Correspondence
c. Attachment C: Summary of Major Changes
d. Attachment D: Proposed 2025 PA Regulations
e. Attachment E: Proposed 2025 PA Regulations – Red Line
f. Attachment F: Regulations Workshop Notifications
g. Attachment G: Posting Verifications
h. Attachment H: Workshops
i. Attachment I: BOH Presentation

Vivek Raman, Environmental Health Supervisor, and Christian DeHaan, Senior Environmental Health Specialist, presented the Proposed 2025 Public Accommodation Faciliteis Regulations.

The Chair opened for Public Comment. Seeing no one, the Chair closed the period for Public Comment.

Member Kirkpatrick thanked staff for accommodating the Board's request to delay action during the legislative session in order to receive more complete feedback. She noted that regulatory changes are often approached deliberately to ensure accuracy and clarity, as they are infrequent and require thorough consideration. She stated that the process helped address questions and potential miscommunications and commended staff for their work, noting that similar regulatory efforts in the past have taken significantly longer to complete.

Member Bond inquired whether the Culinary Union was contacted to provide comment on the draft regulations, specifically related to room cleaning requirements on housekeepers. Mr. Raman could not confirm that the Culinary Union received public notice for the draft regulation. Further, Mr. Raman advised that the minimum requirement for room cleaning was always part of the regulations.

Further to an inquiry from Member Summers-Armstrong regarding the waterproof barrier on mattresses, Mr. Raman advised that initially the draft regulations required a waterproof encasement for a mattress, however, the requirement was adjusted to a waterproof barrier.

Further to an inquiry from Member Nielson, Mr. DaHaan provided information on short-term rentals, confirming that local jurisdictions currently had oversight through code enforcement for short-term rentals. Mr. DaHaan advised that the Health District's website contained information related to short-term rentals.

Member Larson left the meeting at 9:37 a.m.
Member Larson returned to the meeting at 9:39 a.m.

The Board requested that the Health District's involvement and/or oversight of short-terms rentals be revisited.

A motion was made by Member Larson, seconded by Member Brune, and carried unanimously to approve the Proposed 2025 Public Accommodation Facilities Regulations, with the following revisions:

1. *Using the more stringent option ambient room temperature of 68°F and 80°F (Section 3.9.3).*

2. *Not issue updated regulatory requirement violations on existing facilities until January 1, 2028*.
3. *Update from 2025 to 2026 Public Accommodation Regulations*.

VIII. REPORT / DISCUSSION / ACTION

1. **Review, Discuss, and Accept the Single Audit, as of June 30, 2025, from FORVIS MAZARS LLP**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   DJ Whitaker, Chief Financial Officer, reported that the Single Audit reflected the same results as the draft presented by Josh Findlay of FORVIS MAZARS LLP at the November Board meeting. The final OMB Compliance Supplement was issued with no changes to the previously presented draft. Ms. Whitaker advised that the Single Audit received an unmodified opinion with no findings. Ms. Whitaker outlined that the following four major federal programs were audited:
   - 93.788 – Opioid STR
   - 93.889 – National Bioterrorism Hospital Preparedness Program
   - 93.940 – HIV Prevention Activities Health Department Based
   - 93.967 – Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health

   A motion was made by Member Nielson, seconded by Member Summers-Armstrong, and carried unanimously to accept the Single Audit, as of June 30, 2025, from FORVIS MAZARS LLP, as presented.

2. **Receive, Discuss and Approve the Recommendations from the DHO Annual Review Committee meeting on January 20, 2026 regarding the District Health Officer Annual Review**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Chair Black provided an overview of the DHO Annual Review Committee meeting on January 20, 2026.

   In addition to the written report on the District Health Officer and Division Accomplishments for Calendar Year 2025, Dr. Lockett briefly highlighted:
   - SNHD Workforce, including the decrease in employee turnover
   - Operational Strategic Plans
   - Finance and Funding
   - Programmatic and division accomplishments
   - Youth Advisory Council
   - Vaccination Efforts
   - Harm Reduction Efforts
   - Street Medicine

   Dr. Lockett highlighted the following goals/next steps:
   - Implement Healthcare Acquired Infections program
   - Expand contractual partnerships for Street Medicine
   - Expand pediatric service line in FQHC

- Obtain Patient-Centered Medical Home designation
- Expand data modernization efforts
- Explore MAC/MAA for outreach
- Apply for Reaccreditation in early 2027: 89% documentation completed (133 measures)
- Oversee pharmacy strategy, operations and compliance (e.g. formulary management, 340B, and cost-containment measures)
- Public Health Laboratory expansion plan ($10 million investment)

The Board members expressed appreciation for Dr. Lockett's leadership and noted improved organizational stability, positive staff feedback, and a renewed focus on community-centered public health priorities. Several members highlighted Dr. Lockett's clear communication, openness to questions, and support for Board members without medical backgrounds. Concerns were also raised regarding the need for continued investment in technology and equipment, particularly related to electronic health records and data security. Board members commended staff efforts, community engagement, and recent presentations, and voiced strong support for Dr. Lockett and the Health District's direction.

Chair Black advised that the DHO Annual Review Committee was recommending a two-year extension to Dr. Lockett's employment agreement, a 2.5% salary increase, and 5% one-time bonus.

A motion was made by Member Summers-Armstrong, seconded by Member Kirkpatrick, and carried unanimously to (1) accept the District Health Officer and Division Accomplishments, (2) approve a two-year extension to the District Health Officer Employment Agreement, (3) approve a 2.5% salary increase, and (4) approve a 5% one-time bonus.

Member Nielson left the meeting at 10:31 a.m.

IX. BOARD REPORTS: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. ***(Information Only)***

Chair Black once again thanked public attendees for attending the meeting. Chair Black noted that earlier in the meeting outlined the multi-step process related to updates to the Public Accommodations Facilities regulations. The process included an initial proposal followed by community engagement, workshops, and public feedback, which resulted in significant revisions to the original proposal. The final outcome was described as balancing the Health District's public health mission with practical considerations and stakeholder input. Chair Black recapped that the proposed septic regulations were postponed to allow additional time for public input on potential impacts to Clark County residents. Outreach efforts included a resident survey, a dedicated email inbox, postcard mailers with a QR code sent to all residential septic system owners, and email notifications to septic owners and prior commenters. Based on feedback received, staff are revisiting provisions related to operating permits and fees, sewer connection requirements, and property transfers. Staff anticipate sharing information on upcoming outreach sessions by the end of the month. Outreach session details will be distributed via postcard, email, and the septic regulations webpage.

Member Nielson returned to the meeting at 10:34 a.m.

Member Kirkpatrick requested an update on the lab expansion project at a future meeting.

Member Nemec reported that Southern Nevada continues to face challenges recruiting and retaining physicians. While the state and Southern Nevada have invested significant funding to expand graduate medical education (GME), retention of trained physicians remains low at approximately 46 percent. The School of Medicine is proposing a study to better understand the causes of low retention and has requested collaboration from the Health District. Member Nemec requested further discussion on this topic. Member Summers-Armstrong emphasized the need for the proposed study to examine a broad range of factors affecting retention, including residency access, cost of living, education systems, community welcoming practices, and cultural competency. Member Kirkpatrick stated she serves on the Patient Protection Board and offered to help coordinate efforts. She noted that residencies are administered through the medical school rather than UMC and highlighted that many physicians leave Nevada due to the lack of certain specialty residency programs. Member Larson noted that the Governor has prioritized physician recruitment and retention.

Member Summers-Armstrong left the meeting at 10:44 a.m.
Member Nemec left the meeting at 10:44 a.m.

X. HEALTH OFFICER & STAFF REPORTS *(Information Only)*

- DHO Comments

  Dr. Lockett submitted his written report.

- Update on Seasonal Respiratory Diseases

  Dr. Rosanne Sugay, Medical Epidemiologist, presented an update on seasonal respiratory diseases in the community.

  Member Nemec returned to the meeting at 10:47 a.m.
  Member Summers-Armstrong returned to the meeting at 10:48 a.m.

  Further to an inquiry from Member Summers-Armstrong, Dr. Sugay advised that the Health District increased community outreach, vaccination efforts and education early in the respiratory season that may have contributed to low cases.

  Further to an inquiry from Member Hardy, Dr. Sugay advised that it was not too late to receive a vaccine to provide oneself and the community.

- Update on Immunization Rates and Outreach

  Shannon Pickering, Community Health Nurse Manager, provided an update on immunization rates and outreach.

  Member Hardy raised a question regarding the hepatitis B vaccine for newborns. Ms. Pickering explained that the Health District's perinatal program identifies pregnant individuals

who are hepatitis B surface antigen-positive and provides education early in pregnancy when possible. Infants born to hepatitis B-positive mothers continue to receive hepatitis B immune globulin (HBIG) and the first hepatitis B vaccine dose at birth, consistent with current guidance. Member Nemec noted that the primary concern involved infants born to mothers with unknown hepatitis B status who may be at risk of missed exposure. Ms. Pickering confirmed that when maternal status is unknown, infants should still receive HBIG and the hepatitis B vaccine within the first day of hospitalization. She added that the Epidemiology Department is notified of all positive cases and works collaboratively to ensure appropriate follow-up and prevention measures.

XI. INFORMATIONAL ITEMS

1. CY2025 District Health Officer and Division Accomplishments
2. Administration Division Monthly Activity Report (Nov 2025 / Dec 2025)
3. Community Health Division Monthly Activity Report (Nov 2025 / Dec 2025)
4. Community Health Center (FQHC) Division Monthly Report (Nov 2025 / Dec 2025)
5. Disease Surveillance and Control Division Monthly Activity Report (Nov 2025 / Dec 2025)
6. Environmental Health Division Monthly Activity Report (Nov 2025 / Dec 2025)
7. Public Health & Preventive Care Division Monthly Activity Report (Nov 2025 / Dec 2025)
8. Contracts Report – Up to $100,000

XII. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Member Hardy left the meeting at 11:11 a.m.
Member Larson left the meeting at 11:12 a.m. and did not return.

Laura McSwain spoke regarding the proposed changes to septic system regulations, stating she represented members of the septic community who were unable to attend. She expressed concerns about the regulatory process and public notice, asserting that affected homeowners were not adequately or consistently notified and that recent survey outreach did not reach all impacted residents. Ms. McSwain argued that the proposed changes could impose administrative burdens, create uncertainty for property owners, and negatively affect property values, particularly where sewer connections are not reasonably available. She raised concerns that the proposed regulations are driven by water policy objectives rather than public health needs and stated that financial assistance pathways described in prior legislation are limited or unavailable. Ms. McSwain requested that the Board abandon the proposed rules and submitted written materials for the record.

Member Hardy returned to the meeting at 11:16 a.m.
Member Bond left the meeting at 11:16 a.m.

Cheryl Pastore provided comments on proposed septic regulations and mosquito control. Regarding septic regulations, she expressed concerns about the clarity and fairness of the process, stating that notification and survey questions were unclear and inconsistently distributed to residents. She also objected to the proposed regulatory changes, asserting that long-standing septic issues should not result in new financial burdens on residents.

Ms. Pastore also commented on mosquito control, referencing Dr. Lockett's report and expressing appreciation for his leadership. She raised concerns about mosquito breeding in poorly maintained swimming pools at rental properties, noting that tenants may shut off pool equipment and restrict access for maintenance, leading to unsanitary conditions and increased mosquito activity. She suggested that rental and property management agreements require proper pool operation and maintenance access to address public health concerns, reduce water waste, and mitigate mosquito issues. Further to an inquiry, Ms. Pastore advised that she resided on Rosana Street.

Member Bond returned to the meeting at 11:20 a.m.
Member Brune left the meeting at 11:23 a.m. and did not return.

Diane Henry spoke in support of prior public comments regarding proposed septic system regulations. She raised concerns about the completeness and accessibility of the video and audio recording from the November 20 meeting, stating that public comments related to septic issues were missing or not fully available online. Ms. Henry opposed replacing existing septic permits with temporary or revocable permits and expressed concerns about additional fees, enforcement requirements, and potential financial hardship for septic owners. She advocated for focusing on fully funded, voluntary septic conversion programs rather than regulatory mandates and stated that current funding options are limited. Ms. Henry also expressed concerns about public outreach efforts, survey design, and transparency, and requested greater direct Board involvement in workshops and the posting of recordings for public review.

Carol Reynolds spoke in opposition to the proposed septic regulations, stating that she has lived in Las Vegas for over five decades, including many years in a home with a septic system, without experiencing septic-related public health emergencies. She asserted that septic regulations should focus on protecting public health rather than imposing financial or administrative burdens on homeowners. Ms. Reynolds characterized the proposed regulations as unnecessary and urged the Board to reject them.

Hi, my name is Christian Salmon, S-A-L-M-O-N. Under NRS 241.035(1)(d) I respectfully request that the minutes reflect the substance of my remarks. I'd like to thank Diane Henry for playing that so we could see it on the record. Uh, this is the second time that I've interacted with the SNHD with, no the third time now, with an attorney that has not the the attorney at this meeting should have tabled that vote, gone and checked and then come back and reported on that. An officer of the court did not verify what they were supposed to do and is uh uh and it's like it's coming from, you know, God's mouth. I don't think that's appropriate. That's why we're upset. We keep seeing things done like this and that this is supposed to be about law and order and we don't feel that. We don't see that and it's very upsetting and that we're having a meeting and it's and it's not true. This is not a true meeting. If that, if those minutes were ignored, that is a part of what we're doing. What else are we missing here? You know, so I'm here to follow up the concerns raised on November, uh November 20th, 2025 and repeatedly actually before that regarding the this regulation. First, the basic question that still remains is we have not seen a public health emergency declared. Is there one? If so, what exactly is it? Where is it uh declared? And what study supports it? And if there is no declaration declared emergency, why are we being treated as if there is an urgent crisis that we have that justifies sweeping new burdens on law-abiding homeowners? Second, process and accountability. Who initiated this overhaul and why? What agency or individuals pushed it forward? And what and what problem statement and data drove this decision? Oh, uh, A package this large should not feel like it is it was started in a back office and arrived at the public microphone as a finished product. Because here's what it feels like from

the public side. Staff at agencies get an unlimited runway. Presentations, internal discussions, months uh months of momentum and homeowners get a 5 minute window with no dialogue. This is a structurally one sided and it's not how a trust is built. And it's not just about feelings, it's about transparency. Many of us, including myself via attorney Edward Wynder over here try to uh you know I we tried this path of getting information instead of uh clarity. What we've experienced is resistance, delays, denials and heavy withdraw a heavy withholding. I'm asking the Board to recognize when an agency proposes new rules that could affect more than 18,000 properties, secrecy or even the appearance of secrecy is unacceptable. This isn't a covert, clandestine CIA mission. It's health policy. It should be open for the public to review from day one. Do we have to petition the court to obtain records why somebody wants my toilet water so bad. Now to the bottom line. The public has overwhelmingly objected to these proposed uh regulations, so I am not here to ask for a better version of the same premise. I'm asking to have you reject the proposal as a whole and not to start treating and to start treating homeowners like we're supposed to accept regulatory package quote for just uh first and learn the consequences later. I think we've heard that before as if it were love it and you'll and once it passes, we will not. And I want to add a second question or request that matters to many homeowners right now. Rollback the current triggers and interpretations that push uh homeowners towards sewer conversion or deep regulatory entanglement simply because a system needs a repair. A homeowner should not be should should be able to repair or replace their own system responsibly, especially when the septic system is legally built and permitted. My gosh, this has been around since Rome without being forced into a new escalating permission structure for ordinary maintenance. We are not wrongdoers. We are not criminals. We do not deserve to be treated like a problem that needs to be managed. Finally, fairness and public reporting on municipal water. The public has been uh has seen detailed top water user quote un-quote disclosures including names of street addresses released and circulated widely. Yet when when homeowners ask for core public policy records, such as myself, that explain how and why this regulatory overhaul was uh was pursued. We hit a wall that looks like a double standard. Information flows freely in some areas.

Member Gallo left the meeting at 11:31 a.m. and did not return.

Edwin Kaehler spoke in support of comments made by Diane Henry regarding the proposed septic regulations. He thanked staff for posting FAQ materials on the website but raised concerns about their accuracy and completeness. Mr. Kaehler questioned whether documented public health emergencies related to septic systems exist and requested that data on septic-related health interventions be made public. He expressed disagreement with the rationale for five-year permit reviews, stating that early inspections may not be practical or cost-effective for septic systems, aside from routine pumping requirements already in place. Mr. Kaehler also raised concerns about potential permit renewal questionnaires, system age considerations, and requirements such as installing risers, which he stated could affect many existing systems. He noted that his septic permit, issued in 1978, does not include an expiration date.

Sharon Seeley, residing at 6475 Darby Avenue, spoke in opposition to the proposed 2025 septic regulations. She stated that the proposed changes are burdensome, unnecessary, and pose financial risk to her household. Ms. Seeley noted that her home was built approximately 49 years ago with a permitted septic system that has no expiration or renewal requirement and has been properly maintained. She asserted that decisions regarding repair or replacement of her septic system should remain with the homeowner and expressed concern that mandatory sewer connections would create significant financial hardship.

Mary Peters stated that she and her neighbors were unaware of the proposed septic regulations until learning about them through news and social media, noting that postcard notifications did not clearly convey the issue or prompt earlier participation. She reported living in her home for 25 years and stated that her septic system and well have been properly maintained at the homeowners' expense. Ms. Peters expressed concern that the proposed regulations would create financial hardship for her household, particularly as a retired family with a disabled veteran, and raised concerns about affordability and impacts on future property sales. She asserted that if new requirements are imposed, funding assistance should be provided, as homeowners did not request the changes. Further to an inquiry, Ms. Peters advised that she resided on Landberg, at Blue Diamond and Rainbow.

Elisa Carothers provided historical context on her family's long-standing residence in Las Vegas and stated that she and her neighborhood have relied on septic systems for decades without public health issues. She noted that septic use has been common in her area for over 50 years and that routine maintenance, such as pumping, has been sufficient. Ms. Carothers expressed opposition to proposed septic regulations, stating that community resources should instead focus on other local priorities. She requested that existing septic arrangements be left unchanged, citing the absence of documented problems in her neighborhood. Further to an inquiry, Ms. Carothers advised that she resided in LaMirada on Kamiasu Lane.

Lori Sutton, residing at 5274 Stacy Avenue, spoke in opposition to the proposed septic regulations. She stated that she has owned her home for 34 years and has worked to pay it off in preparation for retirement. Ms. Sutton expressed concern that the proposed changes are unnecessary and could create significant financial risk for her household and others in similar situations. She requested that the Board not move forward with the proposed regulations and thanked the Board for the opportunity to comment.

Dr. Gary Kantor provided public comment opposing the proposed septic regulations. He summarized his medical background and decades of experience practicing critical care medicine in Southern Nevada and stated that, in his professional experience, he has not encountered health or environmental medical issues attributable to septic systems. He questioned the public health basis for the proposed regulations and characterized them as unrelated to documented health risks. Dr. Kantor also raised concerns regarding the adequacy and timing of public notice, stating that initial notification provided limited time to review extensive proposed changes. He expressed opposition to forced sewer conversion, permit renewal requirements, and inspection provisions, citing potential impacts on property values, marketability, and homeowners' financial security. He requested that the proposed regulatory changes be withdrawn and emphasized the importance of transparency and meaningful public engagement in regulatory development.

Cindy Snow described her experience attempting to build a retirement home on property purchased eight years ago, stating that she proceeded with the understanding that a septic system would be permitted, as is common in her neighborhood. She reported that despite multiple attempts over several years, she was unable to obtain a septic permit and was instead required to pursue a sewer connection, with an estimated cost of approximately $156,000, including design fees. Ms. Snow stated that she applied for a waiver based on distance and cost but did not receive clarification on what constitutes an "exorbitant" expense. She further noted that her homeowners' association had issued fines for failing to build, which were recently paused. Ms. Snow requested that the Board consider regulatory relief or clarification for property owners in developed areas who are unable to obtain septic permits or afford required sewer connections. Further to an inquiry, Ms. Snow advised that she resided at 3141 Montecito Drive.

Allon Adar-Burla, residing at 2955 S Tenaya, spoke in opposition to proposed septic regulations, stating that he has lived in homes with septic systems for more than 30 years without issues. He expressed concern that many residents in his neighborhood are retirees and that requiring sewer connections at significant personal expense would create financial hardship. Mr. Adar-Burla asserted that if sewer connections are required, associated costs should not be borne solely by homeowners. He suggested that existing septic system owners be grandfathered under any new regulations and that any future requirements apply only prospectively. He emphasized support for clean water goals but objected to retroactive mandates affecting long-standing, functioning septic systems.

Member Kirkpatrick left the meeting at 11:52 a.m. and did not return.

Rodney Heiselman addressed the Board regarding proposed septic regulations, stating that he was not directly notified and learned of the issue through others. He spoke in support of other community members, particularly retirees and individuals on fixed or limited incomes, who may be disproportionately impacted by the proposed changes. Mr. Heiselman described his personal circumstances, including maintaining his septic system in good condition, employment challenges, and family health concerns, and expressed that additional regulatory or financial burdens would create hardship. He urged the Board to consider the financial and personal impacts on affected residents and requested that compassion and fairness be considered in the decision-making process. Further to an inquiry, Mr. Heiselman advised that he resided at 910 Baker Avenue.

Michael Shapiro, a resident of the Sierra Vista Ranchos area, spoke in opposition to the proposed septic regulations. He stated that his home, built in 1968, has a septic system with a lifetime permit, which was a key factor in his decision to purchase the property. Mr. Shapiro noted that many residents in his neighborhood, including retirees, were unaware of the proposed changes until recently. He reported assisting neighbors with completing the public survey and expressed strong opposition to the proposal, concurring with prior speakers. Mr. Shapiro thanked the Board for its service and encouraged members to consider community feedback and apply common sense in their decision-making.

Ms. Cordovez Mulet advised that six written comments were received and will be included with the meeting minutes.

Eugene Belin, a Henderson resident, stated that while his primary residence is connected to sewer, he owns multiple properties that rely on septic systems as well as undeveloped parcels. He expressed concern that owners of undeveloped land were not adequately notified of the proposed septic regulations and may be unaware of potential impacts on their ability to develop property due to the high cost of sewer connections. Mr. Belen noted that many additional property owners could be affected and may not yet be aware of the proposed changes, and he concurred with concerns raised by other speakers.

Seeing no one further, the Chair closed the Second Public Comment portion.

The Chair thanked attendees for their participation and acknowledged the significant concerns raised, noting that the proposed septic regulations are at the beginning of a process rather than a final decision. The Chair emphasized that public engagement is essential and encouraged residents to ensure their contact information is current with the Health District and to inform

neighbors who may be affected. The Chair announced that community outreach, including in-person and virtual engagement opportunities, will begin in February. The Chair expressed confidence that through continued public input, Board deliberation, and staff expertise, the process will result in balanced and reasonable regulations that uphold public health while respecting the concerns of affected residents.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 12:01 p.m.

Cassius Lockett, PhD, MS
District Health Officer/Executive Secretary
/acm

Water Fairness
COALITION

January 22, 2026

SNHD Board of Health First Public Comment Agenda Item XI-3

Chairman Black,
Members of the Board of Health, and
Dr. Lockett.

My comments are in reference to **Item XI-3, the Community Health Monthly Activity Report**.

In the memo dated **January 22, 2025**, from **Xavier Gonzales** and **Cassius Lockett**, the report highlights tobacco and vaping prevention work, including the Tobacco Control Program's high school-focused initiative **BreakDown**, and a partnership with the **Nevada Interscholastic Athletic Association** to promote tobacco and vaping cessation resources at **CCSD sporting events and championship games**.

My comments are limited to three related items.

First: student harm from artificial turf is already occurring and must be treated as a public health signal.

This is not theoretical. In **August 2024**, members of the **Spring Valley football team experienced second-degree burns** during practice on their artificial turf field. When students are being injured in school athletic settings—especially injuries of that severity—that is a prevention issue, a surveillance issue, and a public health issue. It should be tracked, analyzed, and used to prevent repeats.

Second: the inhalation and respiratory pathway is a direct parallel to the vaping work highlighted in Item XI-3.

The report makes clear SNHD treats school sports environments as appropriate venues for protecting youth health—because **inhalation exposures** matter, especially for developing lungs.

Artificial turf presents another inhalation concern in those same settings: during play and heavy exertion, students can breathe in **fine particulate matter** generated by field wear and infill—

exposures that raise community concerns about respiratory irritation, asthma impacts, and longer-term lung health. My point is simple: if SNHD is appropriately acting to reduce inhalation-related harm from vaping in school athletic environments, it is reasonable to expect SNHD to apply that same public health lens to other lung exposures happening on the field itself.

Third: CCSD has already received expert health testimony—and is still accelerating field conversions.

The Water Fairness Coalition was invited to present on artificial turf at the **July 2, 2025 CCSD Workshop**. That presentation included **Dr. Kelly Kopp**, and a **PowerPoint document used** during the workshop. Despite that compelling expert information, CCSD continues moving forward with **athletic field conversions**, and new or rebuilt schools are being surfaced with **asphalt and artificial turf**—including **elementary schools**.

Closing

SNHD's mandate is prevention and protection of community health—especially for children in school settings. Given the documented injuries and the respiratory exposure concerns that parallel the vaping risks already highlighted in Item XI-3, if SNHD is not tracking and addressing artificial turf-related harms, then the public deserves a clear explanation of **why not**, and what SNHD needs—authority, data partnerships, or reporting mechanisms—to ensure student health risks are not left outside public health oversight.

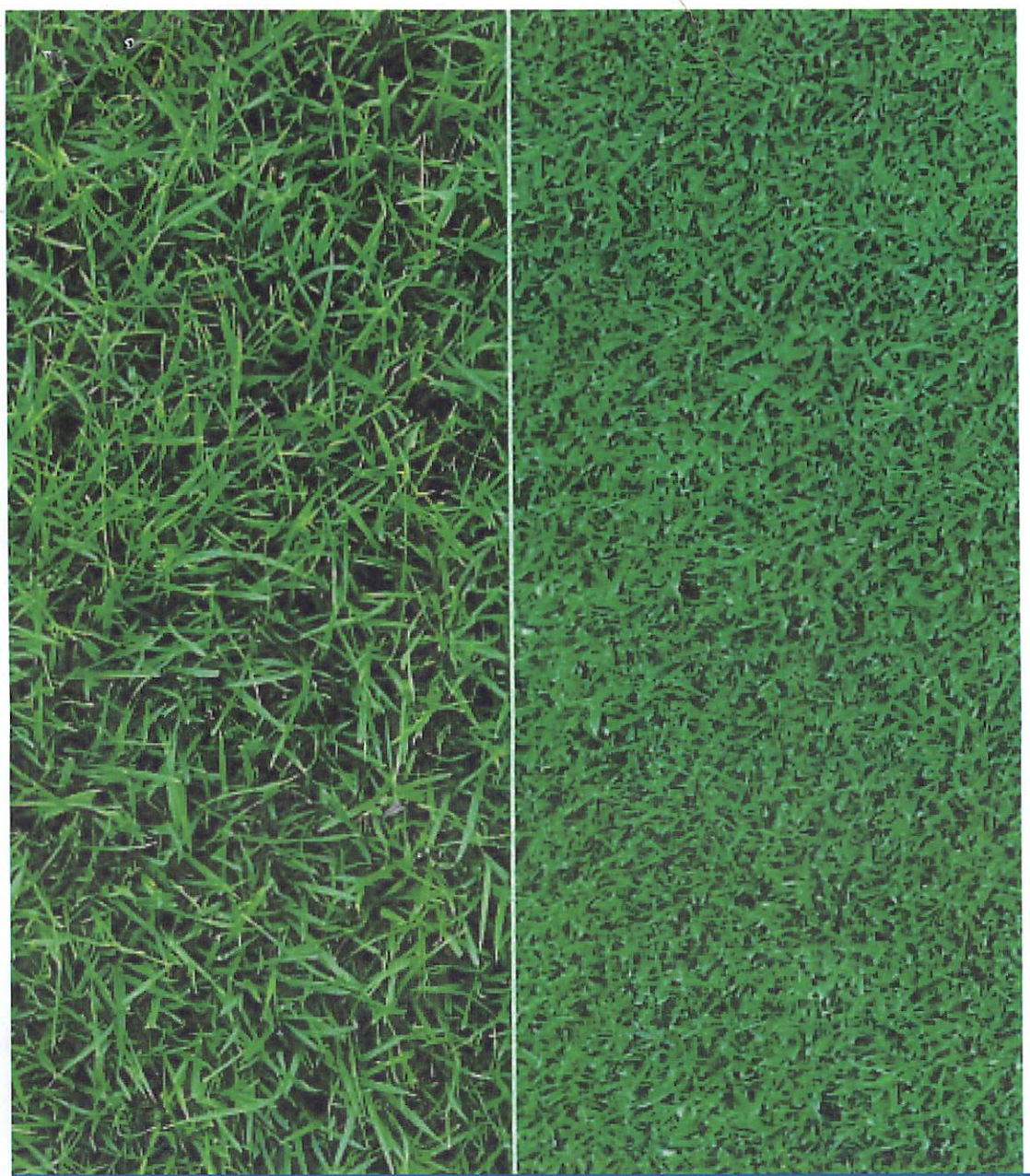
I am providing a copy of Dr. Kopp's PowerPoint for your review. More information can be provided upon request .

Respectfully,

WATER FAIRNESS COALITION

Laura McSwain, President

2727 Ashby Ave Las Vegas, NV 89102 702-596-4748



A Comparison of Artificial Turf and Natural Grass

Kelly Kopp, Ph.D.

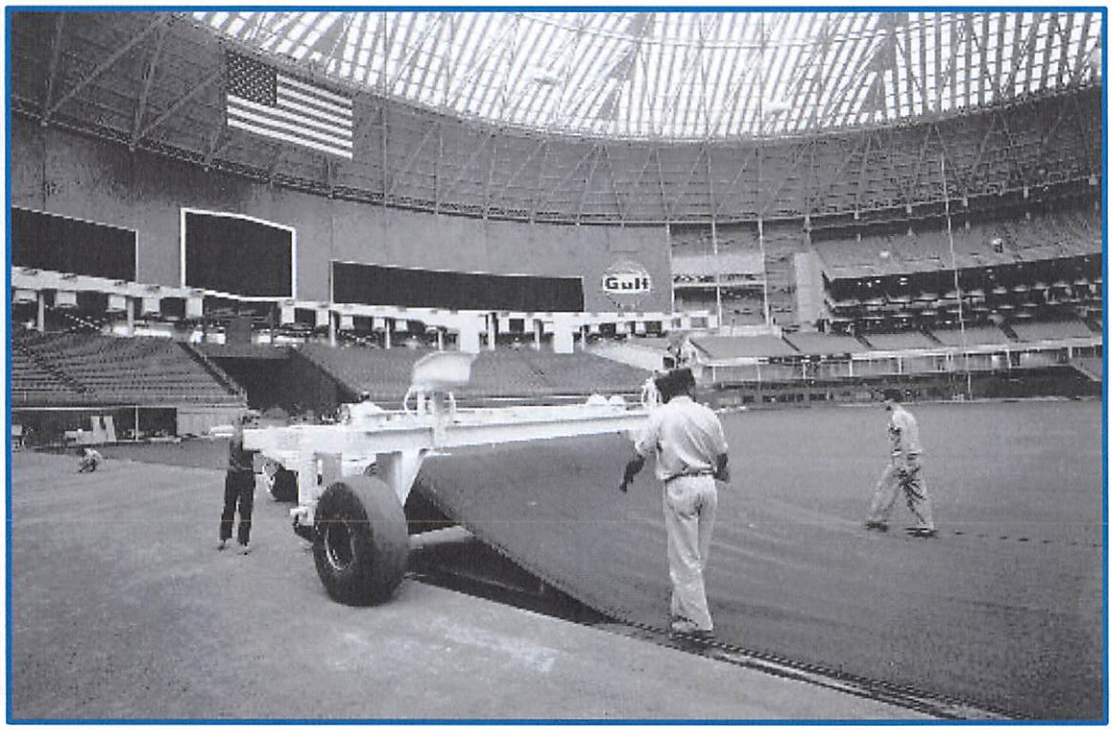
Professor and Extension Water Conservation/Turfgrass Specialist

Plants, Soils & Climate

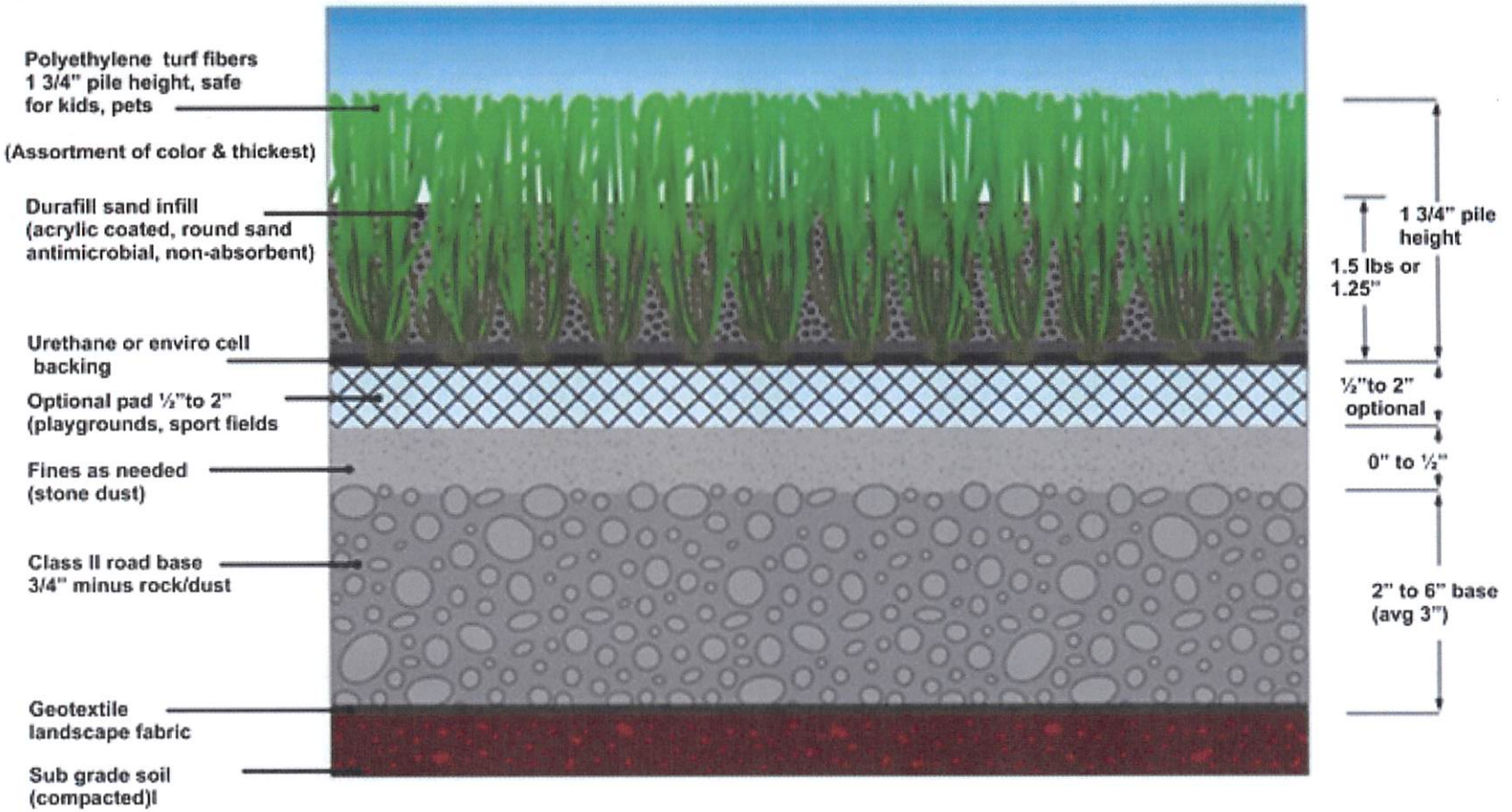
Utah State University

Some history….

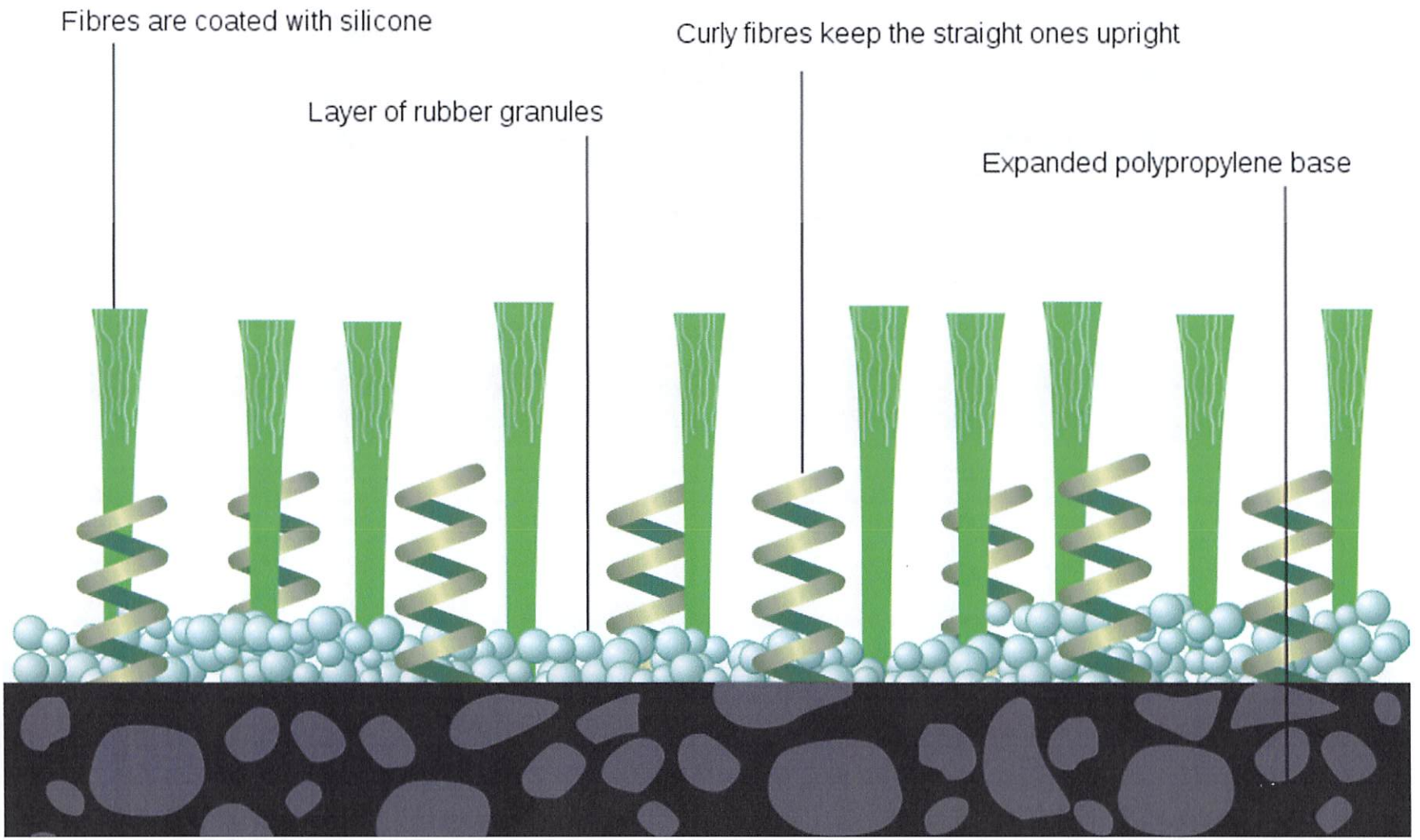
- Originally invented in 1965, NCSU
- First used in the Astrodome in Houston, Texas, hence "astroturf"
- An option as more teams moved to indoor facilities



Artificial Turf with Sand In-fill



Modern Artificial Turfs



Standards of Comparison

- ***Life cycle costs***
  - Installation
  - Maintenance
  - Disposal
- Human health considerations
- Environmental considerations



Case study (Springfield College)

Cost Item	Artificial Turf	Natural Grass
Installation	$800K	$400K
Maintenance	$5K	$28K
8-yr maintenance	$40K	$224K
8-yr total	$840K	$624K
Ave. annual cost	**$105K**	**$78K**

Dr. Brad Fresenberg, University of Missouri (2005)

Case study (Springfield College)

Cost	Artificial Turf (Basic)	Artificial Turf (Premium)	Natural Grass (Native Soil)	Natural Grass (Sand-Capped)
Installation	$600K	$1M	$0	$300K
Maintenance	$5K	$20K	$25K	$25K
16-yr maintenance	$80K	$320K	$400K	$400K
16-yr total	$685K	$1.34M	$425K	$725K
Ave. annual cost	**$42.8K**	**$83.8K**	**$26.6K**	**$45.3**

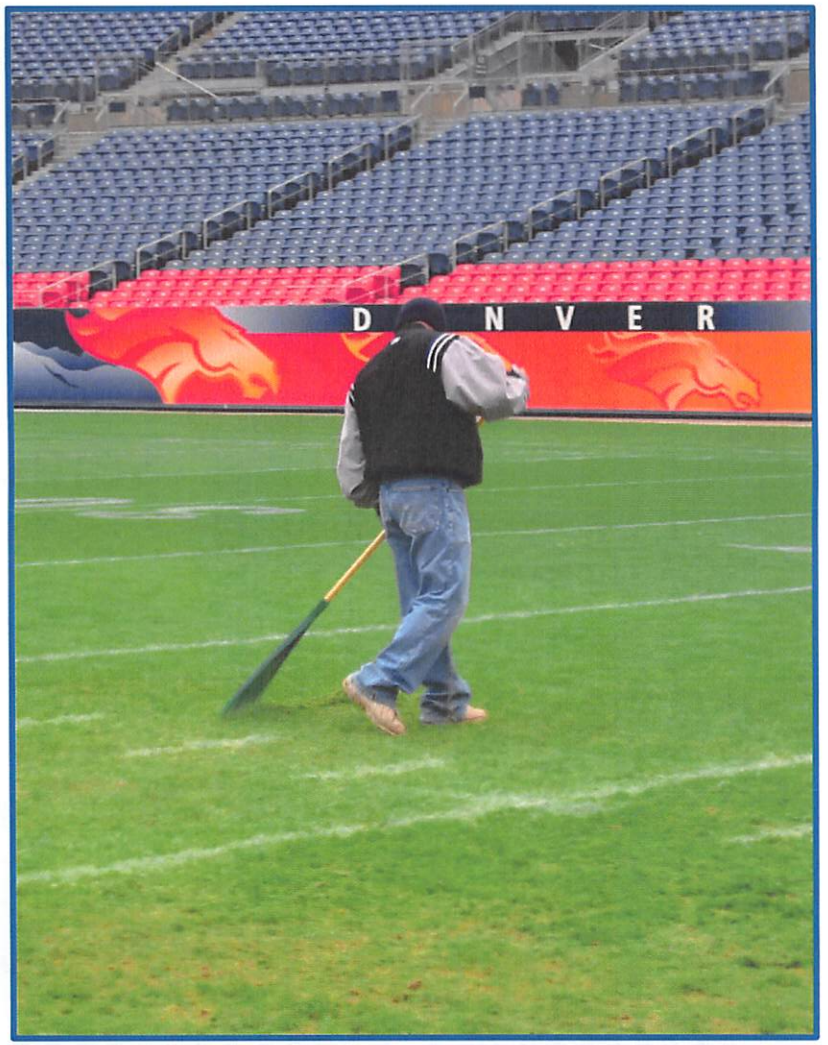
Dr. Brad Fresenberg, University of Missouri (2005)

Location	Duration	Type	Total	Cost per Square Foot
University	10 years	Natural grass	$882K	$153.11
Public School	20 years	Natural grass	$363K	$40.76
Parks Dept.	20 years	Natural grass	$1.3M	$154.40
Parks Dept.	20 years	Natural grass	$1.3M	$159.32
University	20 years	Natural grass	$341K	$33.60
University	16 years	Synthetic turf	$1.8M	$298.10
Public School	16 years	Synthetic turf	$1.5M	$207.05
Parks Dept.	20 years	Synthetic turf	$1.8M	$181.37
Parks Dept.	20 years	Synthetic turf	$1.8M	$181.37
University	20 years	Synthetic turf	$2M	$207.58

Daviscourt, 2016

Maintenance Varies

- Amount/level of play
- Multi-sport use
- Weather & climate
- Soil and terrain
- Water availability/irrigation
- Budget/personnel
- Owner's/facility's goals
- Type & quality of field construction
- Field security

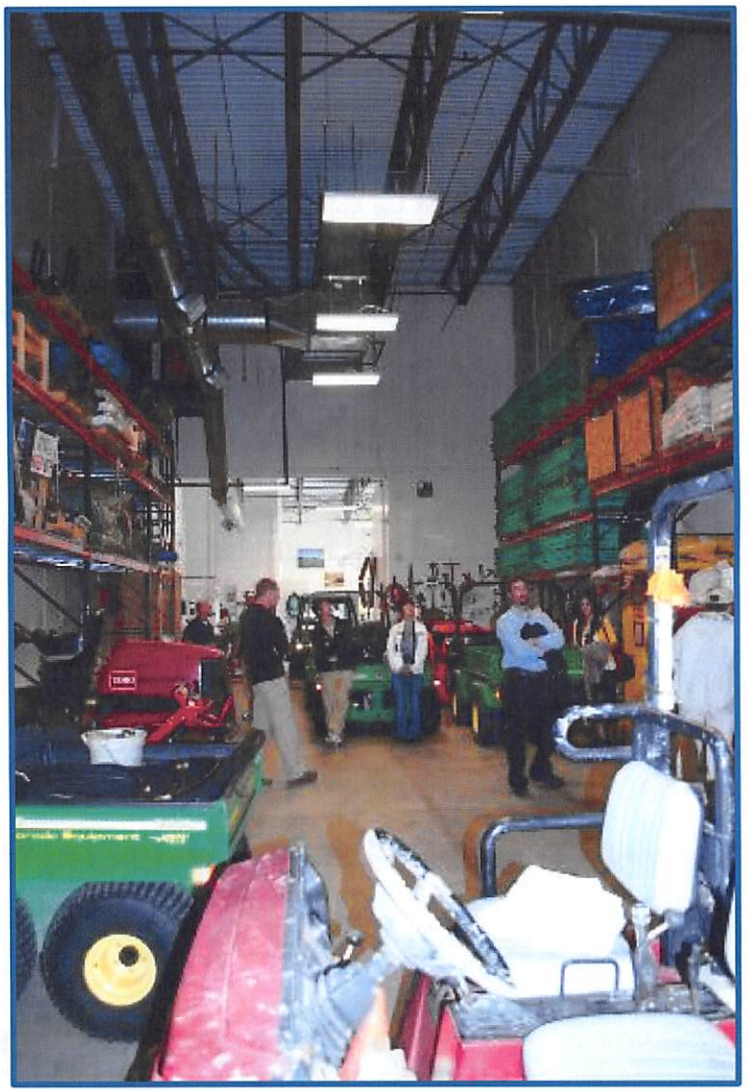


Artificial Turf Maintenance ($5000-20,000+ annually)

- Removal of debris
  - Junk-metal, wood, droppings, other trash
- Reducing compaction
- Reducing migration of granules
- Adding/replacing infill
- Brushing to decrease wear patterns
- Cleansing/disinfecting the surface
  - Biohazards-blood, spit, urine, vomit

Artificial Turf Maintenance

- Removal of weeds
- Irrigation to reduce temperatures
- Irrigation to control particulates
- Irrigation to clean surface
- Maintaining drainage
- Repairing ripped seams and damage
- Removal of paint
- Static control

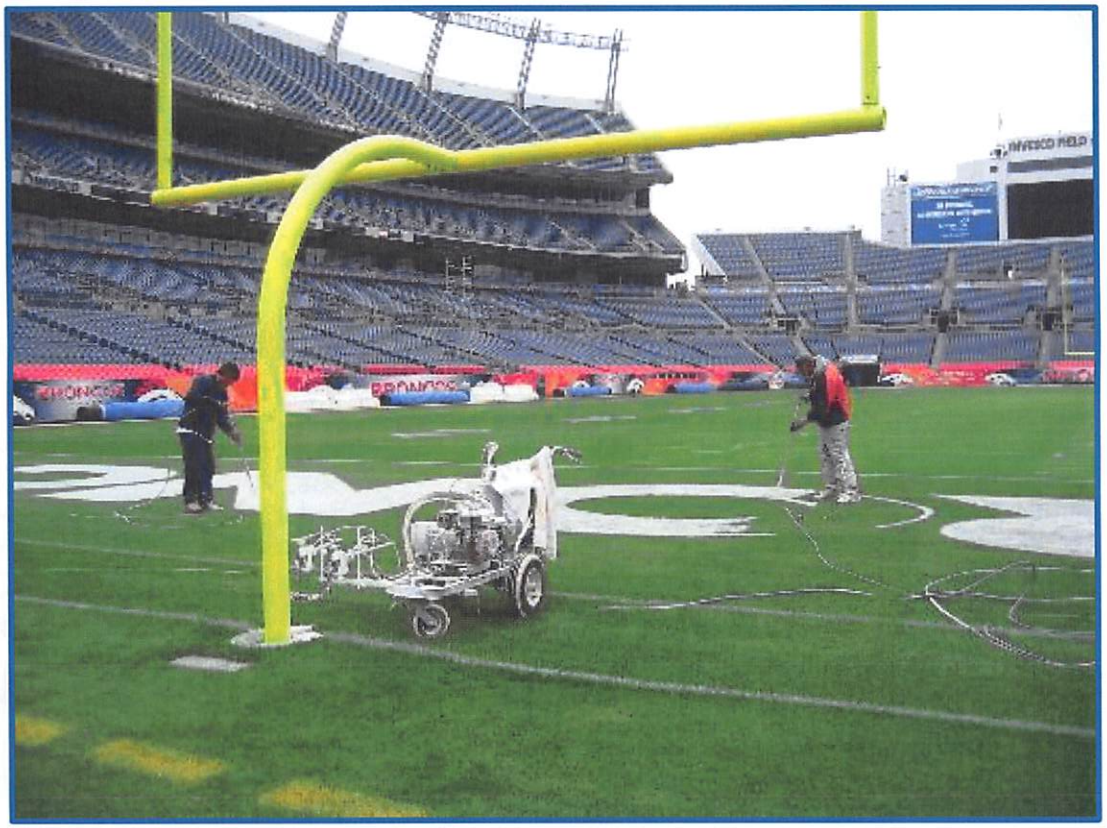


Irrigation of Artificial Turfgrass

- In arid climates especially, irrigation is required to keep playing surfaces cool enough to be safe
  - 2020 New Mexico State University study found that keeping artificial turf cool enough for play required the same amount of irrigation as a natural grass field
  - 2015 Pennsylvania State University study found that ¾" of irrigation should be applied to artificial turf *per event* to maintain safe playing temperature
- Additional irrigations are required for cleaning artificial turf fields

Natural Grass Maintenance ($5500-8000 annually)

- Water, fertilizer, pesticides
- Paints/dyes
- Aeration
- Mowing
- Sodding and over-seeding

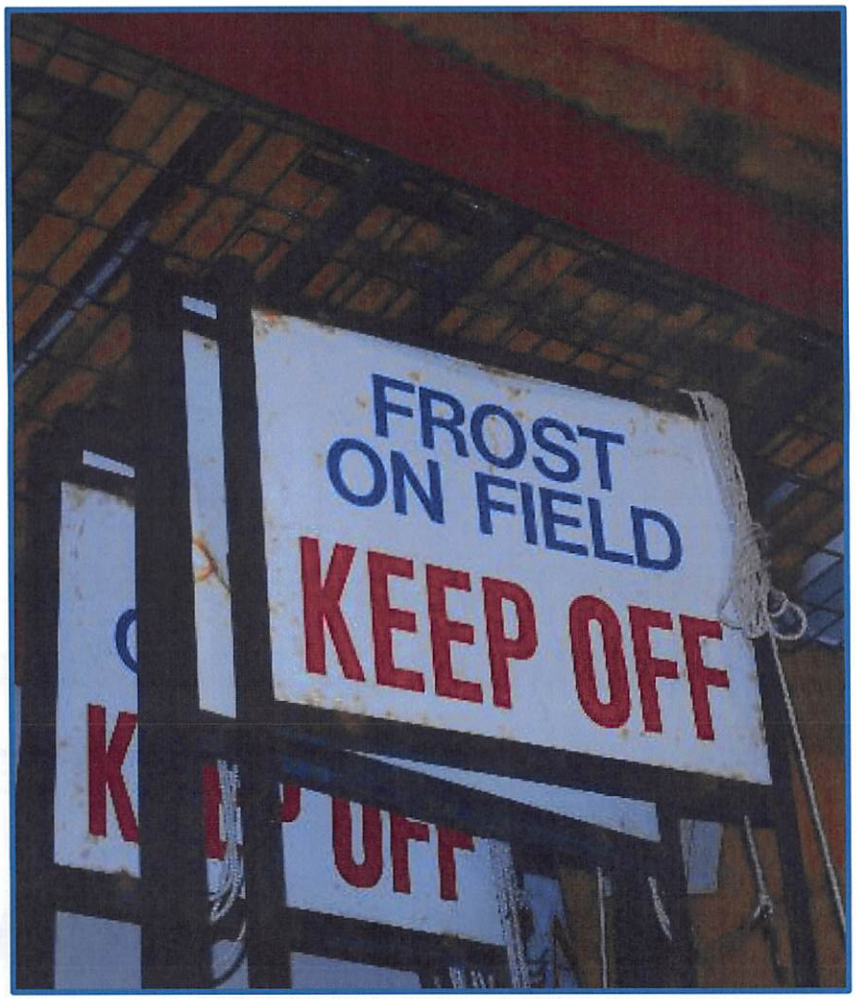


Lifespan and Disposal

- Typical artificial field must be replaced every 8-10 years (USU's Romney Stadium and University of Utah's Rice Eccles Stadium, <8 yrs)
- Natural grass fields viable for at least twice that
- Disposal costs of artificial turf fields
  - $1.75-2.25 per square foot (85K sq. foot field)
  - Transportation
  - Landfill fees
  - Limited recycling facilities
  - Environmental handling costs

Standards of Comparison

- Life cycle costs
  - Installation
  - Maintenance
  - Disposal
- ***Human health considerations***
- Environmental considerations



Human Health Considerations

- Injury (orthopedic injuries)
  - More torque, velocity and traction on **artificial surfaces**=more muscle strains/spasms, ACL tears, concussions, turf burns, "turf toe", increased soreness
  - Irregularity of surface on **natural turf**=more concussions
  - Changing surface texture over time is concern for both

Human Health Considerations

- Injury research considerations
  - Shoes
  - Environmental conditions
  - Different synthetic turfs and natural grasses
  - Age of surfaces
  - Levels of maintenance
  - Uses of fields



Human Health Considerations

- Peer reviewed research (orthopedic injury)
  - Some research has found overall higher injury rate on in-fill synthetic turf is not higher
  - 2012 Amer. Journal of Sports Medicine study
    - Overall knee sprains 22% higher (on FieldTurf)
    - Overall ankle sprains 22% higher
    - ACL sprains 67% higher
    - Eversion ankle sprains 31% higher
  - 2004-2014 U.S. NCAA Football League study
    - PCL and ACL injury rates higher on synthetic turf
  - 2018 Amer. Journal of Sports Medicine study
    - 16% increase in lower extremity injuries on synthetic turf

Human Health Considerations

- Peer reviewed research (orthopedic injury)
  - 2023 Amer. Journal of Sports Medicine review study of literature between 1972 and 2020
    - Higher rate of injury on artificial turf both old and new generation
    - Knee and hip injuries similar with exception of elite-level football where athletes are predisposed to more knee injury on artificial turf
    - Only a few articles reported higher injury rates on natural grass, and these were all funded by the artificial turf industry

Human Health Considerations

- Injury
  - Rubber toxicity (Al, Cd, Cr, Cu, Fe, Mg, Mn, Mb, Sn, Su, Zn)
  - Fine particle inhalation/fire concern
  - Silicosis-lung inflammation, scarring, nodules
  - Skin and lung concerns-allergic or toxic dermatitis, asthma
  - Cancer concerns due to inhalation, ingestion, and dermal contact

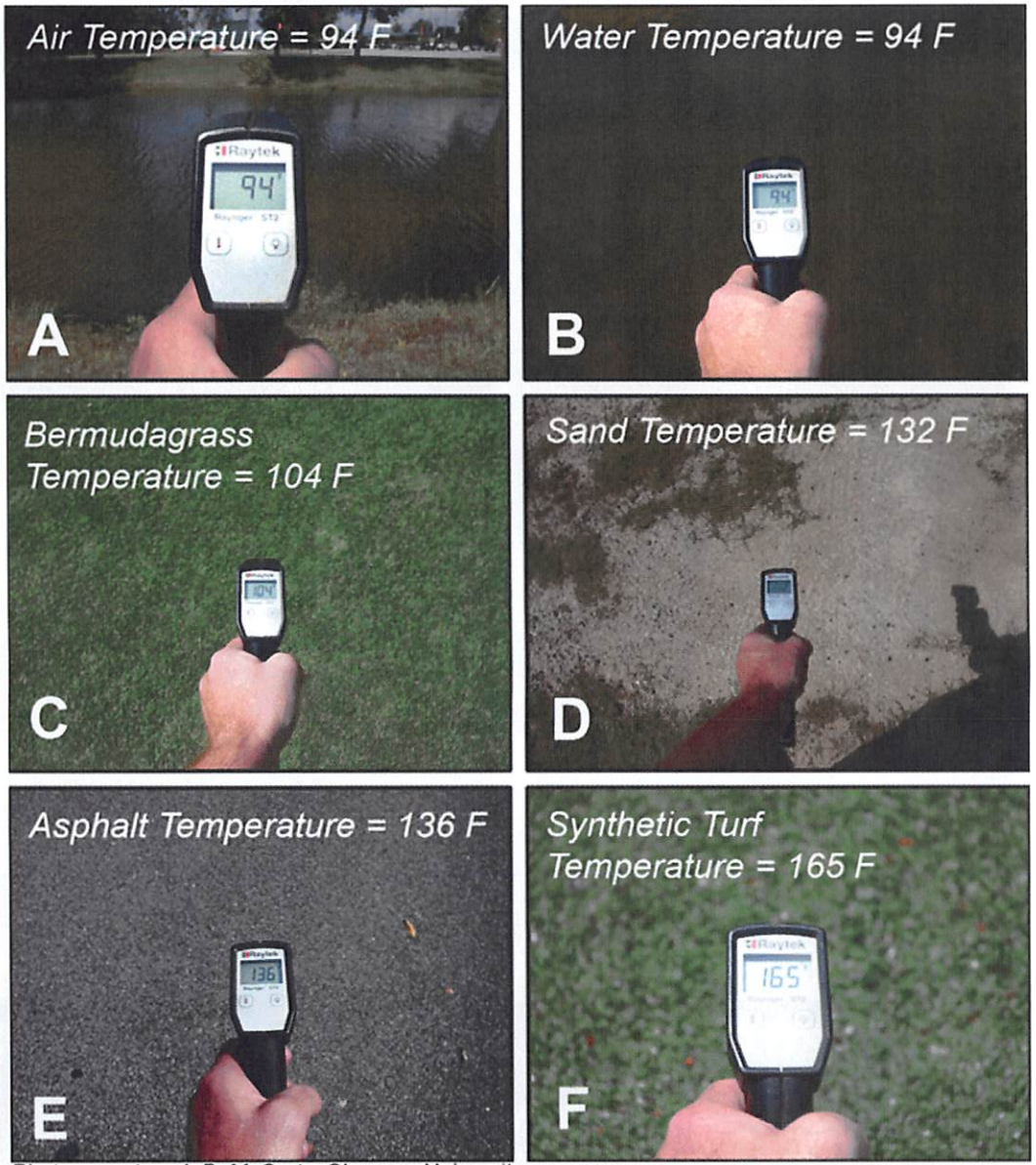
Human Health Considerations

- Injury (bacterial infection)
  - Indoor methicillin-resistant *S. aureus* incidence (MRSA) on artificial turf reduced with detergent and surfactant applications
  - Outdoor MRSA survival rates lowered by UV light and high temperatures
  - Outdoor MRSA survival rate on commonly used natural grass was comparable to artificial turf with no disinfectants required

Human Health Considerations

Source	Surface Temperature
Fresenberg, U of MO	173° F (98° F air temp)
Williams, BYU	156° F
Penn State, CSSR	140-152° F (88-99° F air temp)

- Generally, 50-104° F hotter than natural grass under sun exposure
- Effect is particularly acute in arid and semi-arid climates



Photos courtesy L.B. McCarty, Clemson University

Human Health Considerations

Surface	Average Temperature	Maximum Temperature
Synthetic soccer field	117º F	157º F
Synthetic football field	117º F	156º F
Natural grass	78º F	89º F
Concrete	94º F	*
Asphalt	110º F	*
Bare soil	98º F	*

Brigham Young University, TPI, 2010

Spring Valley High School Football Practice – Aug 2024



Pool Float imprint – Melted into the artificial turf



Human Health Considerations

- Per- and Polyfluoroalkyl Substances (PFAS)
  - "Forever chemicals" due to persistence in the environment
    - Numerous human health concerns
  - Recent studies have identified the presence of PFAS in synthetic turf (fibers and backing)
  - Elevated PFAS has been found on players' hands after play on artificial turf
  - Environmental leaching and disposal risks also exist

Standards of Comparison

- Financial considerations
  - Installation
  - Maintenance
  - Disposal
- Human health considerations
- ***Environmental considerations***

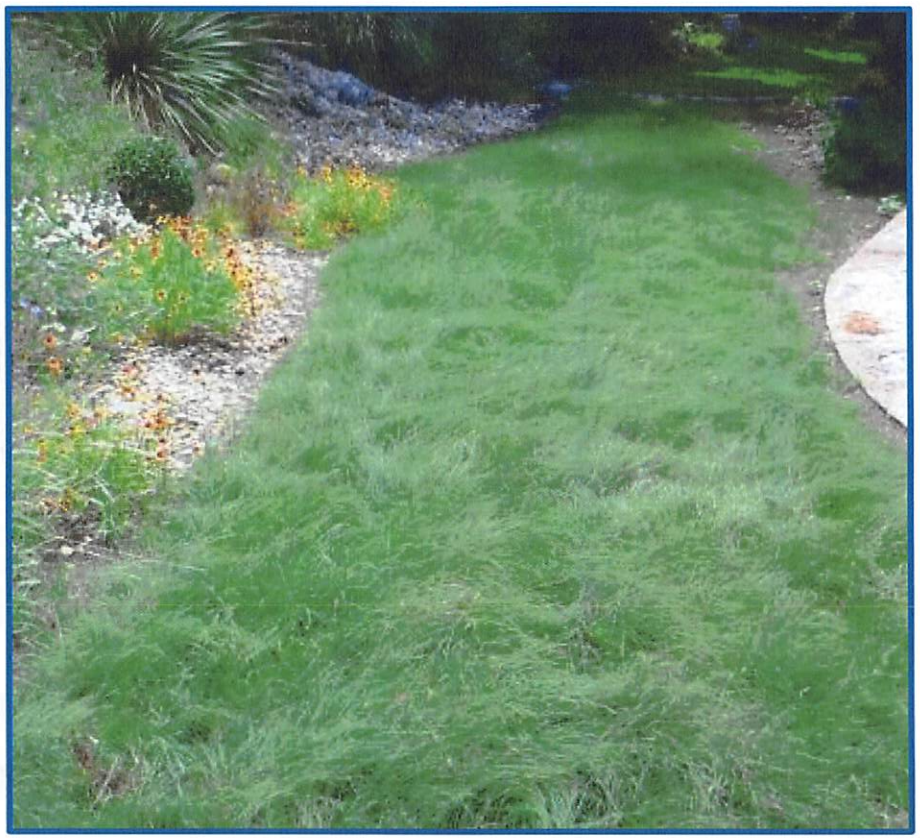


Environmental Considerations

- Leaching of metals from crumb rubber in-fill (**Zn, Al, Mg, Fe**, Pb, Ba, Co, Cu, Sr)
- Highest leaching was for **Zn**, followed by Fe, Sr, Al, Mn and Ba.
- Toxicity to aquatic organisms (bacteria, fish, algae, invertebrates) from leachate found, particularly following installation
- Toxicity to surrounding soils
- Significant micro- and nano-plastics released during decomposition

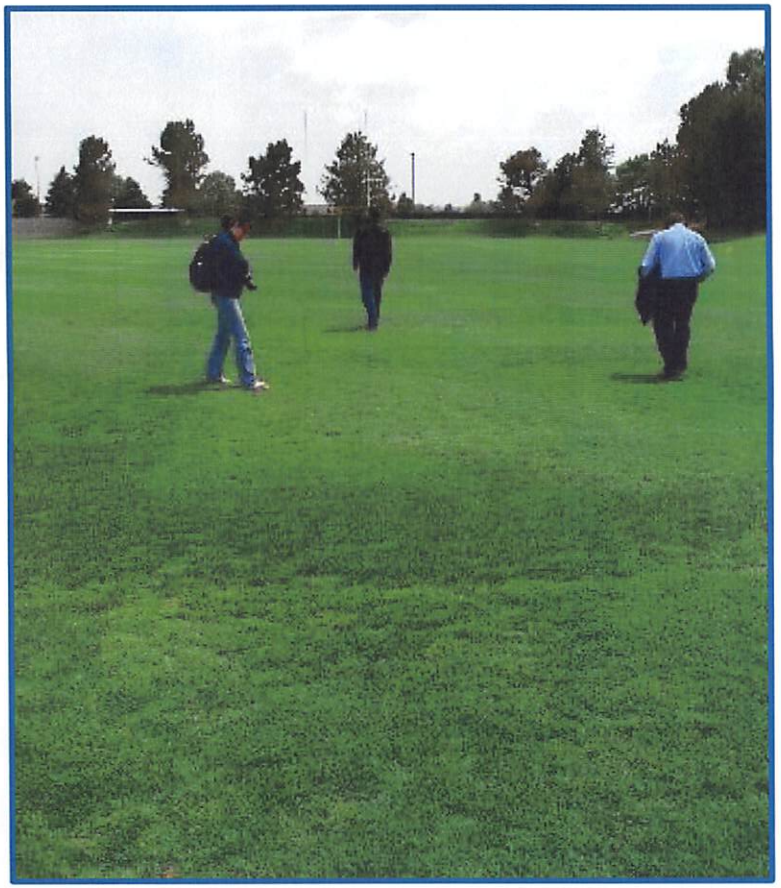
Benefits of Natural Grass

- Ecosystem services
- Improved mental health, social and community stability
- Improved work productivity
- Overall improved quality of life
- Improved hospital patient recovery



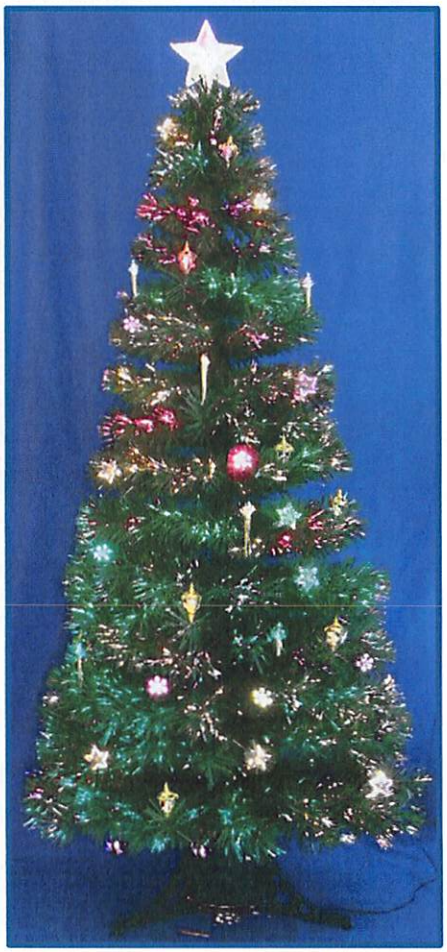
Benefits of Natural Grass

- Oxygen production
- Urban heat dissipation
- Dust/smog control
- Water filtration
- Storm water capture
- Reduced air pollution
- Noise abatement
- Fire prevention



Benefits of Artificial Turf

- Applicability in conditions adverse to natural grass
- Traffic tolerance
- Suitable for roof-top gardens and pool surrounds
- May incorporate fiber-optic lighting (advertisements)



Professional Use Today

- NFL (32 stadiums)
  - 18 natural grass
  - 14 artificial turf
- MLB (30 stadiums)
  - 25 natural grass
  - 5 artificial turf



Summary

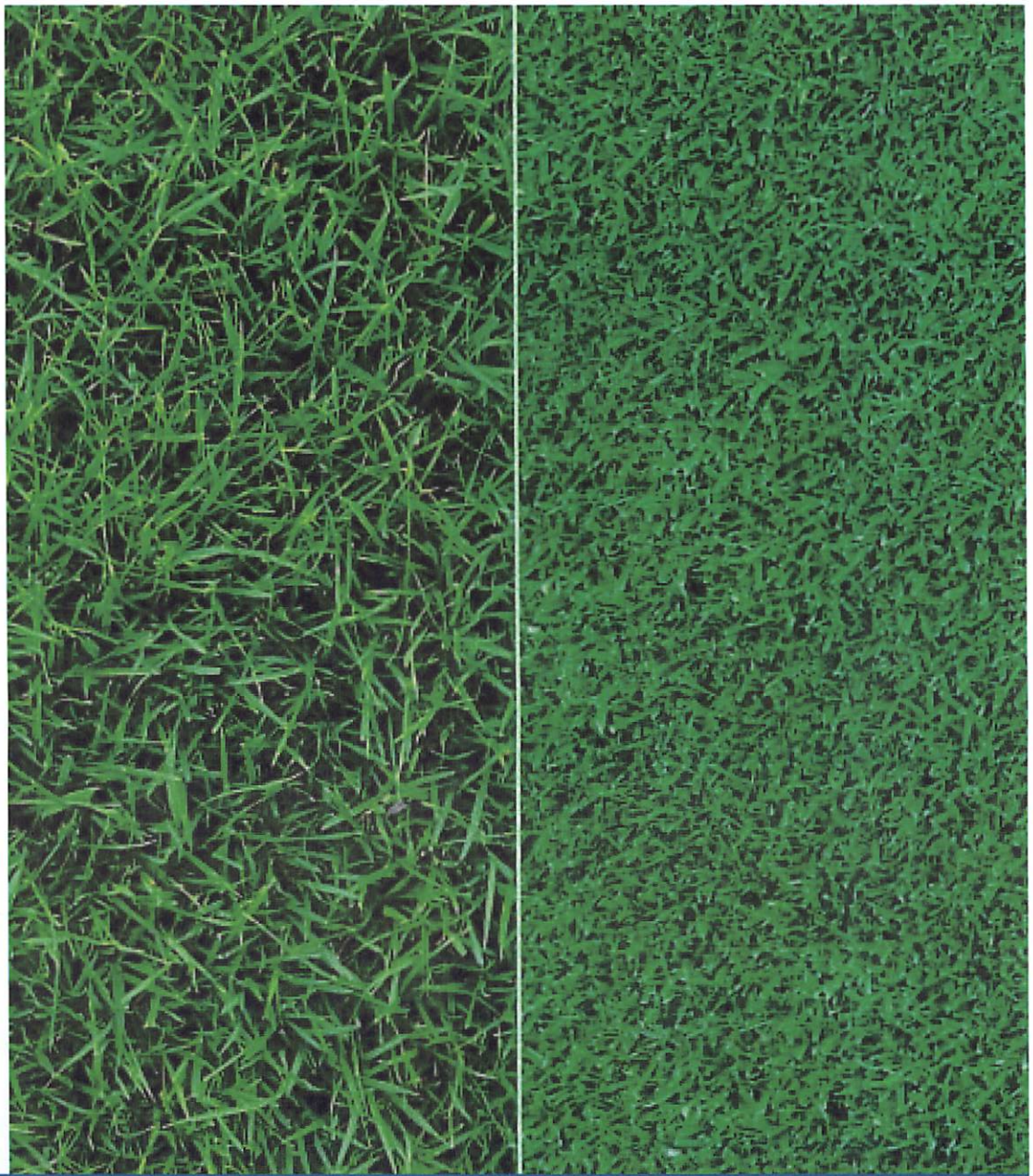
- Life cycle costs
  - Higher for artificial turf
  - Industry acknowledges recycling gap/disposal costs
- Human health considerations
- Environmental considerations



Thank you for your attention!

Questions?

kelly.kopp@usu.edu



AGENDA

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
January 22, 2026 – 9:00 A.M.
Meeting will be conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Conference Room

NOTICE

Microsoft Teams:
https://events.teams.microsoft.com/event/6f7f64c2-2a6e-4087-8271-1b7bf968e0ef@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

To call into the meeting, dial (702) 907-7151 and enter Phone Conference ID: 533 218 043#

NOTE:
- Agenda items may be taken out of order at the discretion of the Chair.
- The Board may combine two or more agenda items for consideration.
- The Board may remove an item from the agenda or delay discussion relating to an item on the agenda at any time.

I. CALL TO ORDER AND ROLL CALL

II. PLEDGE OF ALLEGIANCE

III. RECOGNITIONS

1. **Las Vegas TGA Part A HIV/AIDS Program – Clark County – Certificate of Quality Improvement Leadership**
   - Ronny Soy and Brennen O'Toole

2. **Southern Nevada Health District – December and January Employees of the Month**
   - Victoria Harding and Nancy Hall
   - Jonas Maratita and Rona Ordona

3. **Southern Nevada Health District – 2025 Employee of the Year**
   - Sarah Humphreys

4. **Southern Nevada Health District – 2025 Manager of the Year**
   - Bernie Meily

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state and spell your name for the record. If any member of the Board wishes to extend the

length of a presentation, this may be done by the Chair or the Board by majority vote. **There will be two public comment periods. To submit public comment on either public comment period on individual agenda items or for general public comments:**

- **By Teams:** Use the meeting controls at the top of the screen and select the Raise Hand icon. When called upon, select the Microphone icon to unmute yourself.
- **By telephone:** Call 702-907-7151 and when prompted to provide the Meeting ID, enter 533 218 043#. Press *5 to raise your hand. When called upon, press *6 on your phone keypad to unmute yourself.
- **By email:** public-comment@snhd.org. For comments submitted prior to and during the live meeting, include your name, zip code, the agenda item number on which you are commenting, and your comment. Please indicate whether you wish your email comment to be read into the record during the meeting or added to the backup materials for the record. If not specified, comments will be added to the backup materials.

V. ADOPTION OF THE JANUARY 22, 2026 AGENDA *(for possible action)*

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** November 20, 2025 *(for possible action)*

2. **PETITION #18-26: Approval of the Interlocal Agreement (CBE NO. 607816-25), between the Southern Nevada Health District and Clark County, Nevada to collaborate on Ryan White Part A Jurisdictional Clinical Quality Management**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **PETITION #20-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of sudden unexpected infant death (SUID)/sudden death in the young (SDY) data and improve SDY data on febrile seizures and priority fields for entry into the National Fatality Review Case Reporting System (NFR-CRS)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **PETITION #21-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the collection of violent death data into the National Violent Death Reporting System (NVDRS)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

5. **PETITION #22-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of drug overdose data for entry into the National Violent Death Reporting System (NVDRS) through State Unintentional Drug Overdose Reporting System (SUDORS)**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

6. **PETITION #23-26: Approval of the Interlocal Agreement between the Southern Nevada Health District and the Washoe County Regional Medical Examiner's Office (WCRMEO)**

to collaborate on the registry and prevention of sudden unexpected infant death (SUID) and sudden death in the young (SDY); direct staff accordingly or take other action as deemed necessary *(for possible action)*

7. **PETITION #24-26: Approval of the Interlocal Agreement Number 142467-A between the Southern Nevada Health District and the Las Vegas Valley Water District for potable water utility service for the Southern Nevada Health District BSL-3 Lab Expansion Project**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

VII. PUBLIC HEARING / ACTION: Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed no additional public comment will be accepted.

1. **MEMORANDUM #05-26: Review and Approve the Proposed 2025 Public Accommodation Facilities Regulations**; direct staff accordingly or take other action as deemed necessary *(for possible action)*
    a. Attachment A: Business Impact Statement (BIS)
    b. Attachment B: Public Comment/Written Correspondence
    c. Attachment C: Summary of Major Changes
    d. Attachment D: Proposed 2025 PA Regulations
    e. Attachment E: Proposed 2025 PA Regulations – Red Line
    f. Attachment F: Regulations Workshop Notifications
    g. Attachment G: Posting Verifications
    h. Attachment H: Workshops
    i. Attachment I: BOH Presentation

VIII. REPORT / DISCUSSION / ACTION

1. **Receive, Discuss and Accept the Single Audit Report, as of June 30, 2025, from FORVIS MAZARS LLP**; direct staff accordingly or take action as deemed necessary *(for possible action)*

2. **Receive, Discuss and Approve the Recommendations from the DHO Annual Review Committee meeting on January 20, 2026 regarding the District Health Officer Annual Review**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

IX. BOARD REPORTS: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. *(Information Only)*

X. HEALTH OFFICER & STAFF REPORTS *(Information Only)*

- DHO Comments
- Update on Seasonal Respiratory Diseases

- Update on Immunization Rates and Outreach

XI. INFORMATIONAL ITEMS

1. CY2025 District Health Officer and Division Accomplishments
2. Administration Division Monthly Activity Report (Nov 2025 / Dec 2025)
3. Community Health Division Monthly Activity Report (Nov 2025 / Dec 2025)
4. Community Health Center (FQHC) Division Monthly Report (Nov 2025 / Dec 2025)
5. Disease Surveillance and Control Division Monthly Activity Report (Nov 2025 / Dec 2025)
6. Environmental Health Division Monthly Activity Report (Nov 2025 / Dec 2025)
7. Public Health & Preventive Care Division Monthly Activity Report (Nov 2025 / Dec 2025)
8. Contracts Report – Up to $100,000

XII. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote. **See above for instructions for submitting public comment.**

XIII. ADJOURNMENT

NOTE: Disabled members of the public who require special accommodations or assistance at the meeting are requested to notify the Administration Office at the Southern Nevada Health District by calling (702) 759-1201.

THIS AGENDA HAS BEEN PUBLICLY NOTICED on the Southern Nevada Health District's Website at https://snhd.info/meetings, the Nevada Public Notice website at https://notice.nv.gov, and a copy will be provided to any person who has requested one via U.S mail or electronic mail. All meeting notices include the time of the meeting, access instructions, and the meeting agenda. For copies of agenda backup material, please contact the Administration Office at 280 S. Decatur Blvd., Las Vegas, NV 89107 or (702) 759-1201.

MINUTES

SOUTHERN NEVADA DISTRICT BOARD OF HEALTH MEETING
November 20, 2025 – 11:00 a.m.
Meeting was conducted In-person and via Microsoft Teams
Southern Nevada Health District, 280 S. Decatur Boulevard, Las Vegas, NV 89107
Red Rock Trail Rooms A and B

MEMBERS PRESENT:
Scott Black, Chair – Mayor Pro Tem, City of North Las Vegas *(in-person)*
Frank Nemec, Vice-Chair – At-Large Member, Physician *(via Teams)*
Joseph Hardy, Secretary – Mayor, City of Boulder City *(via Teams)*
April Becker – Commissioner, Clark County *(in-person)*
Bobbette Bond – At-Large Member, Regulated Business/Industry *(in-person)*
Nancy Brune – Council Member, City of Las Vegas *(in-person)*
Pattie Gallo – Mayor Pro Tem, City of Mesquite *(in-person)*
Marilyn Kirkpatrick – Commissioner, Clark County *(in-person)*
Monica Larson – Council Member, City of Henderson *(in-person)*
Scott Nielson – At-Large Member, Gaming *(in-person)*
Shondra Summers-Armstrong – Council Member, City of Las Vegas *(via Teams)*

ABSENT:
N/A

ALSO PRESENT:
(In Audience)
Allon Adar-Burla, Saul Alvarez, Carol Anderson, David Anderson, Elva Anderson, Brett Andow, Joan Aten, Karla Bearden, Amanda Bown-Trujillo, Christopher Boyd, James Cavin, Renee Charles, Adam Childress, Judith Clark, Jim Crawford, Wendy Crawford, David Croteau, Rick Davis, Ryan DiNardi, Karen Dowds, Maria Elliott, Linda Faraimo, Andrew Farrell, Jose Figuaroa, Josh Findley, Phil Glessner, Greg Griffin, Cade Grogan, Jill Hart, Jody Heath, Diane Henry, Kathy Howell, Richard Howell, Kiky Hutton, Donna Johannson, Richard Jost, Bob Kawamura, Edwin Kaehler, Mariela LaBounty, Gail Logan, William Logan, Breanna Lucas, Joni Mann, Dale Martin, Carole McNeeley, Mark Medina, Myra Medina, Robert Morales, Rachel O'Neill, Aeryn Oliver, Mike Partridge, Cheryl Pastore, Mari Pepper, Roland Pepper, Michael Ramsey, Svetlana Reile, Carol Reynolds, Michelle Richardson, Philip Rivers, Gary Ross, Christian Salmon, Michelle Seebeck, Larry Seely, Sharon Seely, Kathryn Sepulveda, Cindy Serdoz, Richard Serdoz, Steve Sidhu, Chuck Siefert, Maria Siefert, Jeanne Smith, Kirby Smith, Bruce Stephen, April Thompson, Sandy Thompson, Ed Traasdahl, Susan Traasdahl, Nigel Trujillo, Matthew Vance, Reginald Varra, Brian Watkins, Amelia Wignall, Julie Wignall, Marilyn Yamamoto, William Zuk

EXECUTIVE SECRETARY:
Cassius Lockett, PhD, District Health Officer

LEGAL COUNSEL:
Heather Anderson-Fintak, General Counsel

STAFF:
Kevin Abbott, Adriana Alvarez, Emily Anelli, Steven Arcuri, Jacqueline Ayala, Maria Azzarelli, Tawana Bellamyk, William Bendik, Joy Bidinger, Haley Blake, Ruby Bolus-Rosano, Lori Bryan, Cory Burgess, Daniel Burns, Victoria Burris,

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Donna Buss, Erika Bustinza, Nancy Cadena, Belen Campos-Garcia, Robin Carter, Andria Cordovez Mulet, Cherie Custodio, Aaron DelCotto, Diana Delgado, Lisa Falkner, Jason Frame, Kimberly Franich, Fabiana Gonzales, Xavier Gonzales, Jacques Graham, Grisly Guerrero, Maria Harris, Amineh Harvey, Richard Hazeltine, Raychel Holbert, Carmen Hua, Dan Isler, Jessica Johnson, Bob Kingston, Theresa Ladd, Heidi Laird, Dann Limuel Lat, Annie Lin, Josie Llorico, Sandy Luckett, Carol Luna, Cassondra Major, Julie Maldonado, Anil Mangla, Jonas Maratita, Blanca Martinez, Corey Morrison, Semilla Neal, Todd Nicolson, Brian Northam, Veralynn Orewyler, Luann Province, Yin Jie Qin, Jeff Quinn, Wei Ren, Emma Rodriguez, Larry Rogers, Alexis Romero, Chris Saxton, Dave Sheehan, Jennifer Sizemore, Randy Smith, Bruno Stephani, Will Thompson, Helen To, Danielle Torres, Amy Tran, Renee Trujillo, Marjorie Ubando, Donnie Whitaker, Michelle Wong, Merylyn Yegon, Angela Young

I. CALL TO ORDER and ROLL CALL

The Chair called the Southern Nevada District Board of Health Meeting to order at 11:10 a.m. Andria Cordovez Mulet, Executive Assistant, administered the roll call and confirmed quorum.

II. PLEDGE OF ALLEGIANCE

The Chair acknowledged attendees present in relation to the proposed septic system regulations, expressing appreciation for their engagement. The Chair advised that as there was no posted agenda item related to the proposed septic system regulations, attendees were invited to share comments during the Second Public Comment period.

III. RECOGNITIONS

1. **Salman (Skip) Afzal, William Bendik, Erin Buttery, Dr. Horng-Yuan Kan, Dr. Cassius Lockett, Angela Young, and Hong Zhang**
   - Co-authored the published article "*Early detection of emerging SARS-CoV-2 Variants from wastewater through genome sequencing and machine learning*" in Nature Communications

   The Chair recognized Skip Afzal, William Bendik, Erin Buttery, Dr. Horng-Yuan Kan, Dr. Cassius Lockett, Angela Young, and Hong Zhang for co-authoring the published article "*Early detection on emerging SARS-CoV-2 Variants from wastewater through genome sequencing and machine learning*" in Nature Communications. The study presented an unsupervised learning approach that clustered co-varying and time-evolving mutation patterns to identify SARS-CoV-2 variants, using wastewater samples collected over two years. This method accurately detected the Delta variant in late 2021, Omicron variants in 2022, and emerging recombinant XBB variants in 2023. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the employees on this publication.

2. **Southern Nevada Health District – October and November Employees of the Month**
   - Avery John Nerveza and Michelle Wong
   - Joy Bidinger and Brianna Lucas

The Chair recognized the October and November Employees of the Month. The Health District, and the Board of Health, recognized these employees go above and beyond for the Health District and our community and best represented the Health District's C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated the employees on this recognition.

3. **Southern Nevada Health District – Manager & Supervisor of the Quarter (Q3 and Q4)**
   - Victoria Burris and Bernie Meily
   - Jessica Johnson and Merylyn Yegon

The Chair recognized the Managers and Supervisor of the Quarter for Q3 and Q4. Each quarter two individuals are selected, as nominated by staff, to recognize leadership, teamwork efforts, ideas, or accomplishments, and best represent the Health District's C.A.R.E.S. Values. On behalf of the Southern Nevada Health District and District Board of Health, the Chair congratulated staff on this recognition.

Member Summers-Armstrong joined the meeting at 11:16 a.m.

IV. FIRST PUBLIC COMMENT: A period devoted to comments by the general public about those items appearing on the agenda. Comments will be limited to five (5) minutes per speaker. Please clearly state your name and address and spell your last name for the record. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Diane Henry expressed concerns regarding the handling of variances and associated conditions. She questioned the necessity and perceived arbitrariness of certain requirements, such as removing sheds or trees near septic systems, which may create hardships for homeowners. Ms. Henry suggested that a septic inspection could be a more reasonable alternative to costly variances, allowing homeowners to assume responsibility for future issues. She also raised concerns about conditions attached to variance approvals, particularly the requirement to agree to sewer connection within 400 feet, citing potential financial burdens and impacts on property values. Ms. Henry urged the board to reconsider these longstanding practices and avoid imposing conditions that could discourage compliance or lead to unpermitted work.

Seeing no one further, the Chair closed the First Public Comment period.

V. ADOPTION OF THE NOVEMBER 20, 2025 MEETING AGENDA *(for possible action)*

A motion was made by Member Nielson, seconded by Member Brune, and carried unanimously to approve the November 20, 2025 Amended Agenda, as presented.

VI. CONSENT AGENDA: Items for action to be considered by the Southern Nevada District Board of Health which may be enacted by one motion. Any item may be discussed separately per Board Member request before action. Any exceptions to the Consent Agenda must be stated prior to approval.

1. **APPROVE MINUTES/BOARD OF HEALTH MEETING:** October 23, 2025 *(for possible action)*

2. **PETITION #15-26: Approval of the CHEMPACK Storage Facility Agreement between the Southern Nevada Health District and the State of Nevada, Division of Public and Behavioral Health Public Health Preparedness Program for Storage and Maintenance of Emergency Medical Counter Measures**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

3. **PETITION #16-26: Approval of the Revision to Leadership Team Employment and Appeal Rights, Employment Rights and Appeal, Employee Privacy, and Separation from Employment in the SNHD Employee Handbook**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

4. **PETITION #17-26: Approval of the Agreement Amendment A01 to C2500086 and Supplier Schedule Q-64920 made with reference to the original Master Supply Agreement for the purchase of the LIAISON XL – high volume chemiluminescence analyzer from DiaSorin**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

A motion was made by Member Brune, seconded by Member Kirkpatrick, and carried unanimously to approve the November 20, 2025 Consent Agenda, as presented.

VII. PUBLIC HEARING / ACTION: Members of the public are allowed to speak on Public Hearing / Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the public hearing is closed, no additional public comment will be accepted.

1. **Variance Request for an existing septic system, SNHD #ON0024214, located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Mr. Isler presented the variance request for an existing septic system located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed. Mr. Isler advised that the variance stemmed from a tenant improvement request, wherein the homeowner constructed a shed over the leach field. Mr. Isler noted that the shed was 400 square feet, which requires a building permit process. Mr. Isler confirmed that there was no building permit associated with the shed. Mr. Isler confirmed that staff was recommending denial of the variance, as sewer was available less than 400 feet from the property. However, if the Board approved the variance, staff recommended approval with conditions.

   Matthew Vance, the homeowner, was in attendance virtually and advised that the floor in the shed was a 'floating floor' that allows airflow under the floor.

   Further to an inquiry, Mr. Vance agreed to amend the recommended condition to maintain a nonpermanent shed floor and not replace it with a nonpermeable surface.

   The Chair opened for Public Comment.

Seeing no one, the Chair closed the period for Public Comment.

A motion was made by Member Kirkpatrick, seconded by Member Gallo, and carried unanimously to approve the Variance Request for an existing septic system, SNHD #ON0024214, located at 5965 N. Grand Canyon Dr., Las Vegas, NV 89149 to remain underneath the existing shed, with the following conditions:

1. *Petitioners and their successors in interest shall abide by all local government regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system within 400 feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*
2. *Petitioners and their successors in interest must abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.*
3. *Petitioner and all future owners will maintain the current, nonpermanent shed floor above the leach field and will not replace it with a nonpermeable surface or cover any additional portion of the leach field.*
4. *The variance will be in effect until the existing residential septic system is inactivated, removed, or if the property changes land use. Conversion of the existing septic system for commercial use will result in the variance becoming null and void.*
5. *Petitioners and their successor(s) must provide a copy of the variance to potential buyers as part of the disclosure process per NRS 113.*

2. **Variance Request for an Application to Construct a Septic System located at 6225 Lee Canyon Road, Mount Charleston, NV 89124 to allow the installation of a septic system on an undersized lot**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

Mr. Isler presented the variance request for an application to construct a septic system located at 6225 Lee Canyon Road, Mount Charleston, NV 89124 to allow the installation of a septic system on an undersized lot. Mr. Isler confirmed that staff recommended approval of the variance with conditions.

Dale Martin, representative for the Petitioner, was in attendance.

The Chair opened for Public Comment.

Seeing no one, the Chair closed the period for Public Comment.

A motion was made by Member Becker, seconded by Member Larson, and carried unanimously to approve the Variance Request for an application to construct a septic system located at 6225 Lee Canyon Road, Mount Charleston, NV 89124 to allow the installation of a septic system on an undersized lot, with the following conditions:

1. *Petitioners and their successor(s) in interest shall abide by all local government regulations requiring connection to community sewage systems. Use of the ISDS shall be discontinued and the structure it serves shall be connected to any community sewage system constructed in the future to within four hundred (400) feet of the Petitioner's property line when connection can be made by gravity flow and the owner(s) are notified and legally required to do so.*

2. *Petitioners and their successor(s) will abide by the operation and maintenance requirements of the most current SNHD regulations governing individual sewage disposal systems.*
3. *Construction of the ISDS must commence within one year of the date of approval of the variance. If construction does not commence within that period, this variance shall automatically expire and be of no further force and effect, unless application is made and approved for an extension of time prior to the expiration date by the Petitioner or their successor(s) in interest.*
4. *If an existing ISDS is encountered during construction of the proposed ISDS, it will be abandoned or removed in accordance with Section 17 of the SNHD ISDS Regulations.*

VIII. REPORT / DISCUSSION / ACTION

1. **Review, Discuss, and Accept the Recommendations from the November 19, 2025 Finance Committee meeting regarding the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP**; direct staff accordingly or take other action as deemed necessary *(for possible action)*

   Josh Findlay, Senior Manager, of FORVIS MAZAR LLP attended the meeting to present the FY2025 audited Financial Statement Report. Mr. Findlay advised that they issued an unmodified audit opinion for the Financial Statement and had no findings on the Internal Financial Report on Internal Control regarding the governmental auditing standards.

   Mr. Findlay advised that the single audit, related to federal grant expenditures could not be finalized as the Office of Management and Budget (OMB) had not issued the Compliance Supplement, which lists every federal assistance program. Mr. Findlay advised that the single audit would be brought to the Board at a later date.

   Mr. Findlay further outlined the required communications related to accounting policies and practices, and advised there were no matters reportable related to judgments about the quality of the Health District's accounting principles, no significant issues discussed with management and no disagreements with management.

   Mr. Findlay proceeded to outline future accounting pronouncements of GASB 103, and GASB 104.

   After discussion, the following motion was made:

   A motion was made by Member Kirkpatrick, seconded by Member Brune, and carried unanimously to accept the recommendations from the Finance Committee to accept the Financial Statement Report, as of June 30, 2025, from FORVIS MAZARS LLP, as presented.

   Member Nielson acknowledged Donnie Whitaker, Chief Financial Officer, and her team for their hard work associated with the audit. Member Nielson further advised that the Finance Committee received the SNHD Financial Report, as of September 30, 2025, which is provided under Information Items.

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IX. BOARD REPORTS: The Southern Nevada District Board of Health members may identify and comment on Health District related issues. Comments made by individual Board members during this portion of the agenda will not be acted upon by the Southern Nevada District Board of Health unless that subject is on the agenda and scheduled for action. ***(Information Only)***

Member Nielson advised that the Finance Committee discussed the delegation of authority to the District Health Officer to approve contracts up to $100,000 (previously $50,000). The Finance Committee discussed establishing criteria for these approvals and clarified the approval process. It was agreed that staff will provide a quarterly report listing all contracts approved under $100,000, including approval dates, descriptions, and amounts. These reports will be included in Informational Items for the Board, with the option to request additional details if needed. The Board requested a written policy outlining this process to ensure consistency.

Member Kirkpatrick discussed the challenges related to septic system regulations and public awareness. Specifically, Member Kirkpatrick emphasized that changes to regulations follow a lengthy state-mandated process, which includes business impact statements and statutory requirements, noting that the pool regulations took five years to finalize. Member Kirkpatrick highlighted public awareness issues, as noted earlier in the meeting that some residents were unaware, they have septic systems or the maintenance requirements, which often leads to improper waste disposal and costly repairs. Member Kirkpatrick noted that Clark County allocated $15 million to assist with septic-to-sewer conversions. Member Kirkpatrick noted that 90 homes in Henderson were being fully funded to convert to sewer. Member Kirkpatrick noted that most septic permits were temporary until sewer was available. Member Kirkpatrick noted that the Health District could improve the website and create education materials for septic owners. Member Kirkpatrick noted that the Health District was considering conducting surveys and public engagement before finalizing regulations and addressing technical issues in existing regulations. Member Kirkpatrick noted the importance of collaboration among agencies such as Water Reclamation, the Las Vegas Valley Water District, and municipalities to streamline conversions and reduce costs. Member Kirkpatrick noted the concern of nitrate contamination risks in certain areas.

X. HEALTH OFFICER & STAFF REPORTS *(Information Only)*

- DHO Comments

In addition to the written report, Dr. Lockett advised that Bob Kingston joined the Health District as the Chief Facilities Officer on October 27th. Mr. Kingston is a local resident and was recently an electrical engineer at the City of Henderson. Mr. Kingston brings a wealth of knowledge, experience, and education that will make him an asset to the Health District.

Further Dr. Lockett advised that the Health District partnered with Three Square to host three community food distribution events at the Decatur and Fremont locations. These events provided fresh produce and emergency food supplies to families experiencing food insecurity. A total of 1,031 households were served, and approximately 72,000 pounds of food were distributed, averaging 70 pounds per household. These efforts supported households with limited access to nutritious foods, including those awaiting or receiving reduced SNAP benefits. An additional food distribution event will be scheduled for mid-December at the Decatur location to help prevent hunger during the holiday season.

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Further, the Health District's Office of Chronic Disease Prevention and Health Promotion, in collaboration with partners, continued to operate pop-up produce stands at the Bonneville Transit Center. These stands offer affordable, regionally grown fruits and vegetables, accepting SNAP, EBT, cash, debit, and credit payments. Stands are open from 11:00 AM to 2:00 PM, with the remaining 2025 market dates held on December 2 and December 9. This initiative helped families manage rising food costs and SNAP benefit changes while supporting local growers and promoting healthy nutrition. In 2024, the program distributed 2,471 pounds of produce, improving food access for households facing barriers.

Dr. Lockett advised that on November 7, the Health District confirmed its first measles case since 2018, involving an infant too young to receive the MMR vaccine. The child was hospitalized and had fully recovered. More than 100 contacts were identified, most with verified vaccination status, and no secondary cases have been reported to date. A health alert was issued to healthcare providers to remain vigilant for measles symptoms. Nationally, measles activity has risen sharply in 2025, with 1,723 cases and 45 outbreaks reported in the U.S., compared to 285 cases and 16 outbreaks in 2024. Canada has also experienced over 5,000 cases in the past year, losing its elimination status. Dr. Lockett advised that the Health District continued active surveillance, contact tracing, and provider outreach to prevent further spread and urged community members to stay up to date with MMR vaccination and seek care promptly if symptoms such as fever, cough, or rash occur.

Dr. Lockett concluded by advising the Board that the Health District reported the season's first flu-related death involving an 80-year-old male. The Health District had a new respiratory dashboard that indicated overall respiratory illness remained low, including RSV and COVID-19, but influenza activity had increased by 7.1% over the past two weeks. As of November 8, there had been 26 flu-related hospitalizations. The Health District urged everyone 6 months and older to get vaccinated, as flu season typically peaked between December and February. Preventive measures such as staying home when sick, frequent handwashing, covering coughs and sneezes, and avoiding close contact with ill individuals are strongly recommended.

Member Brune requested additional information regarding the program at the Bonneville Transit Center.

XI. INFORMATIONAL ITEMS

1. SNHD Financial Report, as of September 30, 2025
2. Administration Division Monthly Activity Report
3. Community Health Division Monthly Activity Report
4. Community Health Center (FQHC) Division Monthly Report
5. Disease Surveillance and Control Division Monthly Activity Report
6. Environmental Health Division Monthly Activity Report
7. Public Health & Preventive Care Division Monthly Activity Report

XII. SECOND PUBLIC COMMENT: A period devoted to comments by the general public, if any, and discussion of those comments, about matters relevant to the Board's jurisdiction will be held. Comments will be limited to five (5) minutes per speaker. If any member of the Board wishes to extend the length of a presentation, this may be done by the Chair or the Board by majority vote.

Cheryl Pastore addressed the board regarding septic system regulations and long-term water solutions. She emphasized that approximately 18,245 residents currently use septic systems and expressed that individual circumstances should be considered when implementing regulations. Ms. Pastore proposed exploring alternative solutions, specifically desalination technology, as a faster and more sustainable approach compared to decades-long septic-to-sewer conversions. She cited successful examples, including a Texas town that secured $30 million in federal funding to resolve water issues and El Paso's operational desalination plant, which produces 27.5 million gallons of water daily and 40 billion gallons annually. Ms. Pastore recommended sending engineers and board members to study the El Paso facility and suggested leveraging available resources, such as the Water District's $1.5 billion reserve, to fund similar projects in Las Vegas. Her comments stressed the importance of planning for future water needs beyond current challenges.

Summer Golia expressed strong objection to the Health District imposing new or additional regulations on existing, approved, and paid-for septic systems. She emphasized that these systems were permitted and installed under the codes and requirements in place at the time of approval, and applying new regulatory conditions retroactively creates an undue burden on property owners. Ms. Golia stated that such actions undermine reliance on original approvals and raise concerns about fairness and administrative overreach. She requested that the Health District honor existing permits and installations as grandfathered under their initial terms, without additional fees, modifications, or inspections, unless clear evidence of a legitimate health or safety risk exists. She concluded by rejecting the proposed regulations package.

My name is Christian Salmon, a Clark County homeowner under NRS 241.035(1)(d) I respectfully request that my comments be entered in verbatim into the public record. The process has been hidden from the public. Throughout this year the regulations were developed quietly through the Business Impact surveys in internal drafting workshops and notice of intent, all without meaningful participation from home homeowners who will bear 100% of the burden. Only after septic families discovered the process on their own did we fill this room. Why was this done in secret? Why were we not included from day one? Especially when we repeatedly expressed our desire to participate. And why have some voices even discouraged some people from showing up today? Ms. Kirkpatrick. Uh, that alone raises serious concerns about intent. I mean, the regs were to be voted on on October 23rd. This is all set and ready to go and all of a sudden, because we're involved now, everybody's backing off. Uhm, this is not how a fair and democratic regulatory process is supposed to operate. Who started this and why? The public still does not know who initiated this regulatory overhaul. Which agencies and individuals pushed it forward, or what the justification was for launching such a sweeping rewrite. No vote from this board has ever been presented showing that you authorize this process. Yet staff proceeded as if directed a direction have been given. A package of this magnitude should never originate without a clear public board approved mandate. We deserve full disclosure. Names, titles, agencies, communications and the reasoning behind the push. No health emergency. Uh, there's no health emergency, no justification. The government is supposed to solve real problems, not phantom ones. To justify new mandates, there must be a documented health threat, a declared emergency, failure rate studies, evidence of contamination, peer review data, but none exist. Your own flyer confirms no septic failure rate study, so no outbreaks have been identified, no emergency has been declared. And if one were to happen now, I would be suspicious of it, to be honest with you. Without a documented health problem, creating a new sweeping regulatory regime is not public health. It is an administrative overreach. A regulatory trap and the taking of properties where we're at. Homeowners built or purchase their homes under stable rules and lifetime septic permits now are being dragged into a new system. A five-year permit process, reoccurring fees, engineering

requirements for basic repairs, expanded inspections, property transfer complications, threats of forced sewer connection based solely on distance. This is not modernization. This is taking of property rights and is a creation of permanent regulatory trap. We reject every part of this package completely and when massive new residential projects and water intrusive data centers are being approved monthly. It becomes clear that who is being targeted. Long time homeowners who are the easiest group. Many of them are seniors. Unfair one-sided participation. These those advanced regulations receive unlimited time, full presentations and open dialogue with the board. Homeowners receive and are regulated to 5 minutes here to discuss. No, no or no discussion, no opportunity to correct. You know what's what's going on here. This is not democratic. This is not balance. This is the administrative state operating without consent from its citizens. This is the cart before the horse. This is not about septic. This is about water policy failure. Nevada receives .85% of the Colorado River compact allotment in the smallest of any base of state instead of the targeting homeowners, the real work should be done renegotiating the compact, requiring other states to recycle to Nevada standard, capturing storm water through the regional control district and infrastructure has been in place and we don't even have to pay for that. Why are we not getting that. Addressing evaporative loss considering desalinization partnerships, finally studying primary water sources beneath Nevada. They're already here. None of that has happened. Instead, we are coming. You're coming after families that have done nothing wrong. This is discriminatory enforcement, not environmental policy. We reject this package fully and without conditions. We are not negotiating pieces of this. We reject the entire premise. The government wants us even to consider future changes starting with this point. So we want 0 cost to homeowners if you want us to come on board.

Cheryl Reynolds shared concerns about the financial and emotional impact of proposed septic regulations on long-time residents. She explained that, as a 77-year-old who planned carefully for retirement and health maintenance, she now faces unexpected financial uncertainty due to recent water rate increases and proposed septic regulations. Ms. Reynolds stated that changing permanent septic permits to temporary status would create a “permanent state of limbo” for homeowners and described this as a form of elder abuse, both financial and emotional. She urged the board not to support measures that she believes prioritize county growth at the expense of residents’ stability and well-being.

Diane Henry expressed concern about replacing permanent septic permits with temporary, revocable ones. She noted fears that revocable permits could eventually be used to force homeowners to connect to adjacent sewer systems at their own expense. While SNHD’s website FAQ states there is no intention to mandate sewer connections for properly functioning systems, Ms. Henry argued that revocable permits are unnecessary even for failing systems, as homeowners must address failures regardless. She questioned the purpose of new permits if SNHD does not plan to target functioning systems, suggesting it would waste resources. Ms. Henry urged the board not to change the rules or revoke lifetime permits unless funding is available to financially support septic conversions.

Jim Cavin, a Section 10 resident and septic system user for 45 years, expressed strong opposition to the proposed septic regulations. He thanked Member Kirkpatrick for acknowledging the wide range of circumstances affecting septic users. Mr. Cavin stated that the regulations were introduced as a response to potential public health hazards but noted that his repeated inquiries about the number of septic system emergencies in the past year have gone unanswered. He emphasized that homeowners were not notified of pending regulations or meetings and described the proposals as unnecessary, intrusive, and an example of government overreach. Mr.

Cavin highlighted the significant financial burden on homeowners, estimating costs of $40,000-$50,000 for compliance, and warned that such mandates could have political repercussions.

Richard Cerdos expressed strong concerns about the financial impact of proposed septic-to-sewer conversions. He stated that estimated costs of $38,000–$60,000 per household are unacceptable unless fully funded by the city or county. He emphasized that he purchased his home with a septic system to control expenses and has successfully maintained it for 15 years without issues. Mr. Cerdos criticized the lack of direct communication from SNHD, noting he learned about the proposal from a neighbor rather than official notifications. He warned that conversion would lead to ongoing monthly charges, creating additional financial burdens for homeowners. While he supports water conservation and reclamation efforts, he urged the board to improve outreach and coordination among agencies and to consider fairness for long-time residents who did not choose city expansion.

Julie Wignall expressed concerns about the economic hardship posed by potential septic-to-sewer conversions and criticized the lack of transparency and communication surrounding the issue. She stated that many residents feel misled and pressured, citing lobbying efforts by the Southern Nevada Water Authority. Ms. Wignall urged SNHD to improve outreach by collecting email addresses at meetings and sending regular updates to keep the public informed. She emphasized the need for trust and open dialogue to address fears and uncertainty among residents. Additionally, Ms. Wignall requested that SNHD conduct studies on water contamination beyond nitrates from septic systems, including potential chemical pollutants from large AI data centers and industrial projects. She referenced recent incidents involving chemical exposure and stressed the importance of understanding what substances are entering wastewater systems to protect public health.

Christine Hicks stated that she represents 160 homes in Eastland Heights, which is served by the Eastland Heights Water Association. She noted that their water comes from two wells, is regularly tested, and complies with all federal and state drinking water regulations, with no issues related to nitrates or contaminants. Ms. Hicks shared that residents in her community have two primary concerns: the significant financial burden posed by the proposed septic regulations and the lack of evidence of any health hazard in their area. She emphasized that homeowners would address septic issues if they existed but believe the proposed regulations are unnecessary and unfounded.

Edwin Kahler expressed support for the Health District's mission and reputation, but voiced concern that involvement in proposed septic regulations is damaging its credibility. He criticized recent public communications, including postcards describing the changes as routine updates to "simplify and clarify," calling these statements misleading. Mr. Kahler argued that current regulations are sufficient to address failing systems and questioned the need for expiring permits or additional restrictions. He emphasized that septic systems are not causing public health crises or premature deaths and urged the board to improve transparency and communication. Mr. Kahler also noted that approximately 30,000 voters live on properties with septic systems and warned that imposing unnecessary regulations could create significant public opposition.

Laura McSwain expressed appreciation for board members' concern for community investments and quality of life, but criticized the current process for developing regulations, particularly, the Business Impact Statement process. She stated that this process bypasses those most directly affected by proposed policies, citing past issues with excessive use charge penalties where residents were not properly notified despite the Water District having customer contact

information. Ms. McSwain noted that the process currently involves only about 70 parties, many of which are associations rather than actual businesses, and argued that this is inadequate for meaningful public input. She commended community members for participating and emphasized the need to reform notification procedures so that residents directly impacted by rate changes, septic regulations, or similar policies receive timely and transparent communication.

Sharon Seeley stated her opposition to the proposed septic regulations, citing that they would create a serious financial hardship for her family. She urged that these regulations should not be enacted until adequate funding is available to cover the significant costs associated with compliance.

Mark Medina, a Section 10 resident for 55 years, expressed strong opposition to the proposed septic regulations and questioned the priorities of local leadership. He noted rapid growth in Southern Nevada, including new car washes, casinos, and apartment buildings, despite ongoing water concerns, and contrasted this with claims that septic systems pose a major issue. Mr. Medina urged county commissioners and elected officials to fight for federal funding to assist homeowners with conversion costs, citing examples such as Puerto Rico receiving $365 million for its power grid. He criticized political divisions and called on leaders to set aside prejudices and work together to secure resources for residents.

David Anderson briefly commented on mosquito control, sharing a personal anecdote about unintentionally drowning mosquitoes in canola oil. He expressed agreement with previous remarks regarding sewer issues, but emphasized his concern about mosquito presence.

Judy Heath expressed strong opposition to the proposed septic conversion efforts, citing concerns about transparency, political influence, and potential impacts on property values. She noted that initial meetings lacked proper notification to septic owners, who learned of them through word of mouth and social media. Ms. Heath alleged that the push for septic-to-sewer conversions benefits real estate developers and referenced campaign contributions and board memberships as possible conflicts of interest. She warned that high conversion costs could force homeowners to sell at reduced prices, benefiting builders seeking to increase housing density. Ms. Heath also questioned the motives behind the regulations and highlighted a recent sewer line break as an example of existing infrastructure issues, contrasting it with the reliability of her septic system.

Michelle Richardson expressed concerns about the uncertainty surrounding proposed septic regulations and emphasized the need for clear communication before future meetings. She suggested creating a reliable point of contact and improving website resources to provide accurate information on requirements, waiver processes, and inspection procedures. Ms. Richardson questioned the language on the SNHD website regarding mandatory sewer connections and requested clarification on existing restrictions in other communities. She raised concerns about third-party inspections, including qualifications, homeowner input, and potential costs, and asked for transparency on who would conduct inspections and whether entry into homes would be required. Additionally, she requested a simplified explanation of the waiver process for properties meeting criteria such as distance from sewer connections and expressed concern about unexpected costs for consulting licensed professionals. To improve communication among residents, Ms. Richardson offered to maintain an email list for interested homeowners and provided an address for sign-up: 918273septic@gmail.com.

Jim Crawford expressed frustration over the proposed septic regulations, stating that the messaging is causing unnecessary fear among residents. He noted that he has received more information on unrelated topics, such as Bitcoin and addiction, than on septic system concerns and criticized the lack of clear communication. Mr. Crawford urged the board to focus on its responsibilities without alarming the community.

Joni Mann stated that she strongly opposes the proposed septic regulations.

Bob Kawamura requested additional information regarding the motivation behind the proposed septic regulations, expressing skepticism that the initiative is health-driven. He suggested the effort appears politically and economically motivated, particularly related to return water credits. Mr. Kawamura shared concerns about the effectiveness of return credits, noting his personal observations at the Las Vegas Wash where water quality appeared poor and emitted chemical odors. He questioned how this water could be treated for safe drinking or agricultural use and asked for clarification on how return water credits benefit the community beyond meeting accounting or regulatory goals.

Karla Bearden thanked the board and fellow residents for their participation and expressed appreciation for the community's engagement. She voiced concern over remarks suggesting the public is unaware of their septic systems, stating that such assumptions are offensive. Ms. Bearden also criticized comments referencing the cost of conversions, noting that statements about paying $38,000 for homes to convert were troubling.

Member Kirkpatrick requested to clarify a previous statement, noting that their earlier remarks were misinterpreted. Member Kirkpatrick indicated she would wait until the speaker finished before providing clarification to ensure accuracy and avoid taking time from public comment.

Ms. Bearden expressed frustration over statements regarding funding for septic conversions, emphasizing that taxpayer money - not personal funds - was used for projects such as those in Henderson. Ms. Bearden questioned fairness and transparency in how funds are allocated, noting that excessive use fees do not apply uniformly across jurisdictions like Henderson, North Las Vegas, and Boulder City. Ms. Bearden raised concerns about declining property values, burdensome regulations, and restrictions on property use, calling for accountability and expressing dissatisfaction with perceived loss of personal freedoms.

Ms. Cordovez Mulet advised that a written comment was submitted by Eugene Yazzie.

Seeing no one further, the Chair closed the Second Public Comment portion.

The Chair reiterated the significance of the septic regulations, emphasizing that it was important to both the Board and the public. The Chair acknowledged the time and effort invested in the meeting. The Chair announced that after the start of the new year, a comprehensive communication process will be implemented to ensure broad engagement, including those unable to attend the meeting. While recognizing that the process was not perfect and past actions cannot be changed, the Chair stressed the Board's commitment to moving forward collaboratively as an organization and community. The ultimate goal, as stated by the Chair, was to achieve outcomes that make sense for those affected and to prioritize public health.

XIII. ADJOURNMENT

The Chair adjourned the meeting at 1:12 p.m.

Cassius Lockett, PhD
District Health Officer/Executive Secretary
/acm

DRAFT

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
JANUARY 22, 2026

Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE: January 22, 2026**

RE: *Approval of the Interlocal Agreement between the Southern Nevada Health District and Clark County, Nevada*

PETITION #18-26

That the Southern Nevada District Board of Health *approves the Interlocal Agreement (CBE NO. 607816-25), between the Southern Nevada Health District and Clark County, Nevada to collaborate on RYAN WHITE Part A JURISDICTIONAL CLINICAL QUALITY MANAGEMENT.*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Lei Zhang, MS, *Public Health Informatics Manager*

DISCUSSION:

This is an agreement to support the cost of providing Clinical Quality Management (CQM) services for the Clark County area, in alignment with this scope of work and HRSA Policy Clarification Notice 15-02. Work completed will support the Las Vegas TGA's Clinical Quality Management Plan and related quality improvement projects.

FUNDING:

This agreement will provide funding to the SNHD for their collaboration in the CQM project. This is pass through funding from the Clark County supported by federal grant dollars for program period of September 1, 2025 through February 28, 2026, and is contingent upon receipt of grant funds awarded by HRSA to Clark County Social Service through the HIV Emergency Relief Project Grants award, number H89HA06900.

CBE NO. 607816-25

INTERLOCAL AGREEMENT FOR RYAN WHITE PART A JURISDICTIONAL CLINICAL QUALITY MANAGEMENT

This INTERLOCAL AGREEMENT hereinafter referred to as "AGREEMENT" is entered into on this _____ day of _____, 2025 by and between CLARK COUNTY, Nevada, hereinafter referred to as "COUNTY" and SOUTHERN NEVADA HEALTH DISTRICT, hereinafter referred to as "SNHD" for RYAN WHITE PART A JURISDICTIONAL CLINICAL QUALITY MANAGEMENT.

W I T N E S S E T H:

WHEREAS, NRS 277.180 authorizes public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the contract is authorized by law to perform;

NOW, THEREFORE, the parties mutually agree as follows:

ARTICLE I: SCOPE OF WORK

AGREEMENT sets forth:

1.0 Overview

The Ryan White HIV/AIDS Treatment Extension Act of 2009 (Public Law 111-87) is the largest Federal program focused exclusively on HIV/AIDS care. The program is for individuals living with HIV/AIDS who do not have sufficient health care coverage or financial resources for managing their HIV. The Ryan White legislation has been adjusted with each reauthorization to accommodate new and emerging needs, such as an increased emphasis on funding of core medical services and changes in funding formulas. Funds are provided by the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), Ryan White HIV/AIDS Treatment Extension Act of 2009 known as the Ryan White HIV/AIDS Program (RWHAP). The HIV Emergency Relief Grant Program Part A: Eligible Metropolitan Areas/Transitional Grant Areas HRSA Announcement No: HRSA-17-030 Catalog of Federal Domestic Assistance (CFDA) No. 93.914.

2.0 Scope of Project

COUNTY will provide Federal funds to SNHD to support the cost of providing Clinical Quality Management (CQM) services for the Clark County area, in alignment with this AGREEMENT and HRSA Policy Clarification Notice 15-02. Work completed will support the Las Vegas TGA's Clinical Quality Management Plan and related quality improvement projects.

Federal funds are provided by U.S. Department of Health and Human Services (DHHS), Health Resources and Services Administration (HRSA). Funds for program years September 1, 2025 through February 28, 2026 contingent upon receipt of grant funds awarded by HRSA to Clark County Social Service through the HIV Emergency Relief Project Grants award, number H89HA06900.

3.0 Definitions and Common Abbreviations

Acquired Immune Deficiency Syndrome (AIDS) is the late stage of HIV infection that occurs when the body's immune system is badly damaged because of the virus. In the U.S., most people with HIV do not develop AIDS because taking HIV medicine every day as prescribed stops the progression of the disease. A person with HIV is considered to have progressed to AIDS when the number of their CD4 cells falls below 200 cells per cubic millimeter of blood (200 cells/mm3) or they develop one or more opportunistic infections regardless of their CD4 count. (In someone with a healthy immune system, CD4 counts are between 500 and 1,600 cells/mm3).

Clinical Quality Management (CQM) is the coordination of activities aimed at improving patient care, health outcomes, and patient satisfaction. All Ryan White HIV/AIDS Program recipients are required to establish clinical quality management programs to assess the extent to which HIV health services are consistent with the most recent Public Health Service guidelines for the treatment of HIV disease and related opportunistic infections; and develop strategies for ensuring that such services are consistent with the guidelines for improvement in the access to and quality of HIV services.

Health Resources and Services Administration (HRSA) and the HIV/AIDS Bureau (HAB): The U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) administers The Ryan White Program.

Human Immunodeficiency Virus (HIV) is a virus that attacks cells that help the body fight infection, making a person more vulnerable to other infections and diseases. It is spread by contact with certain bodily fluids of a person with HIV, most commonly during unprotected sex (sex without a condom or HIV medicine to prevent or treat HIV), or through sharing injection drug equipment. If left untreated, HIV can lead to the disease AIDS.

Out of Care references a client who has not had a CD4 count or viral load test, been prescribed antiretroviral therapy (ART), or had a primary care visit within the past 12 months.

People With HIV (**PWH**) refers to infants, children, adolescents, and adults who have HIV.

Recipient (formerly referred to as the grantee) refers to COUNTY, specifically the Office of HIV at Clark County Social Service, to which grant funds from HRSA are directly awarded.

The Ryan White HIV/AIDS Treatment Modernization Act of 2009: The Ryan White CARE Act, "Title XXVI of the PHS Act as amended by the Ryan White HIV/AIDS Treatment Modernization Act of 2009", or "Ryan White Program" is the single largest federal program designed specifically for people with HIV/AIDS. First enacted in 1990, it provides care and treatment to individuals and families affected by HIV/AIDS. The Ryan White Program has five parts: Part A (formerly Title I) funds eligible metropolitan areas and transitional grant areas, 75 percent of grant funds must be spent for core services; Part B (formerly Title II) funds States/Territories, 75 percent must be spent for core services; Part C (formerly Title III) funds early intervention services, 75 percent must be spent for core services; Part D (formerly Title IV) grants support services for women, infants, children & youth and Part F comprises Special Projects of National Significance, AIDS Education & Training Centers (AETCs), Dental Programs and the Minority AIDS Initiative.

4.0 Deliverables

SNHD shall be responsible for completing the following:

1. Attendance and active participation in all Las Vegas TGA Clinical Quality Management meetings, lab data days and other CQM meetings and activities.
2. Monthly Out-of-Care reports that will support the Las Vegas TGA's Clinical Quality Management program's goal of increasing retention in care and viral suppression. The information provided in these reports will be utilized to re-engage people with HIV in medical care and supportive services.
    - On a monthly basis, COUNTY will share CAREWare data with SNHD to check against public health records to determine which clients meet the out-of-care definition.
    - Within 30 calendar days, SNHD will then send a report back to COUNTY with a list of all people with their medical care status (In care or out of care).
    - Data shall be transmitted securely between COUNTY and SNHD in MS Excel, CSV or similar format to ensure the COUNTY is able to identify people with HIV who are out of care.

Note: CQM activities **do not** include development of Service Standards; chart audits/reviews; monitoring site visits, if not to assess or monitor the CQM Program; extracting data for reporting to internal and external stakeholders (i.e. Ryan White Services Report (RSR); or electronic health records interface with other providers. These activities are considered administrative in nature and cannot be supported with CQM funds.

Allowable CQM activities **DO** include performance measurement prioritization and alignment with other RWHAP Parts in the service area; data extraction for clinical quality management purposes (collect, aggregate, analyze, and report on measurement data); monitoring site visits, if to assess or monitor the CQM Program; and CQM committee for planning for quality improvement projects. Data collected as part of administrative/quality assurance processes should feed back into the CQM program to ensure improvement in patient care, health outcomes, and patient satisfaction.

5.0 Responsibilities of SNHD

The purpose of this section is to provide a description of how SNHD is expected to utilize the allocated funding to provide the highest quality of service based on HRSA HAB guidelines and monitoring standards set forth to meet the necessary service provisions of the grant.

A. ***Program Administration, Development and Operations*** - SNHD shall:

- Ensure that, at minimum, the following personnel participate in Provider Orientation and subsequent refreshers provided by COUNTY: fiscal staff and program leadership.
- Ensure the PROGRAM is operated in accordance with:
  - Ryan White HIV/AIDS Program legislation.
  - HIV AIDS Bureau (HAB) Policy Clarification Notices (PCNs) and Program Letters.
  - Applicable Service Standards and Policies and Procedures of the Las Vegas Transitional Grant Area.
  - HAB National Monitoring Standards
  - Conditions of Award (COA) set forth by HRSA.
  - Terms and conditions set forth by HRSA in the applicable Notice of Funding Opportunity (NOFO).
  - Applicable Nevada Revised Statutes and Nevada Administrative Code.
  - All other applicable federal, state and local regulations.
- Ensure that SNHD, its officers, and employees are not debarred or suspended from doing business with the Federal Government.
- Employ personnel with sufficient technical knowledge, skill, and expertise necessary to complete the deliverables described in this AGREEMENT.
- Implement Administrative Safeguards and internal controls to prevent use or disclosure of protected Health Information as defined in the HIPPA Rules to protect and secure the confidentiality, integrity and availability of Electronic Protected Health Information. (45 CFR 164.308, 164.210 and 364312) in accordance with 45 CFR 164.316.
- Notify COUNTY of any attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with system operations in an information system as is defined in SNHD's Security Incident Management Plan and this paragraph ("Security Incident") within 24 hours of discovery of the incident. Incidents that can be characterized as "a single series of unwanted or unexpected information security events that have a significant probability of compromising business operations and threatening information security" will be subject to such notification.
- Build organizational and personnel capacity by using and cultivating understanding of program requirements through web-based resources, modules, manuals, materials and videos available on the Las Vegas TGA website's Learning Portal and "Sub Award Resources" section.
- Request support and technical assistance from COUNTY as needed.

B. **Fiscal** - SNHD shall:

- Excepting SNHD'S first billing under this AGREEMENT, submit to COUNTY'S authorized representative a monthly Request for Reimbursement by the 15th calendar day of each month for the previous month's services.

- Establish such fiscal and accounting procedures necessary to ensure:
    - The proper disbursal of, and account for grant funds in order to ensure that all financial transactions are conducted.
    - Maintain financial records pertaining to all matters relative to this AGREEMENT in accordance with standard accounting principles and procedures and retain all records and supporting documentation applicable for a period of five (5) years upon completion or termination of this AGREEMENT, whichever comes first.
    - Delineate how multiple funding sources for services are allocated appropriate for its designated intended service. All such records relating to any analysis or audit performed relative to this AGREEMENT shall be retained for five (5) years after such analysis or audit has been performed and any findings have been resolved.
    - In the event that SNHD no longer operates within the Las Vegas Transitional Grant Area (Clark County, NV; Nye County, NV or Mohave County, AZ), it shall be required to deliver a copy of all records relating to this AGREEMENT with COUNTY to be retained by COUNTY and SNHD.

6.0 Responsibilities of COUNTY

COUNTY shall ensure that all clients participating in programs offered by its Office of HIV at Clark County Social Service under Ryan White Part A programs funded by HRSA complete a Universal Eligibility Application, a blank copy of which is attached hereto as Exhibit A, and which in relevant part, will authorize SNHD to share sensitive information concerning COUNTY clients with COUNTY as is required under this AGREEMENT.

7.0 References

- **HRSA Ryan White HIV/AIDS Program**
  https://hab.hrsa.gov/
- **Las Vegas TGA, Ryan White Service Standards and Policies & Procedures**
  https://lasvegastga.com/standards/; https://lasvegastga.com/quality-management-2/
- **Clinical Quality Management Policy Notification Notice 15-02**

  https://hab.hrsa.gov/sites/default/files/hab/Global/HAB-PCN-15-02-CQM.pdf
- **Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds**
  https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/ServiceCategoryPCN_16-02Final.pdf

8.0 Attribution

This program is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $7,551,492.00 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit HRSA.gov.

ARTICLE II: TERM OF AGREEMENT

The term of AGREEMENT shall be from September 1, 2025 through February 28, 2026.

Notwithstanding the foregoing provision, either party may terminate AGREEMENT, without cause, upon giving thirty (30) days written notice to the other party. In the event the Budget Act and Fiscal Fund Out provision is invoked, AGREEMENT shall expire June 30th of the current fiscal year. Termination due to the failure of COUNTY or SNHD to appropriate monies shall not relieve the parties' obligations under AGREEMENT incurred through June 30th of the fiscal year for which monies were appropriated for their operations.

ARTICLE III: PRICE, PAYMENT, AND SUBMISSION OF INVOICE

COUNTY will reimburse SNHD for goods and/or services provided as outlined in Article I – Scope of Work.

Remuneration will remain on a reimbursement basis unless specifically waived by COUNTY. Reimbursement will be paid after eligible expenses have been incurred and expended in conformance to Article I - Scope of Work.

The table below reflects the budget that corresponds to Article I - Scope of Work for current program year:

Description	Total
Jurisdictional Clinical Quality Management 9/1/25-2/28/26	$25,000.00
TOTAL	**$25,000.00**

COUNTY may require budget revisions, with notice, depending on funding levels. The funding may be increased or scaled back based on community need and/or provider performance.

If COUNTY rejects an invoice as incomplete, SNHD will be notified within thirty (30) calendar days of receipt and AGENCY will have thirty (30) days to correct the invoice and resubmit.

Invoices shall be submitted via email at: CCHIVFiscal@ClarkCountyNV.gov

SNHD must notify COUNTY in writing of any changes to SNHD'S remit payment address or other pertinent information that may affect issuance of payment and allow thirty (30) days for the change to be processed.

COUNTY is not responsible for late payments on inaccurate invoices and/or incomplete or unsatisfactory deliverables or milestones. COUNTY does not pay late fees or charges. Final payment may be withheld until all deliverables have been submitted and accepted or final services have been rendered.

ARTICLE IV: FISCAL FUNDING OUT CLAUSE

In accordance with the Nevada Revised Statutes (NRS 354.626), the financial obligations under AGREEMENT between the parties shall not exceed those monies appropriated and approved by COUNTY for the then current fiscal year under the Local Government Budget Act. AGREEMENT shall terminate and COUNTY'S obligations under it shall be extinguished at the end of any of COUNTY'S fiscal years in which COUNTY'S governing body fails to appropriate monies for the ensuing fiscal year sufficient for the payment of all amounts which could then become due under AGREEMENT. COUNTY agrees that this section shall not be utilized as a subterfuge or in a discriminatory fashion as it relates to AGREEMENT. In the event this section is invoked, AGREEMENT will expire on the 30th day of June of the current fiscal year. Termination under this section shall not relieve COUNTY of its obligations incurred through the 30th day of June of the fiscal year for which monies were appropriated.

ARTICLE V: AMENDMENT / ENTIRE AGREEMENT

Amendment to AGREEMENT may be made only upon mutual consent in writing, by the parties hereto and executed with the same formality attending the original. Executed AGREEMENT, together with any attachments, contains the entire agreement between COUNTY and SNHD relating to the rights granted and obligations assumed by the parties hereto. Any prior agreements, promises, negotiations or representations, either oral or written, relating to the subject matter of agreement not expressly set forth in AGREEMENT are of no force or effect.

ARTICLE VI: SUBCONTRACTS

AGREEMENT is entered into to secure the services of SNHD. Services specified in this AGREEMENT shall not be subcontracted by SNHD without the written consent of COUNTY.

ARTICLE VII: ASSIGNMENTS

Neither party may assign or delegate all or any part of AGREEMENT without the written consent of both parties and executed with the same formality as attending this original.

ARTICLE VIII: NOTICES

Any notice required or permitted to be given hereunder shall be in writing and shall either be delivered personally to the party to whom such notice is given, or sent to it by United States registered or certified mail, postage prepaid and return receipt requested, addressed or delivered to such party at the address or addresses designated below (or such other address or addresses as may hereafter be designated by a party) by written notice to the other party:

To COUNTY:
Attention: Heather Shoop
Clark County Social Service – Office of HIV
1600 Pinto Lane
Las Vegas, Nevada 89106

To SNHD:
Attention: Contract Administrator, Legal Dep
Southern Nevada Health District
280 S. Decatur Blvd
Las Vegas, Nevada 89107t

With a copy to:
Attention: Lei Zhang
Southern Nevada Health District
Office of Informatics and Epidemiology
280 S. Decatur Blvd.
Las Vegas, Nevada 89107

ARTICLE IX: POLICIES AND PROCEDURES

SNHD agrees to abide by all quality assurance, utilization review, peer review and consultation, standardized reporting, credentialing, and policies and procedures mutually established by COUNTY and SNHD.

ARTICLE X: INSURANCE

SNHD, at its own expense, agrees to obtain and maintain in full force and effect during the term of this AGREEMENT, insurance in commercially reasonable amounts calculated to protect itself and the COUNTY from any and all claims of any kind of nature for damage to property or personal injury, including death, made by anyone, that may arise from activities performed or facilitated by this AGREEMENT. Such insurance shall include medical malpractice coverage on SNHD'S employees and officers as applicable.

ARTICLE XI: WAIVER AND SEVERABILITY

Any waiver of a breach of any provision of AGREEMENT shall not be deemed a waiver of any other breach of the same or different provision. In the event any provision of AGREEMENT is rendered invalid or unenforceable by any valid act of Congress or the Nevada State Legislature or declared null and void by any court of competent jurisdiction or is found to be in violation of State Statutes and/or regulations, said provision(s) hereof will be immediately void and may be renegotiated for the sole purpose of rectifying the non-compliance. The remainder of the provisions of AGREEMENT not in question shall remain in full force and effect.

ARTICLE XII: LAW OF VENUE

AGREEMENT shall be governed by the laws of the State of Nevada.

ARTICLE XIII: SUSPENSION AND TERMINATION

Suspension. COUNTY may suspend performance by SNHD under this AGREEMENT up to 90 calendar days as COUNTY, at its sole discretion, may prescribe by providing written notice to SNHD. SNHD shall not perform further work under this AGREEMENT as of the effective date of suspension. SNHD may not resume performance, unless and until, COUNTY issues written notice to resume performance.

Termination for Convenience. Either party has the right to terminate this AGREEMENT for convenience by giving the other party hereto thirty (30) calendar day's written notice of intent to terminate.

Termination for Cause. This AGREEMENT may be terminated for cause by either party in the event of substantial failure of the other party to fulfill its obligations under this AGREEMENT through no fault of the terminating party; but only after the other party is given not less than thirty (30) calendar days written notice of intent to terminate; and an opportunity for consultation with the terminating party prior to termination. Neither party shall be considered in default in the performance of its obligations hereunder, to the extent that performance of such obligations is prevented or delayed by any cause, existing or future, which is beyond the reasonable control of such party. Delays arising from the actions or inactions of one or more of SNHD'S principals, officers, employees, agents, subcontractors, vendors or suppliers are expressly recognized to be within SNHD'S control. If after termination for cause it is determined that SNHD has not so failed, the termination shall be deemed to have been effected for the convenience of COUNTY.

Process. The rights and remedies of COUNTY and SNHD provided in this section are in addition to any other rights and remedies provided by law or under this AGREEMENT.

1. Upon receipt by SNHD of a suspension or termination notice, or delivery by SNHD of a termination notice, SNHD shall promptly discontinue all services affected (unless COUNTY'S notice directs otherwise) and deliver or otherwise make available to COUNTY, copies of all deliverables completed pursuant to the schedule set forth in Article I - Scope of Work.
2. In the event this AGREEMENT is terminated by SNHD, SNHD acknowledges that its termination may affect COUNTY'S consideration of SNHD for future projects.
3. In the event of termination of this AGREEMENT, SNHD is eligible for compensation earned based on actual costs or the percentage of work completed, as fairness dictates, less all previous payments. COUNTY will pay SNHD for work performed up to and including the date on which SNHD discontinued or should have discontinued all services as determined by paragraph 1. No payment shall be allowed for anticipated profit on performed or unperformed services or other work. Any payment due to SNHD may be adjusted to the extent COUNTY incurs additional costs by reason of SNHD'S default. The final invoice for all work completed as of the date of termination, shall be received by COUNTY within sixty (60) calendar days after date of termination.
4. Upon termination, COUNTY may take over the work and prosecute the same to completion by contract with another party or otherwise.

IN WITNESS WHEREOF, the parties hereto have caused AGREEMENT to be signed and intend to be legally bound thereby.

COUNTY OF CLARK:

BY: _____
BRETT M. WOOD, CPPO, CPPB, PMP
Purchasing Deputy Director

DATE: _____

SOUTHERN NEVADA HEALTH DISTRICT:

Signature Redacted

BY: _
CASSIUS LOCKETT, PHD
District Health Officer

DATE: 01/06/2026

ATTEST:

BY: _____
LYNN MARIE GOYA
County Clerk

DATE: _____

APPROVED AS TO FORM:
Steven Wolfson, District Attorney

BY: _____
SARAH SCHAERRER
Deputy District Attorney

DATE: _____

APPROVED AS TO FORM:

Signature Redacted
Signature Redacted

BY: __ _____
HEATHER ANDERSON-FINTAK, ESQ.
General Counsel

DATE: January 5, 2026

EXHIBIT A

Nevada Ryan White All Parts Common Guidance Document 18-04A Universal Eligibility Application

Application Date: _____ ☐ Initial Application ☐ Annual Recertification

For Administrative Use Only:
New Ryan White Eligibility: Start Date: _____ End Date: _____
Case Manager/ Eligibility Specialist Name: _____
Subrecipient Agency: _____

CONTACT INFORMATION

Legal Last Name:	**Legal First Name:**	**Middle Name:**

***Birth Date:**	**Preferred Name or AKA and Pronouns:**		
Language Preference: ☐English ☐ Spanish ☐ Other: _____ In Need of a Translator: Yes ☐ No ☐	**SSN or TIN (Optional)**		
Home Address:	**City:**	**State:**	**Zip:**
Mailing Address *(if different than home):*	**City:**	**State:**	**Zip:**

1. Phone – include area code:	**Type:**	**May we contact you by phone?**	☐ **Yes** ☐ **No**
2. Phone – include area code:	**Type:**	**May we leave a message?**	☐ **Yes** ☐ **No**
E-mail Address:	**May we E-Mail you?** ☐ Yes ☐ No	**May we contact you by mail?**	☐ **Yes** ☐ **No**
		Should mail be confidential?	☐ **Yes** ☐ **No**

SECONDARY CONTACT

Name:	**Phone – include area code:**	**Relation to the Client?**	
Address:	**City:**	**State:**	**Zip:**
Notes/Comments:	**Is the Secondary Contact Aware of client's status?** ☐ Yes ☐ No		

DEMOGRAPHICS

***What sex were you assigned at birth, such as your original birth certificate? (Mark One Answer)**
☐ Male
☐ Female

***Race/Ethnicity:** ☐ White ☐ Black/African American ☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander (*if checked, choose an option below)* ☐ Native Hawaiian ☐ Guamanian/Chamorro ☐ Samoan ☐ Other Pacific Islander: _____ ☐ Asian (*if checked, choose an option below)* ☐ Asian Indian ☐ Chinese ☐ Filipino ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Other Asian: _____	***Race/Ethnicity:** ☐ Non-Hispanic/Latino ☐ Hispanic/Latino, (*if checked, choose an option below)* ☐ Mexican, Mexican American, Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other Hispanic: _____ ☐ Middle Eastern ☐ North African ☐ Other: _____

Relationship Status: ☐ Single ☐ Married ☐ Domestic Partnership ☐ Unmarried Couple ☐ Divorced ☐ Separated ☐ Widowed

Are you a veteran? ☐ Yes ☐ No

PROOF OF DIAGNOSIS (COMPLETED ONLY DURING INITIAL APPLICATION)

All clients must provide upon **initial enrollment only** one (1) medical/legal document from the list below indicating HIV infection. **Documentation must contain the client's full name**. Please select *one* option from the list below and **attach a copy** to this application

Proof of Diagnosis Documents
☐ Western Blot
☐ Letter on physician's letterhead, with signature of doctor, indicating that the applicant is HIV positive with diagnosis date.
☐ Electronic medical record from physician's office, with electronic signature of doctor, indicating that the applicant is HIV positive.
☐ Positive HIV test (immunoassay) and detectable viral load (HIV RNA)
☐ Two positive HIV tests (immunoassays- should be different assays based on different antigens or different principles)
☐ Request for Proof of Diagnosis Form completed by applicant's physician (CGD 15-39)

HIV/AIDS STATUS/DIAGNOSIS INFORMATION/RISK FACTORS (COMPLETED ONLY DURING INITIAL APPLICATION)

***HIV/AIDS Status:** ☐ HIV Positive (not AIDS) ☐ HIV Positive (AIDS status unknown) ☐ CDC Defined AIDS
☐ HIV Negative (Affected) ☐ HIV Indeterminate (infants <2 years old)

***Date of First HIV+ Diagnosis:**	☐ **Estimated?**	***Date of First AIDS Diagnosis:**	☐ **Estimated?**

How do you believe you acquired HIV?

☐ Male to Male sexual contact
☐ Injection Drug Use
☐ Male to Female Sexual Contact
☐ Hemophilia/Coagulation Disorder
☐ Recipient of transfusion of blood, blood components, or tissue
☐ Perinatal Transmission
☐ Undetermined/Unknown, risk not reported or identified
☐ Other, please specify: _____

BASIC MEDICAL

How do you obtain primary HIV medical care?

☐ Publicly funded clinic or health district
☐ Private Practice
☐ Emergency Room
☐ Hospital Outpatient Center
☐ No primary source of care
☐ Other: _____

Primary Care Physician Name:	**HIV Specialist Name:**

RESIDENCY

***What is your current housing status?**

☐ I live in stable housing (includes HOPWA): ☐ Rent ☐ Own ☐ Long-Term Care Facility
☐ I live in temporary housing: ☐ Friends/Family (including couch-surfing) ☐ Hotel/Motel ☐ Transitional Housing or Treatment Center
☐ I live in unstable housing: ☐ Homeless/Emergency Shelter ☐ Jail/Prison/Detention Facility

All clients must provide one (1) residency document from the list below indicating Nevada residency.

- Please select *one* option from the list below and **attach a copy** to this application
- ***If your address changes at any time, please contact an Eligibility Specialist or Case Manager to update your address***

Residency Documentation	
☐ Current Lease/Rental Agreement	☐ Current Nevada Driver's License or State ID Card
☐ Rent/Mortgage Receipt (dated within the past 30 days)	☐ Consulate Identification Card
☐ Any Bill, Invoice, or Correspondence (dated within the past 30 days)	☐ Resident Alien Card
☐ Paycheck Stubs with Your Address	☐ Proof of Property Taxes Paid
☐ Letter from a Government Agency	☐ Voter Registration/Vehicle Registration
☐ Other Verifiable Government-Issued ID with Address	☐ Prison Release Papers
☐ Dependent Support Form (CGD 15-48) or a Letter: *See below*	☐ I am Homeless: *Complete the Attestation of Homelessness Below*
☐ Verification of Residence (CGD 15-50) or a Letter from Landlord	

If you cannot provide residency proof in your own name, please complete the Dependent Support Form (CGD 15-48) or submit a letter with your current address and a signature of person(s) providing support.

Attestation of Homelessness

I attest that I am homeless or living in a shelter with no verifiable residence. I agree that if my residency status changes, I must immediately notify the Ryan White Part All Parts (ABCD) eligibility agency and provide documentation of residency.

Client Signature: _____ Date: _____

HOUSEHOLD SIZE

List members of your household, such as a legal spouse and children who live with you, ***and*** anyone you will claim as a dependent on your taxes. *Please list yourself first.*

Client or Family Member Name	Relationship to Client	Does this person have Taxable Income?	Over age 18?	Claimed on Taxes?
	Self	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
		☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Total Household Size: _____

INCOME

Proof of household income is based on Modified Adjusted Gross Income (MAGI). Household income includes all income of anyone the client claims on their taxes or the income of someone who claims the client as a dependent on their taxes.

All clients and household members listed above must provide proof of income documentation from the list below, if applicable.

- ***If your income changes at any time, please contact an Eligibility Specialist or Case Manager to update your income.***

Income Source Documentation

Please select *all* income options that apply to your household from the list(s) below.

☐ Paycheck Stubs or Employment Statement for the last month *(most recent)*
☐ Annual Award Letter: Social Security, Supplemental Social Security (SSI), Social Security Disability Income (SSDI), Veterans Benefits, Annual Pension, Retirement, etc.
☐ Other Award Letter: Temporary Assistance for Needy Families (TANF), Unemployment, Child support/alimony etc.
☐ One (1) Month of Bank Statements *(only if pay stubs or annual statements cannot be provided)*
☐ Pre-Paid Debit Card Statements
☐ Profit and Loss Statement from Self-Employment (CGD 16-04)
☐ Other Source of Income: _____
☐ No Income: *Complete the Attestation of No Income Below*

Non-Taxable Income Sources

Do you, or anyone in your household, have any types of non-taxable income sources?

☐ No, I nor anyone in my household has non-taxable income sources.
☐ Yes, I or someone in my household has non-taxable income sources *(check all that apply - documentation must be provided)*

- ☐ Supplement Social Security Income (SSI)
- ☐ Workers Compensation
- ☐ Child Support (Received)
- ☐ Veteran's Disability Income
- ☐ Proceeds from Loans (Student/Bank Loans)
- ☐ SNAP (Food Stamps)
- ☐ WIC (Women, Infants and Childrens Program
- ☐ Housing Subsidies (e.g. Section 8 Vouchers, HUD Housing, HOPWA)
- ☐ Utility or Energy Assistance
- ☐ Child Care Assistance/Subsidies
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

Monthly Self $ _____ **Monthly Spouse/Household $**_____

Taxable Income Sources

Do you, or anyone in your household, have any of the following types of taxable income sources?

☐ No, I nor anyone in my household has taxable income sources

☐ Yes, I or someone in my household has a taxable income source *(check all that apply – documentation must be provided)*

- ☐ Wages, Salary, & Tips (Gross- before taxes)
- ☐ Social Security Retirement Income
- ☐ Social Security Disability Income
- ☐ Business / Self Employment Income
- ☐ Taxable Interest and Dividends
- ☐ Capital Gains
- ☐ Rental Income (Net)
- ☐ Unemployment Compensation
- ☐ Taxable amount from Pensions & IRAs Distributions
- ☐ Other income not exempted (Jury Duty Pay, Gambling Winnings)

Monthly Self (before taxes) $ _____ **Monthly Spouse/Household (before taxes) $** _____

How often are you or your spouse/household member paid?

Every Week:	☐ Self	☐ Spouse/Household
Every Two Weeks:	☐ Self	☐ Spouse/Household
Semi Monthly- *The 15th and 30th of the Month*:	☐ Self	☐ Spouse/Household
Monthly:	☐ Self	☐ Spouse/Household
Unstable Income:	☐ Self	☐ Spouse/Household

Deductions

Do you, or anyone in your household, have any of the following types of deductions?

☐ No, I nor anyone in my household has deductions.

☐ Yes, I or someone in my household has deductions *(check all that apply – documentation must be provided)*

- ☐ Health Savings Account Deductions
- ☐ Self-Employment Health Insurance Costs
- ☐ Health Costs (Insurance Premiums- Paid by Self)
- ☐ Workplace Retirement Plan: 401K
- ☐ Workplace Retirement Plan: 403B
- ☐ Traditional IRA (not a Roth IRA)

Monthly Self (before taxes) $_____ **Monthly Spouse/Household (before taxes) $** _____

FOR ADMINISTRATIVE USE ONLY

Monthly MAGI Income Formula: Monthly Taxable Income Sources minus (-) Monthly Deductions

For taxable income, follow these instructions to calculate monthly MAGI income:

- *If the individual is Paid Every Week, Every Two Weeks, or has Unstable Income: 1) Add the individual's checks together for the 30-day period, 2) Divide that by the number of checks to calculate an average, 3) Multiply the average by, 4.3 if paid weekly, or 2.15 if paid every two weeks. Repeat for each applicable individual (spouse or household member)*
- *If the individual is Paid Semi-Monthly: Add the two amounts together. Repeat for each applicable individual (spouse or household member).*
- *If the individual is Paid Monthly: No calculation is needed.*

Monthly MAGI Income: Self **$** _____ Spouse/Household **$** _____ *Note: (Non-Taxable Income is not included in MAGI)*

Annual MAGI Income: $_____

Attestation of No Income

I attest that I have no verifiable income. I agree that if my financial status changes, I must immediately notify the Ryan White Part All Parts (ABCD) eligibility agency and provide documentation of income.

I am receiving financial assistance with food, water, and basic needs from: _____

Client Signature: _____ Date: _____

HEALTH INSURANCE

Do you need assistance enrolling in insurance, paying your health insurance premiums, and/or medications? ☐ Yes ☐ No

Select all of the health insurance types you have, then complete all of the sections below:

☐ Medicaid
☐ Medicare Parts A/B/C/D/Supplement
☐ Private- Individual (Direct Purchase/ Marketplace/ COBRA)
☐ Private- Employer
☐ Veterans' Health Administration (VA), TRICARE, CHAMPVA
☐ Indian Health Service (IHS)
☐ Other Health Insurance: _____
☐ **No Health Insurance**

Medicaid

Are you enrolled in Medicaid?

☐ Yes, I am enrolled in Medicaid Plan Name: _____
☐ I applied, but I was denied. Reason: _____
☐ I applied, but I am awaiting a decision.
☐ No, I am not enrolled because:
- ☐ I have other health insurance.
- ☐ I am not eligible; my income and assets exceed Medicaid eligibility requirements.
- ☐ I need a referral to Medicaid.
- ☐ My income is below 138% of the Federal Poverty Level (FPL), but I am declining a referral to Medicaid

Medicare

Are you enrolled in Medicare?

☐ Yes, I am enrolled in Medicare *(check all that apply)*
- ☐ Part A
- ☐ Part B
- ☐ Part C/ Medicare Advantage Plan/ Health Plan Plan Name: _____
- ☐ Part D/ Drug Plan Plan Name: _____
- ☐ Medicare Supplement or Retirement Plan Plan Name: _____

☐ No, I am not enrolled in Medicare.
☐ If you are enrolled in Medicare, do you receive Extra Help/ Low-Income Subsidy for your prescription drug costs? ☐ Yes ☐ No

Marketplace/ Nevada Health Link

Are you enrolled in a Marketplace Plan/ Nevada Health Link?

☐ Yes, I am enrolled in a Marketplace Plan/ Nevada Health Link Plan Name: _____
☐ I applied, but I was denied. Reason: _____
☐ I applied, but I am awaiting a decision.
☐ No, I am not enrolled because:
- ☐ I have other health insurance.
- ☐ I am waiting for the open-enrollment period.
- ☐ I need a referral to an insurance specialist for enrollment into a Marketplace Plan
- ☐ My income is between 139% and 400% of the Federal Poverty Level (FPL), but I am declining a referral to the Marketplace

Private or Employer Health Insurance

Are you enrolled in a private or employer-based health insurance plan?

☐ Yes, I am enrolled *check all that apply Plan Name: _____
- ☐ Employer Plan
- ☐ COBRA
- ☐ Spouse/ Domestic Partner/ Parent
- ☐ Private- Individual Plan (not Marketplace)

☐ No, I am not enrolled because:
- ☐ I have other insurance.
- ☐ I am waiting for my employer's open-enrollment period.
- ☐ I am not employed.

☐ No, I am not enrolled, but I may be able to get insurance through: ☐ Employer ☐ Spouse/ Domestic Partner/ Parent ☐ COBRA

If you or your spouse are employed and you are requesting premium or prescription assistance, you will be contacted by ADAP staff to complete the Employer Benefit Verification Form.

RYAN WHITE AND OTHER SERVICE NEEDS

Are you consistently taking your medications as prescribed?	☐ Yes	☐ No
Do you need counseling or education about your medications?	☐ Yes	☐ No
Do you need counseling or education about Risk Reduction?	☐ Yes	☐ No
Do you have issues with stress and/or depression in your life?	☐ Yes	☐ No

Which Ryan White Services do you need?

☐ Assistance with Food and Meals	☐ Legal Services	☐ Psychosocial Support/ Support Groups
☐ Case Management	☐ Medical Copayment Financial Assistance	☐ Substance Use Therapy
☐ Dental Care	☐ Medical Nutrition Therapy (Dietician)	☐ Transportation Assistance
☐ Emergency Financial Assistance (Utilities, Rent)	☐ Medication Assistance	☐ Treatment Adherence
☐ Health Education/Risk Reduction	☐ Mental Health Therapy	☐ Vision Care
☐ Health Insurance Premium Assistance	☐ Prenatal Care	☐ Other: _____
☐ Housing Assistance	☐ Primary or Specialty Medical Care	☐ Other: _____

RIGHTS AND RESPONSIBILITIES

The following statements reflect your rights and responsibilities as an individual seeking medical and support services from Ryan White All Parts (ABCD) Programs in the State of Nevada.

Client Rights

1. **Respect, Courtesy, and Privacy:** *You have the right to be treated at all times with respect and courtesy within a setting which provides you with the highest degree of privacy possible.*
2. **Freedom from Discrimination:** *You have the right to freedom from discrimination because of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, veteran's status, or national origin.*
3. **Access to HIV/AIDS Service Information:** *You have the right to be informed by your health care and/or social service provider about the full range of available HIV/AIDS treatments and about related available social and support services. You have the right to be advised of the risks and to discuss the benefits of any proposed treatments/services. You have the right to give your informed consent to any treatments/services or services before they are provided.*
4. **Identity and Provider Credentials:** *You have the right to know the names, titles, specialties, and affiliations of all health and social service providers, and anyone else involved in your care. You have the right to know about the health or social service organization's policies and procedures.*
5. **Culturally Sensitive Sharing of Information:** *You have the right to have information shared with you in a respectful manner that is easy to understand and takes into account the differences in each person's background, culture, and preferences.*
6. **Consent and the Care Plan:** *You have the right to be involved in the development of an individualized plan of care prior to and during the course of treatment. You have the right to disagree, change your mind, or request a medical second opinion without affecting the ongoing availability of treatment/services.*
7. **Choice and Access to Service:** *You have the right to be informed of all available services upon intake. You have the right to choose and receive all treatments/services for which you qualify.*
8. **Declining Service:** *You have the right to decline treatments/services without pressure from your healthcare or social service provider. You have the right to refuse to participate in any research studies or experiments that the provider may recommend. You have the right to change your mind after refusing or consenting to treatment, clinical trials, counseling, or any other service without affecting ongoing care.*
9. **Naming an Advocate:** *You have the right to choose an advocate. You may have more than one advocate (such as a family member or another person) to give you support and represent your rights.*
10. **An Advanced Directive for Care:** *You have the right to have advance directives, such as a Living Will, Healthcare Proxy, or Durable Power of Attorney for health and social services.*
11. **Access to Financial Information:** *You have the right to ask questions about and see all of your health care bills. You have the right to get referrals and help with any payment problems.*
12. **Confidentiality and Access to Records:** *You have the right to have all of your records kept strictly confidential, and not released without your permission. You have the right to access all of your records, unless the information is expressly excluded as outlined in HIPPA (Health Insurance Portability and Accountability Act), and to have copies of these at a fair copying cost.*
13. **Transferred and Continuity of Care:** *You have the right to uninterrupted treatments/services. If possible, your requests to leave one provider and be seen by another should be honored and happen as soon as possible. You may NOT be transferred to another provider or facility without an explanation for the transfer. You must be informed of other options that are available.*
14. **A Client Grievance Procedure:** *You have the right to voice complaints, to suggest changes, and to be informed about how to file a grievance (a formal written complaint). You have the right to do this without harassment, interference or pressure. You have the right to request a copy of an agency's grievance policy and procedures. You have the right to contact the Ryan White Recipient Offices to appeal an agency's decision about your grievance or at any point should you feel that the agency is not responsive to your grievance.*

Initials: _____

Client Responsibilities

1. **Respect, Courtesy, and Confidentiality:** *Health and social service providers have the right to be treated with respect and courtesy at all times.*
2. **Giving Correct and Complete Information**: You *are responsible for giving your provider accurate and complete information; you must give this information to the best of your ability. You are responsible for giving accurate and complete information about third party payers (such as insurance companies, Medicaid, Medicare) to your providers and their facilities*
3. **Seeking Facts About Your Case:** *You are responsible for asking questions about the care you are receiving if you do not completely understand*
4. **Following Treatment Plans:** *You are responsible for following treatment plans that you and your providers have agreed upon. You have the responsibility to tell your provider right away if you decide to stop your treatment or go against your provider's advice.*
5. **Scheduled Appointments:** *You are responsible for keeping appointments that you and your provider have scheduled. If you have to cancel, you are responsible for notifying your provider.*
6. **Rules and Regulations of Service Provider Organizations: You** *are responsible for following the rules and regulations of your providers and their agencies/facilities.*
7. **Voicing Complaints and Grievances:** *You are responsible for voicing complaints and presenting grievances in a courteous, appropriate, and timely manner. You should do this by following the provider's grievance policy and procedure, and you may ask for help in doing this if you need it. You are responsible to appeal an agency's decision about your grievance to the Ryan White Recipient Offices or to contact the Recipient Offices if you feel the agency is not responsive to your grievance.*

Initials: _____

RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize any of the agencies listed below who participate in the community-based Ryan White All Parts (ABCD) Programs and HOPWA Programs in the State of Nevada to release and/or share information concerning my eligibility, medical record status, and information concerning my diagnosis and treatment. The following agencies/programs authorized are:

- ACCEPT
- Access to Healthcare Network
- Aid for AIDS of Nevada
- AIDS Healthcare Foundation
- Asian Community Resource Coalition of Las Vegas
- Carson City Health and Human Services
- CAN Community Health
- Chicanos Por La Causa Nevada, Inc.
- Community Health Alliance
- Central Nevada Health District
- City of Las Vegas- HOPWA
- Clark County Social Service
- Community Counseling Center
- Community Outreach Medical Center
- Dignity Health
- Division of Public and Behavioral Health HIV Surveillance
- Golden Rainbow of Nevada, Inc
- Kirk Kerkorian School of Medicine / UNLV Health
- Maternal Child Wellness Program
- Ramsell Corp– Pharmacy Benefits Manager
- Medicare
- Nevada Division of Welfare and Supportive Services
- Nevada Health Authority
- Nevada Legal Services
- North Country Healthcare
- Northern Nevada HOPES
- Northern Nevada Public Health
- Nye County Health & Human Services
- REACH
- Southern Nevada Health District
- The Gay & Lesbian Center of Southern Nevada
- The Just One Project
- University Medical Center
- Vegas Stronger
- Women's Development Center

- Your Health Insurance Company: _____
- Your Physician: _____
- Partner/Spouse/Other: _____

Information may be released between the above listed agencies throughout the duration of my active enrollment in the Ryan White All Parts (ABCD) program. Only agencies at which I have sought or will seek services will have access to my shared information. I understand that my records are protected under federal HIPAA regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I may revoke this consent in writing any time, except to the extent that any action has been taken or services were rendered while it was or s still in force. I understand that by choosing to withdraw and I am no longer seeking services from Ryan White All Parts (ABCD) program. This consent expires automatically one (1) year from registration or previously signed consent.

ACKNOWLEDGEMENT

I fully understand that by applying for this program, I am divulging personal information that will be used to assist me with benefits associated with the Nevada Ryan White Parts A, B, C, D Programs. I understand this information will be kept confidential but will be used by staff to review my eligibility for this program. Also, by signing this form, I understand that the information contained within may be used to verify all application information provided. By applying for this program, I understand that this does not mean that my application will be accepted, as funds are limited, and eligibility requirements must be met.

I fully acknowledge:

1. **It is my responsibility to renew my eligibility every 6 months on or before my birth month and 6 months following (half-birth month).**
2. **It is my responsibility to report any changes to my household income, my address, my contact information, my health insurance, or any other information that may affect my eligibility or services.**
3. **If I fail to recertify, my eligibility and benefits will be suspended.**

I certify that the information provided in this application is true and accurate as of the date below and acknowledge that any intentional or negligent misrepresentation of the information may result in nullification of this application and a termination of benefits.

Client Printed Name	**Client Signature**	**Date**
Printed Name of Representative	**Signature of Representative**	**Date**

APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
JANUARY 22, 2026

Southern Nevada Health District

TO: SOUTHERN NEVADA DISTRICT BOARD OF HEALTH **DATE: January 22, 2026**

RE: *Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner*

PETITION #20-26

That the Southern Nevada District Board of Health *approve the Interlocal Service Agreement C2600054, between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of sudden unexpected infant death (SUID)/sudden death in the young (SDY) data and improve SDY data on febrile seizures and priority fields for entry into the National Fatality Review Case Reporting System (NFR-CRS).*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Anilkumar Mangla, PhD, *Director of Disease Surveillance and Control*
Ying Zhang, PhD, *Epidemiology Manager*

DISCUSSION:

This is an agreement to support abstraction of standardized case-level data from the CCOCME reports on sudden unexpected infant deaths/sudden death in the young and develop routine reports surrounding sudden unexpected infant deaths/sudden death in the young data in Southern Nevada.

FUNDING:

This agreement will provide funding in the amount not to exceed $53,062 to the CCOCME for their collaboration on the SUID/SDY project. This is pass through funding from SNHD supported by federal grant dollars, CDC SUID/SDY Federal Grant# NU58DP007684.

INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
COUNTY OF CLARK, NEVADA ON BEHALF OF ITS
CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER
C2600054

This Interlocal Agreement for Professional Services ("Agreement") is made and entered into between the Southern Nevada Health District ("Health District") and County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner ("CCOCME") (individually "Party" collectively "Parties").

RECITALS

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the agreement is authorized by law to perform and refers to such as an Interlocal Contract, hereinafter called an Agreement;

WHEREAS, Health District is the public health entity organized pursuant to Nevada Revised Statutes, Chapter 439 with jurisdiction over all public health matters within Clark County, Nevada;

WHEREAS, CCOCME investigates all deaths in Clark County, Nevada caused by any criminal means, violence, suicide, and any unattended death, whatever the cause;

WHEREAS, Health District is the sub-recipient of federal funds by the Centers for Disease Control ("CDC"), which is an operating division of the U.S. Department of Health and Human Services ("HHS"), Federal Award Identification Number ("FAIN") NU58DP007684, CFDA Number 93.946, program entitled Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs, awarded September 24, 2025, with a total amount awarded to Health District of $762,811.00 (the "Grant"); and

WHEREAS, Health District desires to collaborate with CCOCME to support Health District's Project deliverables to assist in the registry and prevention of Sudden Unexpected Infant Death ("SUID(s)") and Sudden Death in the Young ("SDY(s)") in Nevada ("Services"), and CCOCME is willing to participate as a sub-recipient of Grant funds from Health District.

NOW THEREFORE, the Parties mutually agree as follows:

1) TERM, TERMINATION, AND AMENDMENT. This Agreement shall be effective September 30, 2025 through September 29, 2026, unless sooner terminated by either Party as set forth in this Agreement.

DRAFT

1.01 This Agreement may be terminated by either Party prior to the date set forth in this Section 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.

1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in Subsection 1.01.

1.03 Upon termination, CCOCME will be entitled to payment for services provided prior to date of termination and for which CCOCME has submitted an invoice but has not been paid.

1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.

1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.

2) INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:

ATTACHMENT A: SCOPE OF WORK
ATTACHMENT B: PAYMENT
ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

3) COMPENSATION.

3.01 CCOCME shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. CCOCME will be reimbursed for expenses incurred as provided in Attachment B: Payment. The total not-to-exceed amount of this Agreement is $53,062. This project is supported by the federal Grant described on the first page of this Agreement in the amount of $53,062; this accounts for 100% of the total funding of this Agreement.

4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. CCOCME will provide Health District with Services under this Agreement as an independent contractor. Nothing contained in this Agreement will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, between CCOCME and Health District. Nothing in this Agreement or the relationship between Health District and CCOCME shall create a co-employment or joint employer relationship.

5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, conduct a fiscal monitoring of CCOCME at any time during the term of the Agreement. CCOCME will be notified in writing at least three (3) weeks prior to the visit outlining documents that must be available prior to Health District's visit. Health District shall notify CCOCME in writing of any Adverse Findings and recommendations as a result of the fiscal monitoring. Adverse Findings are defined as Lack of Adequate Records, Administrative Findings, Questioned Costs, and Costs Recommended for Disallowance.

DRAFT

CCOCME will have the opportunity to respond to Adverse Findings in writing to address any area(s) of disagreement. Health District shall review disagreement issues, supporting documentation and files, and forward a decision to the CCOCME in writing.

6) BOOKS AND RECORDS. Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party in accordance with its respective Records Retention Policy, or at least a minimum of five (5) years after final financial and narrative reports are submitted to the Office of Analytics; whichever is longer. This retention time shall be extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and/or judicial proceedings which may ensue.

   6.01 Health District shall during the term of this Agreement until the conclusion of any audit period, have access to CCOCME's records, calculations, presentations and reports relating to this Agreement for inspection and reproduction. If possible, Health District will provide CCOCME with three (3) weeks prior written notice to gain access to such CCOCME records.

7) FEDERAL AUDIT REQUIREMENTS FOR SUBRECIPIENTS RECEIVING AWARDS FROM HEALTH DISTRICT

   7.01 CCOCME must comply with all applicable federal and state grant requirements including The Single Audit Act Amendments of 1996; 2 CFR Part 200 as amended; and any other applicable law or regulation, and any amendment to such other applicable law or regulation that may be enacted or promulgated by the federal government.

   7.02 If CCOCME is a local government or non-profit organization that expends $1,000,000 or more in federal awards during its fiscal year, the CCOCME is required to provide the appropriate single or program-specific audit in accordance with provisions outlined in 2 CFR Part 200.501.

   7.03 If CCOCME expends total federal awards of less than the threshold established by 2 CFR 200.501, it is exempt from federal audit requirements for that year, but records must be available for review or audit by appropriate officials (or designees) of the federal agency, pass-through entity, and Government Accountability Office ("GAO").

   7.04 If a federal audit is required, CCOCME must send a copy of the confirmation from the Federal Audit Clearinghouse to procurement@snhd.org the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

   7.05 CCOCME is responsible for obtaining the necessary audit and securing the services of a certified public accountant or independent governmental auditor.

   7.06 Audit documentation and audit reports must be retained by the CCOCME's auditor

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for a minimum of five years from the date of issuance of the audit report, unless the CCOCME's auditor is notified in writing by the Health District, the cognizant federal agency for audit, or the oversight federal agency for audit to extend the retention period. Audit documentation will be made available upon request to authorized representatives of the Health District, the cognizant federal agency for audit, the oversight federal agency for audit, the federal funding agency, or the GAO.

8) NOTICES. All notices permitted or required under this Agreement shall be made via hand delivery, overnight courier, or U.S. certified mail, return receipt requested, to the other Party at its address as set out below:

Southern Nevada Health District	Clark County Office of the
Sr. Contract Administrator	Coroner/Medical Examiner
Legal Department	Melanie Rouse, Coroner
280 S. Decatur Blvd	1704 Pinto Lane
Las Vegas, NV 89107	Las Vegas, NV 89106

9) CONFIDENTIALITY. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996 or personally identifiably information will be shared with CCOCME by Health District during the course of this Agreement. Accordingly, no Business Associate Agreement is required.

10) MUTUAL COOPERATION. The Parties agree to cooperate fully in the furtherance of this Agreement and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.

10.01 The Parties shall take any additional acts or sign any additional documents as is reasonably necessary, appropriate, or convenient to achieve the purposes of this Agreement.

11) GENERAL PROVISIONS.

11.01 SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

11.02 ASSIGNMENT. Neither Party shall assign, transfer, or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other Party.

11.03 USE OF NAME AND LOGO. CCOCME may not use the Health District's name, mark, logo, design or other Health District symbol for any purpose without the Health District's prior written consent. CCOCME agrees that Health District, in its sole discretion, may impose restrictions on the use of its name and/or logo. Health District retains the right to terminate, with or without cause, CCOCME's right to use the Health District's name and/or logo.

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11.04 STATEMENT OF ELIGIBILITY. The Parties acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are : i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).

11.05 COMPLIANCE WITH LEGAL OBLIGATIONS. CCOCME shall perform the Services in compliance with all applicable federal, state, and local laws, statutes, regulations, appropriations legislation and industry standards, including but not limited to all applicable provisions of 2 CFR Part 200 and 45 CFR Part 75.

11.06 NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation, or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.

11.07 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.

11.08 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.

11.09 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. CCOCME may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as CCOCME sees fit, so long as the performance of such services does not interfere with CCOCME's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.

11.10 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.

11.11 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.

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11.12 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.

11.13 PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.

11.14 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.

11.15 CODE OF CONDUCT. By executing the Agreement, CCOCME acknowledges it has read and agrees to comply as applicable with Health District's Code of Conduct, which is available online at:

https://media.southernnevadahealthdistrict.org/download/fqhc/code-of-conduct.pdf

11.16 COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

[SIGNATURE PAGE TO FOLLOW]

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IN WITNESS THEREOF, the Parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

SOUTHERN NEVADA HEALTH DISTRICT

By: _____
Cassius Lockett, PhD
District Health Officer
Health District UEI: ND67WQ2LD8B1

Date:_____

APPROVED AS TO FORM:

This document is approved as to form.
Signature to be affixed after approval by
Southern Nevada District Board of Health.

By: _____
Heather Anderson-Fintak, Esq.
General Counsel
Southern Nevada Health District

COUNTY OF CLARK, NEVADA
ON BEHALF OF ITS CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER

By: _____
Tick Segerblom, Chairman
Board of County Commissioners
CCOCME UEI: JTQBLLAE9J35

Date:_____

APPROVED AS TO FORM:
STEVEN B. WOLFSON
District Attorney

By: _____
Name:
Title:

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ATTACHMENT A
SCOPE OF WORK

A. CCOCME will participate in the following activities from September 30, 2025 through September 29, 2026 ("Period of Performance"):

A.1 **Goal 1; Component A:** Abstraction of SUID Deaths as Prescribed by the CDC:

Objective	**Activities**	**Due Date**	**Documentation Needed**
1. Ensure all deaths for decedents under 19 years in age continue to be referred to respective Child Death Review Teams	Send notification of all deaths to the University of Nevada, Las Vegas, Nevada, Institute for Child Research and Policy ("NICRP") Provide Death Certificate & Investigative Summary to NICRP	Within one month of case completion	Death Certificate Information Sheet Investigative Summary/Report Medical Examiner Reports
2. Participate in regularly scheduled calls/meetings to discuss SUID/SDY death data, trends, outcomes, and workflow processes	Attend monthly Child Death Review Compile reports on data extraction barriers and provide to the Health District's SUID/SDY program coordinator to assist in resolution	Monthly/Quarterly	Meeting minutes Agendas Medical Examiner Reports

A.2 **Goal 2; Component B:** Abstraction of SDY Deaths as prescribed by the CDC:

Objective	**Activities**	**Due Date**	**Documentation Needed**
1. Ensure all SDY deaths for decedents under 19 years in age continue to be referred to Advanced Child Death Review Team	Provide Death Certificate & Investigative Summary to Health District	Quarterly	Death Certificate Information Sheet Investigative Summary/Report Medical Examiner Reports

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2. Obtain contact information from the families of SDY decedents	Contact families regarding consent. Document family history and specific questions as related to unexpected death and heart conditions.	Within 30 days of death	Copy of consent forms
3. Send specimens for genetic testing	Ensure timely collection and submission for genetic testing. CCOCME will maintain its current protocol for specimen collection. Biospecimens are collected by pathologists.	Within 30 days of consent	Proof of shipment
4. Participate in regularly scheduled calls/meetings to discuss SUID/SDY death data, trends, outcomes, and workflow processes	Attend the monthly Child Death Review Attend monthly/quarterly Advanced Death Review Compile reports on data extraction barriers and provide to Health District's SUID/SDY program coordinator to assist in resolution. Work with Health District on possible fellowships for pathologists at the CCOCME Office Assist with recruitment of specialists for the Advanced Review Team when possible.	Monthly/Quarterly	Meeting minutes Agendas Medical Examiner Reports

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A.3 **Goal 3; Component B Supplemental**: Improve Data on Febrile Seizures and Priority Fields for SDY cases

Objective	**Activities**	**Due Date**	**Documentation Needed**
1. Procure contract to improve completeness of data	Procure a contracted individual to improve completeness of data in the Case Reporting System, focusing on the fields related to febrile seizures. Consult with contacts at the University of Nevada, Las Vegas to identify qualified vendors/individuals	March 31, 2026	Contract for data completion

2. Improve completeness of data on febrile seizures and other priority fields	Data will be entered into the National Fatality Review Case Reporting System ("NFR-CRS").	Quarterly	Data in NFR-CRS
3. Expand genetic and diagnostic testing to as many SUID/SDY cases as possible.	CCOCME will collect samples genetic and other diagnostic testing for deaths meeting the SUID or SDY case definition. Samples will be sent to known provider for testing Data will be entered into the NFR-CRS	Quarterly	Data in NFR-CRS

B. Unless express and specific written permission to exclude funding source information is obtained from Health District in advance, CCOCME will place a version of this attribution statement on project-related materials, reports, presentations, and publications produced within the scope of this Agreement.

> "This publication [such as a journal, article, report] was supported by the Nevada State Department of Health and Human Services ("Department") and the Southern Nevada Health District through Grant Number 5 NU58DP007684-03-00 funded by the Center for Disease Control and Prevention ("CDC"). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Department, the Health District, nor the CDC."

B.1 Prepare and submit programmatic reports as requested by Health District.

B.2 Work with Health District staff to ensure proper close out of Period of Performance.

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ATTACHMENT B
PAYMENT

A. Total Not-to-Exceed amount available for reimbursement to CCOCME of $53,062 from September 30, 2025 through September 29, 2026.

A.1 CCOCME will bill for Services actually provided up to the Not-to-Exceed Amount per Approved Budget Category ("Category") as detailed below. If ten percent or more of the awarded Grant funds are moved from one Category to another Category, prior written Health District approval is required.

Category: Personnel	**Budgeted Amount**
Salary	$34,528
Fringe Benefits	$1,260
Category: Personnel, Subtotal of Budgeted Amount:	**$35,788**
Category: Operating	
28 DNA Genetic Testing Kits X $300/each	$8,400
FedEx Expenses for mailing samples	$2,693
Category: Operating, Subtotal of Budgeted Amount:	**$11,093**
Category: Contractual	
Contractor (TBD)	$6,181
Category: Contractual, Subtotal of Budgeted Amount:	**$6,181**
Total Not-to-Exceed Amount:	**$53,062**

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A.2 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

A.3 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

(a) Backup documentation including, but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by CCOCME in accordance with cost principles applicable to this Agreement.

(b) CCOCME invoices shall be signed by CCOCME's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.

(c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or

administrative penalties.

(d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

A.4 CCOCME may submit its Requests for Reimbursement ("RFR(s)") less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event CCOCME elects to submit RFRs less often than monthly, it will observe the following specific deadlines when submitting RFRs:

(a) CCOCME's RFR for period September 30, 2025 through June 30, 2026 must be submitted in its entirety to Health District no later than July 10, 2026. CCOCME's failure to timely submit this RFR on or before July 10, 2026 with the inclusion of all expenses incurred before June 30, 2026 may result in non-reimbursement for unincluded expenses.

(b) CCOCME's "Final" RFR for period July 1, 2026 through September 30, 2026 must be submitted to Health District no later than October 15, 2026.

A.5 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph A above, unless express written authorization to bill for such Services is received from Health District.

A.6 Health District shall not be liable for interest charges on late payments.

A.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

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ATTACHMENT C
ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

As a sub-recipient of Grant funds, CCOCME agrees to ensure its compliance as applicable with the following:

A. GRANT-SPECIFIC REQUIREMENTS

A.1 FUNDS INTENDED TO SUPPLEMENT. Grant funds shall supplement and not supplant funds received from any other Federal, State or local program or any private sources of funds.

A.2 GENERALLY ACCEPTED ACCOUNTING PRINCIPLES ("GAAP"). CCOCME agrees to adopt and maintain a system of internal controls which results in the fiscal integrity and stability of its organization, including the use of GAAP.

A.3 INSURANCE. CCOCME will comply with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability. CCOCME will provide Health District with proof of current coverage upon request.

A.4 NO SUBCONTRACTING PERMITTED. CCOCME agrees that no portion of the Grant funds will be subcontracted without prior written approval from Health District unless expressly identified within this Agreement.

A.5 AMERICANS WITH DISABILITIES ACT. CCOCME agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CRF 26.101-36.999 inclusive, and any relevant program-specific regulations.

A.6 COMPLIANCE WITH TITLE 2 OF THE CODE OF FEDERAL REGULATIONS AND GUIDANCE FROM OFFICE OF MANAGEMENT AND BUDGET. As applicable, CCOCME agrees to comply with Title 2 of the Code of Federal Regulations, and any guidance in effect from the Office of Management and Budget ("OMB").

A.7 WORK ENVIRONMENT. CCOCME agrees to provide a work environment in which the use of tobacco products, alcohol, and/or illegal drugs is prohibited.

A.8 PROHIBITED ACTIVITIES. CCOCME shall not use grant funds for any activities related to the following:

(a) Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.

(b) Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of Influencing the outcome of an election, referendum, initiative or similar procedure.

(c) Any attempt to influence:

- The introduction or formulation of federal, state or local legislation; or

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- The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local government entity responsible for enacting local legislation, including without limitation, efforts to influence state or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.

(d) Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, Including, without limitation, efforts to influence state or local officials to engage In a similar lobbying activity.

(e) Any attempt to influence:

- The enactment or modification of any pending federal, state or local legislation; or

- The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to c:ontribute to or participate In any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

(f) Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on In support of or In knowing preparation for an effort to engage In an activity prohibited pursuant to subsections (a) through (e), inclusive.

(g) Executive branch liaison activities, Including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections (a) through (e), inclusive.

A.9 CONFLICT OF INTEREST. CCOCME agrees to immediately disclose to Health District any existing or potential conflicts of interest relative to performance of the Services.

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B. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ("HHS") REQUIREMENTS. CCOCME agrees to comply as applicable with Uniform Guidance Requirements, Cost Principles, and Audit Requirements for HHS awards, codified at 2 CFR Part 200. CCOCME further agrees to ensure its compliance with applicable terms and conditions contained within the HHS Grants Policy Statement, which is available online at https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf.

C. In addition to federal laws, regulations and policies, CCOCME agrees to ensure its compliance as applicable with the CDC's General Terms and Conditions for Non-Research Grants and Cooperative Agreements, located at https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.Eff.2025.10.01.pdf.

D. COMPLIANCE WITH PROCUREMENT STANDARDS. CCOCME agrees to follow and comply with 2 CFR §§200.318 General Procurement Standards through 200.327 Contract Provisions as applicable.

E. UNIFORM GUIDANCE CONTRACT PROVISIONS. In accordance with 2 CFR Part 200 Appendix II to Part 200, Contract Provisions for Non-Federal Entities, CCOCME agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:

E.1 REMEDIES. Contracts for more than the simplified acquisition threshold currently set at $250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.

E.2 TERMINATION. All federally funded contracts in excess of $10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.

E.3 EQUAL EMPLOYMENT OPPORTUNITY. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "Federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

E.4 DAVIS-BACON ACT, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of $2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a

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rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

E.5 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

E.6 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT. If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

E.7 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of $150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water

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Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

E.8 ENERGY EFFICIENCY. The Parties will comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201).

E.9 DEBARMENT AND SUSPENSION. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), "Debarment and Suspension." The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

(a) Furthermore, each of CCOCME's vendors and sub-contractors will certify that to the best of its respective knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

E.10 BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C. 1352)—Contractors that apply or bid for an award of $100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

E.11 PROCUREMENT OF RECOVERED MATERIALS. A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the value of the quantity acquired by the preceding fiscal year exceeded $10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

F. CCOCME will ensure its compliance as applicable with the Investment and Jobs Act (IIJA),

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codified as Public Law 117-58 on November 15, 2021, and as may be amended from time to time; provisions of which as of the time of the execution of this Agreement are proposed by the federal Office of Management and Budget (OMB) to be adopted as new part 184 in 2 CFR Chapter I to support implementation of IIJA, and to further clarify existing requirements within 2 CFR 200.322. These proposed revisions are intended to improve uniformity and consistency in the implementation of "Build America, Buy America (BABA) requirements across government. OMB's proposed action, dated February 9, 2023, can be reviewed online at https://www.federalregister.gov/documents/2023/02/09/2023-02617/guidance-for-grants-and-agreements. Public Law 117-58 may be reviewed online at https://www.congress.gov/bill/117th-congress/house-bill/3684/text.

G. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT. CCOCME certifies it is in compliance with 2 CFR §200.216 as published on August 13, 2020, and as may be amended from time to time, and CCOCME has not and will not use federal funds to:

(1) Procure or obtain;

(2) Extend or renew a contract to procure or obtain; or

(3) Enter into a contract to procure or obtain;

(i) equipment, services, or systems using covered telecommunications equipment or services as a substantial or essential component of any system, or as a critical technology as part of any system. As described in Public Law 115—232, Section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

(ii) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

(iii) Telecommunications or video surveillance services provided by such entities or using such equipment.

(iv) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

G.1 *See* Public Law 115—232, section 889 for additional information.

G.2 *See* also 2 CFR §§200.216 and 200.471, as may be amended from time to time.

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APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
JANUARY 22, 2026

Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **January 22, 2026**

RE: *Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner*

PETITION #21-26

That the Southern Nevada District Board of Health *approve the Interlocal Service Agreement C2600052, between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the collection of violent death data into the National Violent Death Reporting System (NVDRS).*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Anilkumar Mangla, PhD, *Director of Disease Surveillance and Control*
Ying Zhang, PhD, *Epidemiology Manager*

DISCUSSION:

This is an agreement to support abstraction of standardized case-level data from the CCOCME reports on violent deaths and develop routine reports surrounding violent death data in Southern Nevada.

FUNDING:

This agreement will provide funding in the amount not to exceed $15,929 to the CCOCME for their collaboration on the NVDRS project. This is pass through funding from SNHD supported by federal grant dollars, CDC NVDRS Federal Grant# NU17CE010122.

INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
COUNTY OF CLARK, NEVADA ON BEHALF OF ITS
CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER
C2600052

This Interlocal Agreement for Professional Services ("Agreement") is made and entered into between the Southern Nevada Health District ("Health District") and County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner ("CCOCME") (individually "Party" collectively "Parties").

RECITALS

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the agreement is authorized by law to perform and refers to such as an Interlocal Contract, hereinafter called an Agreement;

WHEREAS, Health District is the public health entity organized pursuant to Nevada Revised Statutes, Chapter 439 with jurisdiction over all public health matters within Clark County, Nevada;

WHEREAS, CCOCME investigates all deaths in Clark County, Nevada caused by any criminal means, violence, suicide, and any unattended death, whatever the cause;

WHEREAS, Health District is the sub-recipient of federal funds passed through by the State of Nevada Department of Health and Human Services through its Office of Analytics, Federal Award Identification Number ("FAIN") NU17CE010122, CFDA Number 93.136, program entitled National Violent Death Reporting System, funded by the Centers for Disease Control and Prevention ("CDC"), which is an operating division of the U.S. Department of Health and Human Services ("HHS"), Notice of Subaward agency reference number SG26005, sub-awarded November 10, 2025, with a total amount sub-awarded to Health District of $147,315.00 (the "Grant"); and

WHEREAS, Health District desires to collaborate with CCOCME to support Health District's Grant deliverables concerning the CDC's National Violent Death Reporting Systems ("NVDRS") activities ("Services"), and CCOCME is willing to participate as a sub-recipient of Grant funds from Health District.

NOW THEREFORE, the Parties mutually agree as follows:

1) TERM, TERMINATION, AND AMENDMENT. This Agreement shall be effective September 1, 2025 through August 31, 2026, unless sooner terminated by either Party as set forth in this

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Agreement.

1.01 This Agreement may be terminated by either Party prior to the date set forth in this Section 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.

1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in Subsection 1.01.

1.03 Upon termination, CCOCME will be entitled to payment for services provided prior to date of termination and for which CCOCME has submitted an invoice but has not been paid.

1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.

1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.

2) INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:

ATTACHMENT A: SCOPE OF WORK
ATTACHMENT B: PAYMENT
ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

3) COMPENSATION.

3.01 CCOCME shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. CCOCME will be reimbursed for expenses incurred as provided in Attachment B: Payment. The total not-to-exceed amount of this Agreement is $15,929. This project is supported by the federal Grant described on the first page of this Agreement in the amount of $15,929; this accounts for 100% of the total funding of this Agreement.

4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. CCOCME will provide Health District with Services under this Agreement as an independent contractor. Nothing contained in this Agreement will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, between CCOCME and Health District. Nothing in this Agreement or the relationship between Health District and CCOCME shall create a co-employment or joint employer relationship.

5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, conduct a fiscal monitoring of CCOCME at any time during the term of the Agreement. CCOCME will be notified in writing at least three (3) weeks prior to the visit outlining documents that must be available prior to Health District's visit. Health District shall notify CCOCME in writing of any Adverse Findings and recommendations as a result of the fiscal monitoring. Adverse Findings are defined as Lack of Adequate Records,

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Administrative Findings, Questioned Costs, and Costs Recommended for Disallowance. CCOCME will have the opportunity to respond to Adverse Findings in writing to address any area(s) of disagreement. Health District shall review disagreement issues, supporting documentation and files, and forward a decision to the CCOCME in writing.

6) BOOKS AND RECORDS. Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party in accordance with its respective Records Retention Policy, or at least a minimum of five (5) years after final financial and narrative reports are submitted to the Office of Analytics; whichever is longer. This retention time shall be extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and/or judicial proceedings which may ensue.

   6.01 Health District shall during the term of this Agreement until the conclusion of any audit period, have access to CCOCME's records, calculations, presentations and reports relating to this Agreement for inspection and reproduction. If possible, Health District will provide CCOCME with three (3) weeks prior written notice to gain access to such CCOCME records.

7) FEDERAL AUDIT REQUIREMENTS FOR SUBRECIPIENTS RECEIVING AWARDS FROM HEALTH DISTRICT

   7.01 CCOCME must comply with all applicable federal and state grant requirements including The Single Audit Act Amendments of 1996; 2 CFR Part 200 as amended; and any other applicable law or regulation, and any amendment to such other applicable law or regulation that may be enacted or promulgated by the federal government.

   7.02 If CCOCME is a local government or non-profit organization that expends $1,000,000 or more in federal awards during its fiscal year, the CCOCME is required to provide the appropriate single or program-specific audit in accordance with provisions outlined in 2 CFR Part 200.501.

   7.03 If CCOCME expends total federal awards of less than the threshold established by 2 CFR 200.501, it is exempt from federal audit requirements for that year, but records must be available for review or audit by appropriate officials (or designees) of the federal agency, pass-through entity, and Government Accountability Office ("GAO").

   7.04 If a federal audit is required, CCOCME must send a copy of the confirmation from the Federal Audit Clearinghouse to procurement@snhd.org the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

   7.05 CCOCME is responsible for obtaining the necessary audit and securing the services of a certified public accountant or independent governmental auditor.

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7.06 Audit documentation and audit reports must be retained by the CCOCME's auditor for a minimum of five years from the date of issuance of the audit report, unless the CCOCME's auditor is notified in writing by the Health District, the cognizant federal agency for audit, or the oversight federal agency for audit to extend the retention period. Audit documentation will be made available upon request to authorized representatives of the Health District, the cognizant federal agency for audit, the oversight federal agency for audit, the federal funding agency, or the GAO.

8) NOTICES. All notices permitted or required under this Agreement shall be made via hand delivery, overnight courier, or U.S. certified mail, return receipt requested, to the other Party at its address as set out below:

Southern Nevada Health District	Clark County Office of the
Contract Administrator	Coroner/Medical Examiner
Legal Department	Melanie Rouse, Coroner
280 S. Decatur Blvd	1704 Pinto Lane
Las Vegas, NV 89107	Las Vegas, NV 89106

9) CONFIDENTIALITY. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996 or personally identifiably information will be shared with CCOCME by Health District during the course of this Agreement. Accordingly, no Business Associate Agreement is required.

10) MUTUAL COOPERATION. The Parties agree to cooperate fully in the furtherance of this Agreement and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.

10.01 The Parties shall take any additional acts or sign any additional documents as is reasonably necessary, appropriate, or convenient to achieve the purposes of this Agreement.

11) GENERAL PROVISIONS.

11.01 SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

11.02 ASSIGNMENT. Neither Party shall assign, transfer, or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other Party.

11.03 USE OF NAME AND LOGO. CCOCME may not use the Health District's name, mark, logo, design or other Health District symbol for any purpose without the Health District's prior written consent. CCOCME agrees that Health District, in its sole discretion, may impose restrictions on the use of its name and/or logo. Health District retains the right to terminate, with or without cause, CCOCME's right to use the Health District's name and/or logo.

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11.04 STATEMENT OF ELIGIBILITY. The Parties acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are : i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).

11.05 COMPLIANCE WITH LEGAL OBLIGATIONS. CCOCME shall perform the Services in compliance with all applicable federal, state, and local laws, statutes, regulations, appropriations legislation and industry standards, including but not limited to all applicable provisions of 2 CFR Part 200 and 45 CFR Part 75.

11.06 NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation, or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.

11.07 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.

11.08 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.

11.09 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. CCOCME may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as CCOCME sees fit, so long as the performance of such services does not interfere with CCOCME's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.

11.10 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.

11.11 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.

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11.12 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.

11.13 PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.

11.14 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.

11.15 CODE OF CONDUCT. By executing the Agreement, CCOCME acknowledges it has read and agree to comply as applicable with Health District's Code of Conduct, which is available online at:

https://media.southernnevadahealthdistrict.org/download/fqhc/code-of-conduct.pdf

11.16 COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

[SIGNATURE PAGE TO FOLLOW]

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IN WITNESS THEREOF, the Parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

SOUTHERN NEVADA HEALTH DISTRICT

By: _____
Cassius Lockett, PhD
District Health Officer
Health District UEI: ND67WQ2LD8B1

Date:_____

APPROVED AS TO FORM:
This document is approved as to form. Signature to be affixed after approval by Southern Nevada District Board of Health.
By: _____
Heather Anderson-Fintak, Esq.
General Counsel
Southern Nevada Health District

COUNTY OF CLARK, NEVADA
ON BEHALF OF ITS CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER

By: _____
Tick Segerblom, Chairman
Board of County Commissioners
CCOCME UEI: JTQBLLAE9J35

Date:_____

APPROVED AS TO FORM:
STEVEN B. WOLFSON
District Attorney

By: _____
Name:
Title:

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ATTACHMENT A
SCOPE OF WORK

A. CCOCME will participate in the following activities from September 1, 2025 through August 31, 2026 ("Period of Performance"):

A.1 Abstract violent death data into CDC web-based "CDS's National Violent Death Reporting System (NVDRS)" database and enter data to initiate cases within 90 days of the date of death, with a target of entering 100% of identified cases each year.

A.2 Update and maintain a case log of all violent deaths within the jurisdiction. Jurisdictional counties include Clark and southern Nye.

A.3 Identify barriers to stakeholder extraction of violent death data and report to Health District or State Coordinator, as requested.

A.4 Participate in regularly scheduled calls with State Coordinator to discuss violent death data, trends, outcomes, and workflow processes.

A.5 Conduct toxicology testing of violent death cases and document results as part of NVDRS case abstraction.

A.6 Make reasonable efforts to attend necessary State approved national and local trainings as required to assist in the development and continued maintenance of NVDRS.

A.7 Assist in agency representation at relevant taskforces or workgroups.

A.8 Help streamline systems, software, and reporting processes that aid in real time analysis and data collection methods between the state, CCOCME, and Health District.

A.9 Unless express and specific written permission to exclude funding source information is obtained from Health District in advance, CCOCME will place a version of this attribution statement on project related materials, reports, presentations, and publications produced within the scope of this Agreement:

"This publication [such as a journal, article, report] was supported by the Nevada State Department of Health and Human Services ("Department") and the Southern Nevada Health District through Grant Number 1 NU17CE010122-03-00 funded by the Center for Disease Control and Prevention ("CDC"). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Department, the Health District, nor the CDC."

A.10 Prepare and submit programmatic reports as requested by Health District.

A.11 Work with Health District staff to ensure proper close out of Period of Performance.

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ATTACHMENT B
PAYMENT

A. Total Not-to-Exceed amount available for reimbursement to CCOCME of $15,929 from September 1, 2025 through August 31, 2026.

A.1 CCOCME will bill for Services actually provided up to the Not-to-Exceed Amount per Approved Budget Category ("Category") as detailed below. If ten percent or more of the awarded Grant funds are moved from one Category to another Category, prior written Health District approval is required.

Category: Personnel	**Budgeted Amount**
Salary	$12,480
Fringe Benefits	$456
Category: Personnel, Subtotal of Budgeted Amount:	**$12,936**
Category: Operating	
10 Postmortem Expanded Blood tests X $204/each	$2,040
5 Postmortem Basic Urine tests X $103.00/each	$515
1 Postmortem Expanded Tissue tests X $338/each	$338
2 Electrolytes and Glucose Panel (Vitreous, Fluid) tests X $50/each	$100
Category: Operating, Subtotal of Budgeted Amount:	**$2,993**
Total Not-to-Exceed Amount:	**$15,929**

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A.2 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

A.3 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

(a) Backup documentation including, but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by CCOCME in accordance with cost principles applicable to this Agreement.

(b) CCOCME invoices shall be signed by CCOCME's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.

(c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.

(d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

A.4 CCOCME may submit its Requests for Reimbursement ("RFR(s)") less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event CCOCME elects to submit RFRs less often than monthly, it will observe the following specific deadlines when submitting RFRs:

(a) CCOCME's RFR for period September 1, 2025 through June 30, 2026 must be submitted in its entirety to Health District no later than July 10, 2026. CCOCME's failure to timely submit this RFR on or before July 10, 2026 with the inclusion of all expenses incurred before June 30, 2026 may result in non-reimbursement for unincluded expenses.

(b) CCOCME's "Final" RFR for period July 1, 2026 through August 31, 2026 must be submitted to Health District no later than September 15, 2026.

A.5 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph A above, unless express written authorization to bill for such Services is received from Health District.

A.6 Health District shall not be liable for interest charges on late payments.

A.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

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ATTACHMENT C
ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

As a sub-recipient of Grant funds, CCOCME agrees to ensure its compliance as applicable with the following:

A. GRANT-SPECIFIC REQUIREMENTS

A.1 FUNDS INTENDED TO SUPPLEMENT. Grant funds shall supplement and not supplant funds received from any other Federal, State or local program or any private sources of funds.

A.2 GENERALLY ACCEPTED ACCOUNTING PRINCIPLES ("GAAP"). CCOCME agrees to adopt and maintain a system of internal controls which results in the fiscal integrity and stability of its organization, including the use of GAAP.

A.3 INSURANCE. CCOCME will comply with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability. CCOCME will provide Health District with proof of current coverage upon request.

A.4 NO SUBCONTRACTING PERMITTED. CCOCME agrees that no portion of the Grant funds will be subcontracted without prior written approval from Health District unless expressly identified within this Agreement.

A.5 AMERICANS WITH DISABILITIES ACT. CCOCME agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CRF 26.101-36.999 inclusive, and any relevant program-specific regulations.

A.6 COMPLIANCE WITH TITLE 2 OF THE CODE OF FEDERAL REGULATIONS AND GUIDANCE FROM OFFICE OF MANAGEMENT AND BUDGET. As applicable, CCOCME agrees to comply with Title 2 of the Code of Federal Regulations, and any guidance in effect from the Office of Management and Budget ("OMB").

A.7 WORK ENVIRONMENT. CCOCME agrees to provide a work environment in which the use of tobacco products, alcohol, and/or illegal drugs is prohibited.

A.8 PROHIBITED ACTIVITIES. CCOCME shall not use grant funds for any activities related to the following:

(a) Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.

(b) Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of Influencing the outcome of an election, referendum, initiative or similar procedure.

(c) Any attempt to influence:

- The introduction or formulation of federal, state or local legislation; or

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- The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local government entity responsible for enacting local legislation, including without limitation, efforts to influence state or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.

(d) Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, Including, without limitation, efforts to influence state or local officials to engage In a similar lobbying activity.

(e) Any attempt to influence:

- The enactment or modification of any pending federal, state or local legislation; or

- The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to c:ontribute to or participate In any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

(f) Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on In support of or In knowing preparation for an effort to engage In an activity prohibited pursuant to subsections (a) through (e), inclusive.

(g) Executive branch liaison activities, Including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections (a) through (e), inclusive.

A.9 CONFLICT OF INTEREST. CCOCME agrees to immediately disclose to Health District any existing or potential conflicts of interest relative to performance of the Services.

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B. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ("HHS") REQUIREMENTS. CCOCME agrees to comply as applicable with Uniform Guidance Requirements, Cost Principles, and Audit Requirements for HHS awards, codified at 2 CFR Part 200. CCOCME further agrees to ensure its compliance with applicable terms and conditions contained within the HHS Grants Policy Statement, which is available online at https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf.

C. In addition to federal laws, regulations and policies, CCOCME agrees to ensure its compliance as applicable with the CDC's General Terms and Conditions for Non-Research Grants and Cooperative Agreements, located at https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.Eff.2025.10.01.pdf.

D. COMPLIANCE WITH PROCUREMENT STANDARDS. CCOCME agrees to follow and comply with 2 CFR §§200.318 General Procurement Standards through 200.327 Contract Provisions as applicable.

E. UNIFORM GUIDANCE CONTRACT PROVISIONS. In accordance with 2 CFR Part 200 Appendix II to Part 200, Contract Provisions for Non-Federal Entities, CCOCME agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:

E.1 REMEDIES. Contracts for more than the simplified acquisition threshold currently set at $250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.

E.2 TERMINATION. All federally funded contracts in excess of $10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.

E.3 EQUAL EMPLOYMENT OPPORTUNITY. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "Federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

E.4 DAVIS-BACON ACT, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of $2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a

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rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

E.5 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

E.6 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT. If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

E.7 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of $150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water

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Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

E.8 ENERGY EFFICIENCY. The Parties will comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201).

E.9 DEBARMENT AND SUSPENSION. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), "Debarment and Suspension." The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

(a) Furthermore, each of CCOCME's vendors and sub-contractors will certify that to the best of its respective knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

E.10 BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C. 1352)—Contractors that apply or bid for an award of $100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

E.11 PROCUREMENT OF RECOVERED MATERIALS. A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the value of the quantity acquired by the preceding fiscal year exceeded $10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

F. CCOCME will ensure its compliance as applicable with the Investment and Jobs Act (IIJA),

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codified as Public Law 117-58 on November 15, 2021, and as may be amended from time to time; provisions of which as of the time of the execution of this Agreement are proposed by the federal Office of Management and Budget (OMB) to be adopted as new part 184 in 2 CFR Chapter I to support implementation of IIJA, and to further clarify existing requirements within 2 CFR 200.322. These proposed revisions are intended to improve uniformity and consistency in the implementation of "Build America, Buy America (BABA) requirements across government. OMB's proposed action, dated February 9, 2023, can be reviewed online at https://www.federalregister.gov/documents/2023/02/09/2023-02617/guidance-for-grants-and-agreements. Public Law 117-58 may be reviewed online at https://www.congress.gov/bill/117th-congress/house-bill/3684/text.

G. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT. CCOCME certifies it is in compliance with 2 CFR §200.216 as published on August 13, 2020, and as may be amended from time to time, and CCOCME has not and will not use federal funds to:

(1) Procure or obtain;

(2) Extend or renew a contract to procure or obtain; or

(3) Enter into a contract to procure or obtain;

(i) equipment, services, or systems using covered telecommunications equipment or services as a substantial or essential component of any system, or as a critical technology as part of any system. As described in Public Law 115—232, Section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

(ii) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

(iii) Telecommunications or video surveillance services provided by such entities or using such equipment.

(iv) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

G.1 *See* Public Law 115—232, section 889 for additional information.

G.2 *See* also 2 CFR §§200.216 and 200.471, as may be amended from time to time.

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APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
JANUARY 22, 2026

SNHD
Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **January 22, 2026**

RE: *Approval of the Interlocal Agreement between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner*

PETITION #22-26

That the Southern Nevada District Board of Health *approve the Interlocal Service Agreement C2600051, between the Southern Nevada Health District and the Clark County Office of the Coroner/Medical Examiner (CCOCME) to collaborate on the abstraction of drug overdose data for entry into the National Violent Death Reporting System (NVDRS) through State Unintentional Drug Overdose Reporting System (SUDORS).*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Anilkumar Mangla, PhD, *Director of Disease Surveillance and Control*
Ying Zhang, PhD, *Epidemiology Manager*

DISCUSSION:

This is an agreement to support abstraction of standardized case-level data from the CCOCME reports on fatal drug overdose deaths and develop routine reports surrounding overdose death data in Southern Nevada.

FUNDING:

This agreement will provide funding in the amount not to exceed $56,053 to the CCOCME for their collaboration on the SUDORS project. This is pass-through funding from the state supported by federal grant dollars, CDC Overdose Data to Action Federal Grant# NU17CE010224.

INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
COUNTY OF CLARK, NEVADA ON BEHALF OF ITS
CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER
C2600051

This Interlocal Agreement for Professional Services ("Agreement") is made and entered into between the Southern Nevada Health District ("Health District") and County of Clark, Nevada on behalf of its Clark County Office of the Coroner/Medical Examiner ("CCOCME") (individually "Party" collectively "Parties").

RECITALS

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the agreement is authorized by law to perform and refers to such as an Interlocal Contract, hereinafter called an Agreement;

WHEREAS, Health District is the public health entity organized pursuant to Nevada Revised Statutes, Chapter 439 with jurisdiction over all public health matters within Clark County, Nevada;

WHEREAS, CCOCME investigates all deaths in Clark County, Nevada caused by any criminal means, violence, suicide, and any unattended death, whatever the cause;

WHEREAS, Health District is the sub-recipient of federal funds passed through by the State of Nevada Department of Health and Human Services through its Division of Public and Behavioral Health, Federal Award Identification Number ("FAIN") NU17CE010224, CFDA Number 93.136, program entitled Overdose Data to Action, funded by the Centers for Disease Control and Prevention ("CDC"), which is an operating division of the U.S. Department of Health and Human Services ("HHS"), Notice of Subaward agency reference number SG 2026-00205, sub-awarded October 14, 2025, with a total amount sub-awarded to Health District of $262,336 (the "Grant");

WHEREAS, Health District desires to collaborate with CCOCME to support Health District's Grant deliverables concerning the CDC's State Unintentional Drug Overdose Reporting System ("SUDORS") activities ("Services"), and CCOCME is willing to participate as a sub-recipient of Grant funds from Health District.

NOW THEREFORE, the Parties mutually agree as follows:

1) TERM, TERMINATION, AND AMENDMENT. This Agreement shall be effective from the date of the last signature affixed hereto through August 31, 2026, unless sooner terminated by

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either Party as set forth in this Agreement.

1.01 This Agreement may be terminated by either Party prior to the date set forth in this Section 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.

1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in Subsection 1.01.

1.03 Upon termination, CCOCME will be entitled to payment for services provided prior to date of termination and for which CCOCME has submitted an invoice but has not been paid.

1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.

1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.

2) INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:

ATTACHMENT A: SCOPE OF WORK
ATTACHMENT B: PAYMENT
ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

3) COMPENSATION.

3.01 CCOCME shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. CCOCME will be reimbursed for expenses incurred as provided in Attachment B: Payment. The total not-to-exceed amount of this Agreement is $56,053. This project is supported by the federal Grant described on the first page of this Agreement in the amount of $56,053; this accounts for 100% of the total funding of this Agreement.

4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. CCOCME will provide Health District with Services under this Agreement as an independent contractor. Nothing contained in this Agreement will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, between CCOCME and Health District. Nothing in this Agreement or the relationship between Health District and CCOCME shall create a co-employment or joint employer relationship.

5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, conduct a fiscal monitoring of CCOCME at any time during the term of the Agreement. CCOCME will be notified in writing at least three (3) weeks prior to the visit outlining documents that must be available prior to Health District's visit. Health District shall notify CCOCME in writing of any Adverse Findings and recommendations as a

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result of the fiscal monitoring. Adverse Findings are defined as Lack of Adequate Records, Administrative Findings, Questioned Costs, and Costs Recommended for Disallowance. CCOCME will have the opportunity to respond to Adverse Findings in writing to address any area(s) of disagreement. Health District shall review disagreement issues, supporting documentation and files, and forward a decision to the CCOCME in writing.

6) BOOKS AND RECORDS. Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party in accordance with its respective Records Retention Policy, or at least a minimum of five (5) years after final financial and narrative reports are submitted to the Office of Analytics; whichever is longer. This retention time shall be extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and/or judicial proceedings which may ensue.

   6.01 Health District shall during the term of this Agreement until the conclusion of any audit period, have access to CCOCME's records, calculations, presentations and reports relating to this Agreement for inspection and reproduction. If possible, Health District will provide CCOCME with three (3) weeks prior written notice to gain access to such CCOCME records.

7) FEDERAL AUDIT REQUIREMENTS FOR SUBRECIPIENTS RECEIVING AWARDS FROM HEALTH DISTRICT

   7.01 CCOCME must comply with all applicable federal and state grant requirements including The Single Audit Act Amendments of 1996; 2 CFR Part 200 as amended; and any other applicable law or regulation, and any amendment to such other applicable law or regulation that may be enacted or promulgated by the federal government.

   7.02 If CCOCME is a local government or non-profit organization that expends $1,000,000 or more in federal awards during its fiscal year, the CCOCME is required to provide the appropriate single or program-specific audit in accordance with provisions outlined in 2 CFR Part 200.501.

   7.03 If CCOCME expends total federal awards of less than the threshold established by 2 CFR 200.501, it is exempt from federal audit requirements for that year, but records must be available for review or audit by appropriate officials (or designees) of the federal agency, pass-through entity, and Government Accountability Office ("GAO").

   7.04 If a federal audit is required, CCOCME must send a copy of the confirmation from the Federal Audit Clearinghouse to procurement@snhd.org the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

   7.05 CCOCME is responsible for obtaining the necessary audit and securing the services

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of a certified public accountant or independent governmental auditor.

7.06 Audit documentation and audit reports must be retained by the CCOCME's auditor for a minimum of five years from the date of issuance of the audit report, unless the CCOCME's auditor is notified in writing by the Health District, the cognizant federal agency for audit, or the oversight federal agency for audit to extend the retention period. Audit documentation will be made available upon request to authorized representatives of the Health District, the cognizant federal agency for audit, the oversight federal agency for audit, the federal funding agency, or the GAO.

8) NOTICES. All notices permitted or required under this Agreement shall be made via hand delivery, overnight courier, or U.S. certified mail, return receipt requested, to the other Party at its address as set out below:

Southern Nevada Health District	Clark County Office of the
Contract Administrator	Coroner/Medical Examiner
Legal Department	Melanie Rouse, Coroner
280 S. Decatur Blvd	1704 Pinto Lane
Las Vegas, NV 89107	Las Vegas, NV 89106

9) CONFIDENTIALITY. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996 or personally identifiably information will be shared with CCOCME by Health District during the course of this Agreement. Accordingly, no Business Associate Agreement is required.

10) MUTUAL COOPERATION. The Parties agree to cooperate fully in the furtherance of this Agreement and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.

10.01 The Parties shall take any additional acts or sign any additional documents as is reasonably necessary, appropriate, or convenient to achieve the purposes of this Agreement.

11) GENERAL PROVISIONS.

11.01 SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

11.02 ASSIGNMENT. Neither Party shall assign, transfer, or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other Party.

11.03 USE OF NAME AND LOGO. CCOCME may not use the Health District's name, mark, logo, design or other Health District symbol for any purpose without the Health District's prior written consent. CCOCME agrees that Health District, in its sole

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discretion, may impose restrictions on the use of its name and/or logo. Health District retains the right to terminate, with or without cause, CCOCME's right to use the Health District's name and/or logo.

11.04 STATEMENT OF ELIGIBILITY. The Parties acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are: i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).

11.05 COMPLIANCE WITH LEGAL OBLIGATIONS. CCOCME shall perform the Services in compliance with all applicable federal, state, and local laws, statutes, regulations, appropriations legislation and industry standards, including but not limited to all applicable provisions of 2 CFR Part 200 and 45 CFR Part 75.

11.06 NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation, or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.

11.07 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.

11.08 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.

11.09 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. CCOCME may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as CCOCME sees fit, so long as the performance of such services does not interfere with CCOCME's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.

11.10 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.

11.11 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of

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Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.

11.12 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.

11.13 PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.

11.14 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.

11.15 CODE OF CONDUCT. By executing the Agreement, the CCOCME acknowledges it has read and agree to comply as applicable with Health District's Code of Conduct, which is available online at:

https://media.southernnevadahealthdistrict.org/download/fqhc/code-of-conduct.pdf

11.16 COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

[SIGNATURE PAGE TO FOLLOW]

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IN WITNESS THEREOF, the Parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

SOUTHERN NEVADA HEALTH DISTRICT

By: _____
Cassius Lockett, PhD
District Health Officer
Health District UEI: ND67WQ2LD8B1

Date:_____

APPROVED AS TO FORM:
This document is approved as to form.
Signature to be affixed after approval by
Southern Nevada District Board of Health.

By: _____
Heather Anderson-Fintak, Esq.
General Counsel
Southern Nevada Health District

COUNTY OF CLARK, NEVADA
ON BEHALF OF ITS CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER

By: _____
Tick Segerblom, Chairman
Board of County Commissioners
CCOCME UEI: JTQBLLAE9J35

Date:_____

APPROVED AS TO FORM:
STEVEN B. WOLFSON
District Attorney

By: _____
Name:
Title:

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ATTACHMENT A
SCOPE OF WORK

A. CCOCME will participate in the following activities from September 1, 2025 through August 31, 2026 ("Period of Performance"):

A.1 Abstract drug overdose death data into CDC's web-based National Violent Death Reporting System ("NVDRS") through SUDORS and enter data to initiate cases within 180 days of death, with a target of entering 75% of identified cases each year.

A.2 Update and maintain a case log of all drug overdose deaths within the jurisdiction. Jurisdictional counties include Clark, Lincoln, White Pine and southern portion of Nye.

A.3 Identify barriers to stakeholder extraction of overdose death data and report to Health District or State Coordinator, as requested.

A.4 Participate in regularly scheduled calls with State Coordinator to discuss overdose death data, trends, outcomes, and workflow processes.

A.5 Conduct expanded toxicology testing of suspected drug overdose cases and document results as part of SUDORS case abstraction.

A.6 Make reasonable efforts to attend necessary State approved national and local trainings as required to assist in the development and continued maintenance of SUDORS.

A.7 Assist in agency representation at relevant taskforces or workgroups.

A.8 Help streamline systems, software, and reporting processes that aid in real time analysis and data collection methods between the state, CCOCME, and Health District.

A.9 Unless express and specific written permission to exclude funding source information is obtained from Health District in advance, CCOCME will place a version of this attribution statement on project related materials, reports, presentations, and publications produced within the scope of this Agreement:

"This publication [such as a journal, article, report] was supported by the Nevada State Department of Health and Human Services ("Department") and the Southern Nevada Health District through Grant Number NU17CE010224-02-00 funded by the Center for Disease Control and Prevention ("CDC"). Its contents are solely the responsibility of the authors and do not necessarily represent the official view of the Department, the Health District, nor the CDC."

A.10 Prepare and submit programmatic reports as requested by Health District.

A.11 Work with Health District staff to ensure proper close out of Period of Performance

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ATTACHMENT B
PAYMENT

A. Total Not-to-Exceed amount available for reimbursement to CCOCME of $56,053 from September 1, 2025 through August 31, 2026

A.1 CCOCME will bill for Services actually provided up to the Not-to-Exceed Amount per Approved Budget Category ("Category") as detailed below. If ten percent or more of the awarded Grant funds are moved from one Category to another Category, prior written Health District approval is required.

Category: Personnel	**Budgeted Amount**
Salary	$23,400
Fringe Benefits	$855
Category: Personnel, Subtotal of Budgeted Amount:	**$24,255**
Category: Operating	
101 Postmortem Expanded Blood tests X $204/each	$20,604
8 Postmortem Basic Urine tests X $103.00/each	$824
5 Postmortem Expanded Tissue tests X $338/each	$5,070
106 Electrolytes and Glucose Panel (Vitreous, Fluid) tests X $50/each	$5,300
Category: Operating, Subtotal of Budgeted Amount:	**$31,798**
Total Not-to-Exceed Amount:	**$56,053**

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A.2 Payments shall be based on approved CCOCME invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

A.3 CCOCME will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

(a) Backup documentation including, but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by CCOCME in accordance with cost principles applicable to this Agreement.

(b) CCOCME invoices shall be signed by CCOCME's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.

(c) CCOCME is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.

(d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

A.4 CCOCME may submit its Requests for Reimbursement ("RFR(s)") less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event CCOCME elects to submit RFRs less often than monthly, it will observe the following specific deadlines when submitting RFRs:

(a) CCOCME's RFR for period September 1, 2025 through June 30, 2026 must be submitted in its entirety to Health District no later than July 10, 2026. CCOCME's failure to timely submit this RFR on or before July 10, 2026 with the inclusion of all expenses incurred before June 30, 2026 may result in non-reimbursement for unincluded expenses.

(b) CCOCME's "Final" RFR for period July 1, 2026 through August 31, 2026 must be submitted to Health District no later than September 15, 2026.

A.5 CCOCME will not be eligible for compensation for Services provided before or after the date range specified in Paragraph A above, unless express written authorization to bill for such Services is received from Health District.

A.6 Health District shall not be liable for interest charges on late payments.

A.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

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ATTACHMENT C
ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

As a sub-recipient of Grant funds, CCOCME agrees to ensure its compliance as applicable with the following:

A. GRANT-SPECIFIC REQUIREMENTS

A.1 FUNDS INTENDED TO SUPPLEMENT. Grant funds shall supplement and not supplant funds received from any other Federal, State or local program or any private sources of funds.

A.2 GENERALLY ACCEPTED ACCOUNTING PRINCIPLES ("GAAP"). CCOCME agrees to adopt and maintain a system of internal controls which results in the fiscal integrity and stability of its organization, including the use of GAAP.

A.3 INSURANCE. CCOCME will comply with state insurance requirements for general, professional, and automobile liability; workers' compensation and employer's liability. CCOCME will provide Health District with proof of current coverage upon request.

A.4 NO SUBCONTRACTING PERMITTED. CCOCME agrees that no portion of the Grant funds will be subcontracted without prior written approval from Health District unless expressly identified within this Agreement.

A.5 AMERICANS WITH DISABILITIES ACT. CCOCME agrees to comply with the Americans with Disabilities Act of 1990 (P.L. 101-136), 42 U.S.C. 12101, as amended, and regulations adopted thereunder contained in 28 CRF 26.101-36.999 inclusive, and any relevant program-specific regulations.

A.6 COMPLIANCE WITH TITLE 2 OF THE CODE OF FEDERAL REGULATIONS AND GUIDANCE FROM OFFICE OF MANAGEMENT AND BUDGET. As applicable, CCOCME agrees to comply with Title 2 of the Code of Federal Regulations, and any guidance in effect from the Office of Management and Budget ("OMB").

A.7 WORK ENVIRONMENT. CCOCME agrees to provide a work environment in which the use of tobacco products, alcohol, and/or illegal drugs is prohibited.

A.8 PROHIBITED ACTIVITIES. CCOCME shall not use grant funds for any activities related to the following:

(a) Any attempt to influence the outcome of any federal, state or local election, referendum, initiative or similar procedure, through in-kind or cash contributions, endorsements, publicity or a similar activity.

(b) Establishing, administering, contributing to or paying the expenses of a political party, campaign, political action committee or other organization established for the purpose of Influencing the outcome of an election, referendum, initiative or similar procedure.

(c) Any attempt to influence:

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- The introduction or formulation of federal, state or local legislation; or
- The enactment or modification of any pending federal, state or local legislation, through communication with any member or employee of Congress, the Nevada Legislature or a local government entity responsible for enacting local legislation, including without limitation, efforts to influence state or local officials to engage in a similar lobbying activity, or through communication with any governmental official or employee in connection with a decision to sign or veto enrolled legislation.

(d) Any attempt to influence the introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity through communication with any officer or employee of the United States Government, the State of Nevada or a local governmental entity, Including, without limitation, efforts to influence state or local officials to engage In a similar lobbying activity.

(e) Any attempt to influence:

- The enactment or modification of any pending federal, state or local legislation; or
- The introduction, formulation, modification or enactment of a federal, state or local rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity, by preparing, distributing or using publicity or propaganda, or by urging members of the general public or any segment thereof to c:ontribute to or participate In any mass demonstration, march, rally, fundraising drive, lobbying campaign or letter writing or telephone campaign.

(f) Legislative liaison activities, including, without limitation, attendance at legislative sessions or committee hearings, gathering information regarding legislation and analyzing the effect of legislation, when such activities are carried on In support of or In knowing preparation for an effort to engage In an activity prohibited pursuant to subsections (a) through (e), inclusive.

(g) Executive branch liaison activities, Including, without limitation, attendance at hearings, gathering information regarding a rule, regulation, executive order or any other program, policy or position of the United States Government, the State of Nevada or a local governmental entity and analyzing the effect of the rule, regulation, executive order, program, policy or position, when such activities are carried on in support of or in knowing preparation for an effort to engage in an activity prohibited pursuant to subsections (a) through (e), inclusive.

A.9 CONFLICT OF INTEREST. CCOCME agrees to immediately disclose to Health District any existing or potential conflicts of interest relative to performance of the Services.

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B. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ("HHS") REQUIREMENTS. CCOCME agrees to comply as applicable with Uniform Guidance Requirements, Cost Principles, and Audit Requirements for HHS awards, codified at 2 CFR Part 200. CCOCME further agrees to ensure its compliance with applicable terms and conditions contained within the HHS Grants Policy Statement, which is available online at https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf.

C. In addition to federal laws, regulations and policies, CCOCME agrees to ensure its compliance as applicable with the CDC's General Terms and Conditions for Non-Research Grants and Cooperative Agreements, located at https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.Eff.2025.10.01.pdf.

D. COMPLIANCE WITH PROCUREMENT STANDARDS. CCOCME agrees to follow and comply with 2 CFR §§200.318 General Procurement Standards through 200.327 Contract Provisions as applicable.

E. UNIFORM GUIDANCE CONTRACT PROVISIONS. In addition to other provisions required by HHS, Health District, and/or Contractor, all contracts made by CCOCME under the Grant must contain provisions covering the following in accordance with 2 CFR Part 200 Appendix II to Part 200, Contract Provisions for Non-Federal Entities, Contractor agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:

E.1 REMEDIES. Contracts for more than the simplified acquisition threshold currently set at $250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.

E.2 TERMINATION. All federally funded contracts in excess of $10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.

E.3 EQUAL EMPLOYMENT OPPORTUNITY. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "Federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

E.4 DAVIS-BACON ACT, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of $2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor

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regulations (29 CFR Part 5, “Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction”). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland “Anti-Kickback” Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, “Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States”). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

E.5 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

E.6 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT. If the Federal award meets the definition of “funding agreement” under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that “funding agreement,” the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, “Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

E.7 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION

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CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of $150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

E.8 ENERGY EFFICIENCY. The Parties will comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201).

E.9 DEBARMENT AND SUSPENSION. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), "Debarment and Suspension." The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

(a) Furthermore, each of Contractor's vendors and sub-contractors will certify that to the best of its respective knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

E.10 BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C. 1352)—Contractors that apply or bid for an award of $100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

E.11 PROCUREMENT OF RECOVERED MATERIALS. A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the value of the quantity acquired

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by the preceding fiscal year exceeded $10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

F. Contractor will ensure its compliance as applicable with the Investment and Jobs Act (IIJA), codified as Public Law 117-58 on November 15, 2021, and as may be amended from time to time; provisions of which as of the time of the execution of this Agreement are proposed by the federal Office of Management and Budget (OMB) to be adopted as new part 184 in 2 CFR Chapter I to support implementation of IIJA, and to further clarify existing requirements within 2 CFR 200.322. These proposed revisions are intended to improve uniformity and consistency in the implementation of "Build America, Buy America (BABA) requirements across government. OMB's proposed action, dated February 9, 2023, can be reviewed online at https://www.federalregister.gov/documents/2023/02/09/2023-02617/guidance-for-grants-and-agreements. Public Law 117-58 may be reviewed online at https://www.congress.gov/bill/117th-congress/house-bill/3684/text.

G. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT. Contractor certifies it is in compliance with 2 CFR §200.216 as published on August 13, 2020, and as may be amended from time to time, and Contractor has not and will not use federal funds to:

(1) Procure or obtain;

(2) Extend or renew a contract to procure or obtain; or

(3) Enter into a contract to procure or obtain;

(i) equipment, services, or systems using covered telecommunications equipment or services as a substantial or essential component of any system, or as a critical technology as part of any system. As described in Public Law 115—232, Section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

(ii) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

(iii) Telecommunications or video surveillance services provided by such entities or using such equipment.

(iv) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

G.1 *See* Public Law 115—232, section 889 for additional information.

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G.2 *See* also 2 CFR §§200.216 and 200.471, as may be amended from time to time.

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APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
JANUARY 22, 2026

Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **January 22, 2026**

RE: *Approval of the Interlocal Agreement between the Southern Nevada Health District and the Washoe County Regional Medical Examiner's Office*

PETITION #23-26

That the Southern Nevada District Board of Health *approve the Interlocal Service Agreement C2600055, between the Southern Nevada Health District and the Washoe County Regional Medical Examiner's Office (WCRMEO) to collaborate on the registry and prevention of sudden unexpected infant death (SUID) and sudden death in the young (SDY).*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Anilkumar Mangla, PhD, *Director of Disease Surveillance and Control*
Ying Zhang, PhD, *Epidemiology Manager*

DISCUSSION:

This is an agreement to collaborate with and support WCRMEO in the registry and prevention of sudden unexpected infant death and sudden deaths in the young in Nevada.

FUNDING:

This agreement will provide funding in the amount not to exceed $6,650 to the WCRMEO for their collaboration on the SUID/SDY project. This is pass through funding from SNHD supported by federal grant dollars, CDC SUID/SDY Federal Grant# NU58DP007684.

INTERLOCAL AGREEMENT FOR
PROFESSIONAL SERVICES
BETWEEN
SOUTHERN NEVADA HEALTH DISTRICT
AND
WASHOE COUNTY, NEVADA ON BEHALF OF ITS
REGIONAL MEDICAL EXAMINER'S OFFICE
C2600055

This Interlocal Agreement for Professional Services ("Agreement") is made and entered into between the Southern Nevada Health District ("Health District") and Washoe County, Nevada on behalf of its Regional Medical Examiner's Office("Contractor") (individually "Party" collectively "Parties").

RECITALS

WHEREAS, NRS 277.180 authorizes any one or more public agencies to contract with any one or more other public agencies to perform any governmental service, activity, or undertaking which any of the public agencies entering into the agreement is authorized by law to perform and refers to such as an Interlocal Contract, hereinafter called an Agreement;

WHEREAS, Health District is the public health entity organized pursuant to Nevada Revised Statutes, Chapter 439 with jurisdiction over all public health matters within Clark County, Nevada;

WHEREAS, Contractor investigates all deaths in Washoe County, Nevada caused by any criminal means, violence, suicide, and any unattended death, whatever the cause;

WHEREAS, Health District is the sub-recipient of federal funds by the Centers for Disease Control ("CDC"), which is an operating division of the U.S. Department of Health and Human Services ("HHS"), Federal Award Identification Number ("FAIN") NU58DP007684, CFDA Number 93.946, program entitled Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs, awarded September 24, 2025, with a total amount awarded to Health District of $762,811.00 (the "Grant"); and

WHEREAS, Health District desires to collaborate with the Contractor to support Health District's Project deliverables to assist in the registry and prevention of Sudden Unexpected Infant Death ("SUID(s)") and Sudden Death in the Young ("SDY(s)") in Nevada ("Services"), and Contractor is willing to participate as a sub-recipient of Grant funds from Health District.

NOW THEREFORE, the Parties mutually agree as follows:

1) TERM, TERMINATION, AND AMENDMENT. This Agreement shall be effective September 30, 2025 through September 29, 2026, unless sooner terminated by either Party as set forth in this Agreement.

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1.01 This Agreement may be terminated by either Party prior to the date set forth in this Section 1, provided that a termination shall not be effective until thirty (30) days after a Party has served written notice upon the other Party.

1.02 This Agreement may be terminated by mutual consent of both Parties or unilaterally by either Party with or without cause. Termination for cause will eliminate the thirty (30) day waiting period described in Subsection 1.01.

1.03 Upon termination, Contractor will be entitled to payment for services provided prior to date of termination and for which Contractor has submitted an invoice but has not been paid.

1.04 This Agreement is subject to the availability of funding and shall be terminated immediately if, for any reason, state and/or federal funding ability, or grant funding budgeted to satisfy this Agreement is withdrawn, limited, or impaired.

1.05 This Agreement may only be amended, modified or supplemented by a writing signed by a duly authorized agent/officer of each Party and effective as of the date stipulated therein.

2) INCORPORATED DOCUMENTS. The Services to be performed to be provided and the consideration therefore are specifically described in the below referenced documents which are listed below and attached hereto and expressly incorporated by reference herein:

ATTACHMENT A: SCOPE OF WORK
ATTACHMENT B: PAYMENT
ATTACHMENT C: ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

3) COMPENSATION. Contractor shall complete the Services in a professional and timely manner consistent with the Scope of Work outlined in Attachment A. Contractor will be reimbursed for expenses incurred as provided in Attachment B: Payment. The total not-to-exceed amount of this Agreement is $6,650. This project is supported by the federal Grant described on the first page of this Agreement in the amount of $6,650; this accounts for 100% of the total funding of this Agreement.

4) STATUS OF PARTIES; INDEPENDENT CONTRACTOR. Contractor will provide Health District with Services under this Agreement as an independent contractor. Nothing contained in this Agreement will be construed to create a joint venture or partnership, or the relationship of principal and agent, or employer and employee, between Contractor and Health District. Nothing in this Agreement or the relationship between Health District and Contractor shall create a co-employment or joint employer relationship.

5) FISCAL MONITORING AND ADMINISTRATIVE REVIEW OF ADVERSE FINDINGS. Health District may, at its discretion, conduct a fiscal monitoring of Contractor at any time during the term of the Agreement. Contractor will be notified in writing at least three (3) weeks prior to the visit outlining documents that must be available prior to Health District's visit. Health District shall notify Contractor in writing of any Adverse Findings and recommendations as a result of the fiscal monitoring. Adverse Findings are defined as Lack of Adequate Records, Administrative Findings, Questioned Costs, and Costs Recommended for Disallowance. Contractor will have the opportunity to respond to Adverse Findings in writing to address any area(s) of disagreement. Health District shall review disagreement issues, supporting

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documentation and files, and forward a decision to the Contractor in writing.

6) BOOKS AND RECORDS. Each Party shall keep and maintain under generally accepted accounting principles full, true and complete books, records, and documents as are necessary to fully disclose to the other Party, properly empowered government entities, or their authorized representatives, upon audits or reviews, sufficient information to determine compliance with the terms of this Agreement and any applicable statutes and regulations. All such books, records and documents shall be retained by each Party in accordance with its respective Records Retention Policy, or a minimum of five (5) years; whichever is longer, from the date of termination of this Agreement. This retention time shall be extended when an audit is scheduled or in progress for a period of time reasonably necessary to complete said audit and/or to complete any administrative and/or judicial proceedings which may ensue.

   6.01 Health District shall during the term of this Agreement until the conclusion of any audit period, have access to Contractor's records, calculations, presentations and reports relating to this Agreement for inspection and reproduction. If possible, Health District will provide Contractor with three (3) weeks prior written notice to gain access to such Contractor records.

7) FEDERAL AUDIT REQUIREMENTS FOR SUBRECIPIENTS RECEIVING AWARDS FROM HEALTH DISTRICT

   7.01 Contractor must comply with all applicable federal and state grant requirements including The Single Audit Act Amendments of 1996; 2 CFR Part 200 as amended; and any other applicable law or regulation, and any amendment to such other applicable law or regulation that may be enacted or promulgated by the federal government.

   7.02 If Contractor is a local government or non-profit organization that expends $1,000,000 or more in federal awards during its fiscal year, the Contractor is required to provide the appropriate single or program-specific audit in accordance with provisions outlined in 2 CFR Part 200.501.

   7.03 If Contractor expends total federal awards of less than the threshold established by 2 CFR 200.501, it is exempt from federal audit requirements for that year, but records must be available for review or audit by appropriate officials (or designees) of the federal agency, pass-through entity, and Government Accountability Office ("GAO").

   7.04 If a federal audit is required, Contractor must send a copy of the confirmation from the Federal Audit Clearinghouse to procurement@snhd.org the earlier of 30 calendar days after receipt of the auditor's reports or nine months after the end of the audit period.

   7.05 Contractor is responsible for obtaining the necessary audit and securing the services of a certified public accountant or independent governmental auditor.

   7.06 Audit documentation and audit reports must be retained by the Contractor's auditor for a minimum of five years from the date of issuance of the audit report, unless the Contractor's auditor is notified in writing by the Health District, the

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cognizant federal agency for audit, or the oversight federal agency for audit to extend the retention period. Audit documentation will be made available upon request to authorized representatives of the Health District, the cognizant federal agency for audit, the oversight federal agency for audit, the federal funding agency, or the GAO.

8) NOTICES. All notices permitted or required under this Agreement shall be made via hand delivery, overnight courier, or U.S. certified mail, return receipt requested, to the other Party at its address as set out below:

Southern Nevada Health District Contract Administrator Legal Department 280 S. Decatur Blvd Las Vegas, NV 89107	Washoe County Regional Medical Examiner's Office 990 E 9th St Reno, NV 89512

9) CONFIDENTIALITY. No protected health information as that term is defined in the Health Insurance Portability and Accountability Act of 1996 or personally identifiably information will be shared with Contractor by Health District during the course of this Agreement. Accordingly, no Business Associate Agreement is required.

10) MUTUAL COOPERATION. The Parties agree to cooperate fully in the furtherance of this Agreement and provide assistance to one another in the investigation and resolution of any complaints, claims, actions or proceedings that may arise out of the provision of Services hereunder.

10.01 The Parties shall take any additional acts or sign any additional documents as is reasonably necessary, appropriate, or convenient to achieve the purposes of this Agreement.

11) GENERAL PROVISIONS.

11.01 BREACH; REMEDIES. Failure of either Party to perform any obligation of this Agreement shall be deemed a breach. Except as otherwise provided for by law or this Agreement, the rights and remedies of the Parties shall not be exclusive and are in addition to any other rights and remedies provided by law or equity, including but not limited to actual damages, and to a prevailing Party, the ability to seek reasonable attorneys' fees and costs.

a) WAIVER OF BREACH. Failure to declare a breach or the actual waiver of any particular breach of the Agreement or its material or non-material terms by either Party shall not operate as a waiver by such Party of any of its rights or remedies as to any other breach.

11.02 SEVERABILITY. If any provision contained in this Agreement is held to be unenforceable by a court of law or equity, this Agreement shall be construed as if such provision did not exist and the non-enforceability of such provision shall not be held to render any other provision or provisions of this Agreement unenforceable.

11.03 ASSIGNMENT. Neither Party shall assign, transfer, or delegate any rights,

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obligations or duties under this Agreement without the prior written consent of the other Party.

11.04 USE OF NAME AND LOGO. Contractor may not use the Health District's name, mark, logo, design or other Health District symbol for any purpose without the Health District's prior written consent. Contractor agrees that Health District, in its sole discretion, may impose restrictions on the use of its name and/or logo. Health District retains the right to terminate, with or without cause, Contractor's right to use the Health District's name and/or logo.

11.05 STATEMENT OF ELIGIBILITY. The Parties acknowledge to the best of their knowledge, information, and belief, and to the extent required by law, neither Party nor any of its respective employees/contractors is/are : i) currently excluded, debarred, suspended, or otherwise ineligible to participate in federal health care programs or in federal procurement or non-procurement programs; and ii) has/have not been convicted of a federal or state offense that falls within the ambit of 42 USC 1320a-7(a).

11.06 COMPLIANCE WITH LEGAL OBLIGATIONS. Contractor shall perform the Services in compliance with all applicable federal, state, and local laws, statutes, regulations, appropriations legislation and industry standards, including but not limited to all applicable provisions of 2 CFR Part 200.

11.07 NON-DISCRIMINATION. As Equal Opportunity Employers, the Parties have an ongoing commitment to hire, develop, recruit and assign the best and most qualified individuals possible. The Parties employ employees without regard to race, sex, color, religion, age, ancestry, national origin, marital status, status as a disabled veteran, or veteran of the Vietnam era, disability, sexual orientation, or gender identity or expression. The Parties likewise agree that each will comply with all state and federal employment discrimination statutes, including but not limited to Title VII, and the American with Disabilities Act.

11.08 INTEGRATION CLAUSE. This Agreement, including all Attachments hereto, as it may be amended from time to time, contains the entire agreement among the Parties relative to the subject matters hereof.

11.09 PROPER AUTHORITY. The Parties hereto represent and warrant that the person executing this Agreement on behalf of each Party has full power and authority to enter into this Agreement and that the Parties are authorized by law to perform the services set forth in the documents incorporated herein.

11.10 EXCLUSIVITY. This Agreement is non-exclusive and both Parties remain free to enter into similar agreements with third parties. Contractor may, during the term of this Agreement or any extension thereof, perform services for any other clients, persons, or companies as Contractor sees fit, so long as the performance of such services does not interfere with Contractor's performance of obligations under this Agreement, and does not, in the opinion of Health District, create a conflict of interest.

11.11 LIMITED LIABILITY. The Parties will not waive and intend to assert available NRS

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Chapter 41 liability limitations in all cases. To the extent applicable, actual agreement damages for any breach shall be limited by NRS 353.260 and NRS 354.626. Agreement liability of the Parties shall not be subject to punitive damages.

11.12 GOVERNING LAW. This Agreement and the rights and obligations of the Parties hereto shall be governed by and construed according to the laws of the State of Nevada, without regard to any conflicts of laws principles, with Clark County, Nevada as the exclusive venue of any action or proceeding related to or arising out of this Agreement.

11.13 INDEMNIFICATION. The Parties do not waive any right or defense to indemnification that may exist in law or equity.

11.14 PUBLIC RECORDS. Pursuant to NRS Chapter 239, information or documents, including this Agreement and any other documents generated incidental thereto may be opened to public inspection and copying unless a particular record is made confidential by law or a common law balancing of interests.

11.15 NO PRIVATE RIGHT CREATED. The Parties do not intend to create in any other individual or entity the status of a third-party beneficiary, and this Agreement shall not be construed to create such status. The rights, duties, and obligations contained in the Agreement shall operate only between the Parties to this Agreement, and shall inure solely to the benefit of the Parties determining and performing their obligations under this Agreement.

11.16 CODE OF CONDUCT. By executing the Agreement, Contractor acknowledges it has read and agrees to comply as applicable with Health District's Code of Conduct, which is available online at:

https://media.southernnevadahealthdistrict.org/download/fqhc/code-of-conduct.pdf

11.17 COUNTERPARTS. This Agreement may be executed in multiple counterparts, each of which shall be deemed an original, but which together shall constitute one instrument. Facsimile or electronic transmissions of documents and signatures shall have the same force and effect as originals.

[SIGNATURE PAGE TO FOLLOW]

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IN WITNESS THEREOF, the Parties hereto have caused this Agreement to be executed by their undersigned officials as duly authorized.

SOUTHERN NEVADA HEALTH DISTRICT

By: _____
Cassius Lockett, PhD
District Health Officer
Health District UEI: ND67WQ2LD8B1

Date: _____

WASHOE COUNTY, NEVADA ON BEHALF OF ITS REGIONAL MEDICAL EXAMINER'S OFFICE

By: _____
Laura Knight
Medical Examiner
Washoe County, Nevada on Behalf of Its Regional Medical Examiner's Office
UEI: GPR1NY74XPQ5

Date: _____

APPROVED AS TO FORM:

This document is approved as to form.
Signatures to be affixed after approval by Southern Nevada District Board of Health

By: _____
Edward Wynder, Esq.
Associate General Counsel
Southern Nevada Health District

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ATTACHMENT A
SCOPE OF WORK

A. Contrator will participate in the following activities from September 30, 2025 through September 29, 2026 ("Period of Performance"):

A.1 **Goal 1; Component A:** Abstraction of SUID Deaths as Prescribed by the CDC:

Objective	**Activities**	**Due Date**	**Documentation Needed**
1. Ensure all deaths for decedents under 19 years in age continue to be referred to state and local Child Death Review Teams ("CDRTs")	Send notification of all deaths to CDRTs Provide Death Certificate & Investigative Summary to CDRTs	Monthly	Death Certificate Information Sheet Investigative Summary/Report Medical Examiner Reports
2. Participate in regularly scheduled calls/meetings to discuss SUID/SDY death data, trends, outcomes, and workflow processes	Attend scheduled Child Death Reviews for Washoe County Compile reports on data extraction barriers and provide to the Health District's SUID/SDY program coordinator to assist in resolution	As scheduled	Meeting minutes Agendas Medical Examiner Reports

A.2 **Goal 2; Component B:** Abstraction of SDY Deaths as prescribed by the CDC:

Objective	**Activities**	**Due Date**	**Documentation Needed**
1. Ensure all SDY deaths for decedents under 19 years in age continue to be referred to Advanced Child Death Review Team	Provide Death Certificate & Investigative Summary to Health District	Quarterly	Death Certificate Information Sheet Investigative Summary/Report Medical Examiner Reports

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2. Obtain contact information from the families of SDY decedents	Contact families regarding consent. Document family history and specific questions as related to unexpected death and heart conditions.	Quarterly	Copy of consent forms
3. Send specimens for genetic testing	Ensure timely collection and submission for genetic testing. Contractor shall ensure its protocols comply with CDC SUID/SDY autopsy requirements. Biospecimens are collected by pathologists.	Within 30 days of consent	Proof of shipment
4. Participate in regularly scheduled calls/meetings to discuss SUID/SDY death data, trends, outcomes, and workflow processes	Attend quarterly Advanced Death Review Compile reports on data extraction barriers and provide to Health District's SUID/SDY program coordinator to assist in resolution. Assist with recruitment of specialists for the Advanced Review Team when possible.	Quarterly	Meeting minutes Agendas Medical Examiner Reports

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B. Pursuant to 2 CFR 200.303, Contractor will:

B.1 Establish and maintain effective internal controls over funding and activities related to this Agreement;

B.2 Maintain documentation supporting compliance and control measures;

B.3 Ensure compliance with federal statutes, regulations, this Agreement, and Grant terms;

B.4 Align internal controls with standards such as those issued by the Committee of Sponsoring Organizations of the Treadway Commission or the Standards for Internal Control in the Federal Government issued by the Comptroller General of the United States;

B.5 Conduct risk assessments to identify and mitigate potential issues;

B.6 Regularly monitor and review internal controls for effectiveness; and

B.7 Upon request, provide Health District with documented evidence of internal controls.

C. Prepare and submit programmatic reports as requested by Health District.

D. Work with Health District staff to ensure proper close out of Period of Performance.

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ATTACHMENT B
PAYMENT

A. Total Not-to-Exceed amount available for reimbursement to Contractor of $6,650 from September 30, 2025 through September 29, 2026.

A.1 Contractor will bill for Services actually provided up to the Not-to-Exceed Amount per Approved Budget Category ("Category") as detailed below. If ten percent or more of the awarded Grant funds are moved from one Category to another Category, prior written Health District approval is required.

Category: Operating	
Cardiac pathology testing for SUID cases. 3 tests X $1,000 per test (Health District Reference SUIDA).	$3,000
Viral/bacterial infection testing for SUID cases. 5 tests X $380 per test (Health District Reference SUIDA).	$1,900
Genetic testing for SDY-consented deaths. 5 tests X $350 per test (Health District Reference SUIDB).	$1,750
Total Not-to-Exceed Amount:	**$6,650**

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A.2 Payments shall be based on approved Contractor invoices submitted in accordance with this Agreement. No payments shall be made in excess of the total Not-to-Exceed amount for this Agreement.

A.3 Contractor will not bill more frequently than monthly for the term of the Agreement. The invoice will itemize specific costs incurred for each allowable item as agreed upon by the Parties.

(a) Backup documentation including, but not limited to invoices, receipts, monthly reports, proof of payments or any other documentation requested by Health District is required, and shall be maintained by Contractor in accordance with cost principles applicable to this Agreement.

(b) Contractor invoices shall be signed by Contractor's official representative, and shall include a statement certifying that the invoice is a true and accurate billing.

(c) Contractor is aware that provision of any false, fictitious, or fraudulent information and/or the omission of any material fact may subject it to criminal, civil, and/or administrative penalties.

(d) Cost principles contained in Uniform Guidance 2 CFR Part 200, Subpart E, shall be used as criteria in the determination of allowable costs.

A.4 Contractor may submit its Requests for Reimbursement ("RFR(s)") less often than monthly, provided adequate time is allowed for the Health District to review and process each RFR. In the event Contractor elects to submit RFRs less often than monthly, it will observe the following specific deadlines when submitting RFRs:

(a) Contractor's RFR for period September 30, 2025 through June 30, 2026 must be submitted in its entirety to Health District no later than July 10, 2026. Contractor's failure to timely submit this RFR on or before July 10, 2026 with the inclusion of all expenses incurred before June 30, 2026 may result in non-reimbursement for unincluded expenses.

(b) Contractor's "Final" RFR for period July 1, 2026 through September 30, 2026 must be submitted to Health District no later than October 15, 2026.

A.5 Contractor will not be eligible for compensation for Services provided before or after the date range specified in Paragraph A above, unless express written authorization to bill for such Services is received from Health District.

A.6 Health District shall not be liable for interest charges on late payments.

A.7 In the event items on an invoice are disputed, payment on those items will be held until the dispute is resolved. Undisputed items will not be held.

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ATTACHMENT C
ADDITIONAL GRANT INFORMATION AND REQUIREMENTS

As a sub-recipient of Grant funds, Contractor agrees to ensure its compliance as applicable with the following:

A. CONFLICT OF INTEREST. Contractor agrees to immediately disclose to Health District any existing or potential conflicts of interest relative to performance of the Services.

B. U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES ("HHS") REQUIREMENTS. Contractor agrees to comply as applicable with Uniform Guidance Requirements, Cost Principles, and Audit Requirements for HHS awards, codified at 2 CFR Part 200. Contractor further agrees to ensure its compliance with applicable terms and conditions contained within the HHS Grants Policy Statement, which is available online at https://www.hhs.gov/sites/default/files/hhs-grants-policy-statement-oct-2025.pdf.

C. In addition to federal laws, regulations and policies, Contractor agrees to ensure its compliance as applicable with the CDC's General Terms and Conditions for Non-Research Grants and Cooperative Agreements, located at https://www.cdc.gov/grants/documents/General-Terms-and-Conditions-Non-Research-Awards.Eff.2025.10.01.pdf.

D. 2 CFR §200.317, PROCUREMENT BY STATES. When procuring property and services under a federal award, a state (or political subdivision of a state) must follow the same policies and procedures it uses for procurements from its non-federal funds. A state receiving federal funds will comply with §§ 200.321, 200.322, and 200.323 and ensure that every purchase order or other contract includes any clauses required by § 200.327. All other non-federal entities, including sub-recipients of a state, must follow the procurement standards in §§ 200.318 through 200.327.

E. COMPLIANCE WITH PROCUREMENT STANDARDS. Contractor agrees to follow and comply with 2 CFR §§200.318 General Procurement Standards through 200.327 Contract Provisions as applicable.

E.1 2 CFR §200.322, DOMESTIC PREFERENCES FOR PROCUREMENTS. As is appropriate and to the extent consistent with law, Contractor should, to the greatest extent practicable, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States.

F. UNIFORM GUIDANCE CONTRACT PROVISIONS. In accordance with 2 CFR Part 200 Appendix II to Part 200, Contract Provisions for Non-Federal Entities, Contractor agrees to follow and comply with all applicable contract provisions contained therein. These provisions may include the following:

F.1 REMEDIES. Contracts for more than the simplified acquisition threshold currently set at $250,000, which is the inflation-adjusted amount determined by the Civilian Agency Acquisition Council and the Defense Acquisition Regulations Council (Councils) as authorized by 41 U.S.C. 1908, must address administrative, contractual, or legal remedies in instances where contractors violate or breach contract terms, and provide for such sanctions and penalties as appropriate.

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F.2 TERMINATION. All federally funded contracts in excess of $10,000 must address termination for cause and for convenience by the non-Federal entity including the manner by which it will be effected and the basis for settlement.

F.3 EQUAL EMPLOYMENT OPPORTUNITY. Except as otherwise provided under 41 CFR Part 60, all contracts that meet the definition of "Federally assisted construction contract" in 41 CFR Part 60-1.3 must include the equal opportunity clause provided under 41 CFR 60-1.4(b), in accordance with Executive Order 11246, "Equal Employment Opportunity" (30 FR 12319, 12935, 3 CFR Part, 1964-1965 Comp., p. 339), as amended by Executive Order 11375, "Amending Executive Order 11246 Relating to Equal Employment Opportunity," and implementing regulations at 41 CFR part 60, "Office of Federal Contract Compliance Programs, Equal Employment Opportunity, Department of Labor."

F.4 DAVIS-BACON ACT, as amended (40 U.S.C. 3141-3148). When required by Federal program legislation, all prime construction contracts in excess of $2,000 awarded by non-Federal entities must include a provision for compliance with the Davis-Bacon Act (40 U.S.C. 3141-3144, and 3146-3148) as supplemented by Department of Labor regulations (29 CFR Part 5, "Labor Standards Provisions Applicable to Contracts Covering Federally Financed and Assisted Construction"). In accordance with the statute, contractors must be required to pay wages to laborers and mechanics at a rate not less than the prevailing wages specified in a wage determination made by the Secretary of Labor. In addition, contractors must be required to pay wages not less than once a week. The non-Federal entity must place a copy of the current prevailing wage determination issued by the Department of Labor in each solicitation. The decision to award a contract or subcontract must be conditioned upon the acceptance of the wage determination. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency. The contracts must also include a provision for compliance with the Copeland "Anti-Kickback" Act (40 U.S.C. 3145), as supplemented by Department of Labor regulations (29 CFR Part 3, "Contractors and Subcontractors on Public Building or Public Work Financed in Whole or in Part by Loans or Grants from the United States"). The Act provides that each contractor or subrecipient must be prohibited from inducing, by any means, any person employed in the construction, completion, or repair of public work, to give up any part of the compensation to which he or she is otherwise entitled. The non-Federal entity must report all suspected or reported violations to the Federal awarding agency.

F.5 CONTRACT WORK HOURS AND SAFETY STANDARDS ACT (40 U.S.C. 3701-3708). Where applicable, all contracts awarded by a non-Federal entity in excess of $100,000 that involve the employment of mechanics or laborers must include a provision for compliance with 40 U.S.C. 3702 and 3704, as supplemented by Department of Labor regulations (29 CFR Part 5). Under 40 U.S.C. 3702 of the Act, each contractor must be required to compute the wages of every mechanic and laborer on the basis of a standard work week of 40 hours. Work in excess of the standard work week is permissible provided that the worker is compensated at a rate of not less than one and a half times the basic rate of pay for all hours worked in excess of 40 hours in the work week. The requirements of 40 U.S.C. 3704 are

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applicable to construction work and provide that no laborer or mechanic must be required to work in surroundings or under working conditions which are unsanitary, hazardous or dangerous. These requirements do not apply to the purchases of supplies or materials or articles ordinarily available on the open market, or contracts for transportation or transmission of intelligence.

F.6 RIGHTS TO INVENTIONS MADE UNDER A CONTRACT OR AGREEMENT. If the Federal award meets the definition of "funding agreement" under 37 CFR § 401.2 (a) and the recipient or subrecipient wishes to enter into a contract with a small business firm or nonprofit organization regarding the substitution of parties, assignment or performance of experimental, developmental, or research work under that "funding agreement," the recipient or subrecipient must comply with the requirements of 37 CFR Part 401, "Rights to Inventions Made by Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts and Cooperative Agreements," and any implementing regulations issued by the awarding agency.

F.7 CLEAN AIR ACT (42 U.S.C. 7401-7671q.) and the FEDERAL WATER POLLUTION CONTROL ACT (33 U.S.C. 1251-1387), as amended—Contracts and subgrants of amounts in excess of $150,000 must contain a provision that requires the non-Federal award to agree to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 U.S.C. 7401-7671q) and the Federal Water Pollution Control Act as amended (33 U.S.C. 1251-1387). Violations must be reported to the Federal awarding agency and the Regional Office of the Environmental Protection Agency (EPA).

F.8 ENERGY EFFICIENCY. The Parties will comply with mandatory standards and policies relating to energy efficiency, which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (42 U.S.C. 6201).

F.9 DEBARMENT AND SUSPENSION. (Executive Orders 12549 and 12689)—A contract award (see 2 CFR 180.220) must not be made to parties listed on the governmentwide Excluded Parties List System in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR Part 1989 Comp., p. 235), "Debarment and Suspension." The Excluded Parties List System in SAM contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

(a) Furthermore, each of Contractor's vendors and sub-contractors will certify that to the best of its respective knowledge and belief, that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

F.10 BYRD ANTI-LOBBYING AMENDMENT (31 U.S.C. 1352)—Contractors that apply or bid for an award of $100,000 or more must file the required certification. Each tier certifies to the tier above that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer

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or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Each tier must also disclose any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award. Such disclosures are forwarded from tier to tier up to the non-Federal award.

F.11 PROCUREMENT OF RECOVERED MATERIALS. A non-Federal entity that is a state agency or agency of a political subdivision of a state and its contractors must comply with section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act. The requirements of Section 6002 include procuring only items designated in guidelines of the Environmental Protection Agency (EPA) at 40 CFR part 247 that contain the highest percentage of recovered materials practicable, consistent with maintaining a satisfactory level of competition, where the purchase price of the item exceeds $10,000 or the value of the quantity acquired by the preceding fiscal year exceeded $10,000; procuring solid waste management services in a manner that maximizes energy and resource recovery; and establishing an affirmative procurement program for procurement of recovered materials identified in the EPA guidelines.

G. Contractor will ensure its compliance as applicable with the Investment and Jobs Act (IIJA), codified as Public Law 117-58 on November 15, 2021, and as may be amended from time to time; provisions of which as of the time of the execution of this Agreement are proposed by the federal Office of Management and Budget (OMB) to be adopted as new part 184 in 2 CFR Chapter I to support implementation of IIJA, and to further clarify existing requirements within 2 CFR 200.322. These proposed revisions are intended to improve uniformity and consistency in the implementation of "Build America, Buy America (BABA) requirements across government. OMB's proposed action, dated February 9, 2023, can be reviewed online at https://www.federalregister.gov/documents/2023/02/09/2023-02617/guidance-for-grants-and-agreements. Public Law 117-58 may be reviewed online at https://www.congress.gov/bill/117th-congress/house-bill/3684/text.

H. PROHIBITION ON CERTAIN TELECOMMUNICATIONS AND VIDEO SURVEILLANCE SERVICES OR EQUIPMENT. Contractor certifies it is in compliance with 2 CFR §200.216 as published on August 13, 2020, and as may be amended from time to time, and Contractor has not and will not use federal funds to:

(1) Procure or obtain;

(2) Extend or renew a contract to procure or obtain; or

(3) Enter into a contract to procure or obtain;

(i) equipment, services, or systems using covered telecommunications equipment or services as a substantial or essential component of any system, or as a critical technology as part of any system. As described in Public Law 115—232, Section 889, covered telecommunications equipment is telecommunications equipment produced by Huawei Technologies Company or ZTE Corporation (or any subsidiary or affiliate of such entities).

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(ii) For the purpose of public safety, security of government facilities, physical security surveillance of critical infrastructure, and other national security purposes, video surveillance and telecommunications equipment produced by Hytera Communications Corporation, Hangzhou Hikvision Digital Technology Company, or Dahua Technology Company (or any subsidiary or affiliate of such entities).

(iii) Telecommunications or video surveillance services provided by such entities or using such equipment.

(iv) Telecommunications or video surveillance equipment or services produced or provided by an entity that the Secretary of Defense, in consultation with the Director of the National Intelligence or the Director of the Federal Bureau of Investigation, reasonably believes to be an entity owned or controlled by, or otherwise connected to, the government of a covered foreign country.

H.1 *See* Public Law 115—232, section 889 for additional information.

H.2 *See* also 2 CFR §§200.216 and 200.471, as may be amended from time to time.

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APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH
JANUARY 22, 2026

Southern Nevada Health District

TO: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH** **DATE:** **January 22, 2026**

RE: *Approval of the Interlocal Agreement between the Southern Nevada Health District and the Las Vegas Valley Water District.*

PETITION #24-26

That the Southern Nevada District Board of Health *approve the Interlocal Agreement Number 142467-A between the Southern Nevada Health District and the Las Vegas Valley Water District for potable water utility service for the Southern Nevada Health District BSL-3 Lab Expansion Project.*

PETITIONERS:

Cassius Lockett, PhD, *District Health Officer*
Jason Frame, *Acting Deputy District Health Officer - Administratic*
Bob Kingston, PE, CHFM, *Chief Facilities Officer*

DISCUSSION:

Staff recommends approval of this agreement pursuant to the Las Vegas Valley Water District's Application for Connection and Request for Service Requirements so that potable water utility service can be established for the Southern Nevada Health District BSL-3 Lab Expansion Project.

FUNDING:

The $237,476 total fees associated with this agreement is available, and will be paid from SBLBX25 which expires June 30, 2026.

Must be executed by Developer
and returned to the District on or
before: **02/26/2026**

Agreement No. 142467-A

INTERLOCAL AGREEMENT FOR
SOUTHERN NEVADA HEALTH DISTRICT
SNHD BSL3 LAB

THIS AGREEMENT, made and entered into by and between the Southern Nevada Health District, a political subdivision of the State of Nevada, hereinafter called "Health District", and the Las Vegas Valley Water District, a political subdivision of the State of Nevada, hereinafter called "District", WITNESSETH:

RECITALS

WHEREAS, the District is engaged in the business of distributing potable water in the City of Las Vegas, Nevada, and portions of the County of Clark, Nevada; and

WHEREAS, the Health District is the owner of property generally located on Martin L. King Boulevard, north of Wellness Way, further referenced as Clark County Assessor's Parcel Number 139-33-402-031, is desirous of receiving a commitment for potable water from the District and has made application for water service to said project; and

WHEREAS, the District is willing to serve said real property with water pursuant to its Service Rules as adopted by its Board of Directors and subject to the Health District performing all of the terms, conditions and provisions hereinafter set forth and required of the Health District; and

WHEREAS, the Health District is willing to construct at its sole cost and expense the required water service connection and appurtenances for the purpose of providing water service to said real property; and

WHEREAS, both the Health District and the District are authorized to enter into interlocal agreements pursuant to NRS 277.180.

NOW, this Agreement WITNESSETH:

ARTICLE I

HEALTH DISTRICT AGREES:

1. This Agreement provides a water commitment on a conditional basis only for SNHD BSL3 LAB generally located Martin L King Boulevard, on Clark County Assessor’s Parcel Number 139-33-402-031. The conditional water commitment is provided in accordance with the District’s Service Rules which are made a part of the Agreement by reference and applies only to the development identified in this paragraph.

2. The water commitment will be conditional until all water facilities identified in this Agreement are constructed by the Health District and accepted by the District for the complete development described in this Agreement.

3. In the event the use of the property changes and modifications to the water facilities are required, the Health District will be required to either obtain a new conditional water commitment from the District, or at the option of the District, to amend the Agreement.

4. At the Health District's sole cost and expense to furnish all necessary materials, labor, and equipment for the construction of the water main(s), fire hydrants and laterals, service connections, backflow prevention assemblies, and appurtenances, from the main to the point where the water being delivered leaves the piping owned by the District, hereinafter called "Water Facilities", shown on that certain plan or plans entitled:

SNHD BSL3 LAB
Utility Plan – Public & Onsite

5. Said Water Facilities may be sized to ultimately provide water service to development other than described herein, however the conditional water commitment is only for that portion of the project described herein and any additional construction requires a separate and additional conditional water commitment from the District.

6. Said Water Facilities shall be constructed in the locations shown, and in accordance with the above-mentioned plan or plans, as approved by the District, and in conformance with District specifications.

7. To comply with the District's Service Rules that are in force on the effective date of this agreement including those sections pertaining to the water commitment process and construction of the Water Facilities identified in this Agreement.

8. All work shall be subject to inspection and approval by an authorized representative of the District and the District shall be notified a minimum of 48 hours in advance of actual construction start and 24 hours prior to an inspection of any part of the work, in order that necessary inspection can be arranged.

9. At the Health District's sole cost and expense, to perform all survey work necessary to ensure installation of the Water Facilities to the location and grades called for in the plans.

10. At the Health District's sole cost and expense, to disinfect and pressure test the Water Facilities to the satisfaction of the District and the health authorities having jurisdiction.

11. Connections to existing mains shall be made only in the presence of an authorized representative of the District and at the times specified by the District.

12. The Water Facilities shall be located outside of driveways, driveway approaches, or other areas subject to vehicular traffic. In the event the Water Facilities are located within those areas either inadvertently or otherwise, the Health District shall cause such Water Facilities to be relocated outside of the driveways, driveway approaches or other areas described above, in accordance with the District's requirements, or shall reimburse the District for the cost of relocating said Water Facilities. If extraordinary conditions exist that would prevent compliance with this requirement, the Health District may submit to the District a written request for a waiver of this requirement pursuant to the District's Service Rules.

13. To furnish to the District easements, in a form satisfactory to the District, where Water Facilities are approved to be installed in other than dedicated street or alleys. Said easements shall conform to the requirements as indicated on the approved water plan or plans and be perpetual. The conditions of said easements shall be such that no buildings, structures, trees, shrubs, or other improvements which would interfere with its use by the District can be placed upon it, that the District will have the right to operate, maintain, repair, replace, and/or change the size and/or number of Water Facilities; and that proper access to all parts of the easement by District forces and equipment is provided. The conditions of said easements shall further provide that the property owner agrees to pay any and all costs incurred by the District to make and/or maintain said easements accessible to the District. It may be provided that other utility lines can be installed in said easement, so long as they do not interfere with its use by the District, and are in compliance with state laws and regulations. If access to a District easement is obstructed, absent an emergency situation, the Health District will be notified and given an opportunity to remove the obstruction before the District incurs cost to remove the obstruction.

14. Should any defective material or workmanship affecting the Water Facilities installed by the Health District be disclosed within one (1) year of the date of completion and acceptance of the Water Facilities by the District, the Health District shall immediately cause the defect to be corrected, or shall reimburse the District for its cost to correct said defect. For the purpose of this Agreement, failures including, but not limited to, any leak or break in the Water Facilities, or any pavement settlement, shall be considered conclusive evidence of defective materials and/or workmanship.

15. Upon completion of construction of the work and acceptance of the work by the District, the Health District will provide the District with all its right, title, and interest, in and to the Water Facilities. The

Health District will warrant at the time of said final acceptance that there are no encumbrances for material and labor claims.

16. All water will be taken through metered service connections, in accordance with the District's Service Rules. The Health District will require its contractor to install the meters in a timely manner.

17. All water delivered through service connections will be metered and the Health District is responsible for all monthly bills for such water calculated at the current rate for metered construction water until such time as the first occupant activates the water service account with the District's Customer Care Division.

18. To require its contractor to protect all existing Water Facilities during construction and to promptly undertake the repair of damaged facilities upon authorization of the District.

19. Any of the Water Facilities installed under this Agreement, once disinfected and tested to the satisfaction of the District and once connected to existing District facilities, must maintain established water quality standards throughout the installed system. Should the District determine that water quality standards are not being maintained following the connection of the approved facilities to the District's system, a Water Quality Mitigation Plan (WQ Plan) will be required for review and implementation at the sole expense of the Health District.

20. To the fullest extent permitted by law, Developer shall indemnify, defend and hold the District harmless from any and all claims, demands, liens, actions, damages, costs, and expenses (including reasonable attorneys' fees) based upon or arising out of alleged acts or omissions of the Developer, or its officers, employees, agents, contractors, licensees or invitees during the construction and installation of the water facilities. As a material part of the consideration for this Agreement, the Developer hereby assumes all risk of injury to persons and damage to property resulting from the construction of the water facilities from any source and to whomever belonging, except to the extent caused by willful or negligent acts of the District or its agents and hereby waives all claims in respect thereof against the District and agrees to defend and hold the District harmless from and against any such claims by others. The District shall not be liable or responsible for the loss of or damage to any of the Developer's property, or that of its employees, customers or invitees, resulting from burglary, theft or vandalism; nor shall the District be liable for loss of or damage or injury to persons or property occurring during the construction of the water facilities for any cause, or under any circumstances, except to the extent caused by or resulting from the willful or negligent acts of the District or its agents.

    a. Notwithstanding the foregoing, nothing in this Section 20 is intended to alter any immunity, privilege, limitation of liability, or other protection of either party under applicable law, including Nevada Revised Statutes and any governmental immunities or damage limitations. If any portion of this Section 20 is found to be invalid or enforceable, it shall be adjusted only as necessary to comply with the law while maintaining the protections intended for both parties.

ARTICLE II

DISTRICT AGREES:

1. Upon completion of construction of the Water Facilities, acceptance of same by the District, and fulfillment by the Health District of all requirements of this Agreement, to supply water to, and to thereafter operate and maintain the Water Facilities installed pursuant to this Agreement in accordance with the District's Service Rules as the same are established and amended.

2. Construction water may be provided through metered fire hydrants and/or metered service connections in accordance with the District's Service Rules.

3. If required as a condition of the District's Service Rules, to refund to the Developer any overpayment of Regional Connection Charges based on a confirmed audit of annual water usage by the above-described property within the first three (3) years of operation. All payments will be based on the Regional Connection Charge Rates paid at the time of project approval.

ARTICLE III

IT IS MUTUALLY AGREED:

1. The parties understand that this Agreement does not create "water rights", but only rights to conditional water service as a potential customer. This Agreement does not create a property interest in such water service and the Health District is not deemed a District water customer until the Water Facilities and development identified herein are completed as specified.

2. The Water Facilities installed under this Agreement shall be and remain the exclusive property of the District, and shall become a part of the District's general water distribution system after acceptance by the District.

3. In the event a portion of the Water Facilities are constructed but this Agreement terminates, the above-described property shall have no water commitment by virtue of the installation of the Water Facilities. Requests for future use of said Water Facilities if retained in place, shall require that a new water commitment be obtained before the Water Facilities can be utilized.

4. This Agreement shall terminate and the conditional commitment shall be void if any of the following occurs:

    a. Construction of the Water Facilities covered by the plan or plans identified in this Agreement is not commenced within one (1) year from the date of District approval of said plan or plans; or

    b. If active construction work is discontinued for a period of one (1) year; or if such construction is commenced within said one (1) year period, but is not diligently prosecuted to completion in a manner acceptable to the District.

5. If this Agreement terminates in accordance with its terms, right, title and interest of all or any portion of the Water Facilities installed, as determined solely and exclusively by the District, shall become the exclusive property of the District for the District to use, modify, or to dispose of as the District deems appropriate.

6. Noncompliance or violation of the District's Service Rules or any provision of this Agreement by the Health District or its officers, employees, agents, contractors, licensees or invitees shall be cause for the District, at its sole discretion, to discontinue water service to the Health District project without liability for any damages caused by said discontinuation.

7. The Health District will be responsible for any loss, damage, liability, cost or expense, except those exempted by law, caused by the actions or inactions of its officers or employees; the Health District does not waive the conditions and limitations of NRS Chapter 41. The District will be responsible for any loss, damage, liability, cost or expense, except those exempted by law, caused by the actions or inactions of its officers and employees; the District does not waive the conditions and limitations of NRS Chapter 41.

8. This Agreement shall not be deemed to be for the benefit of any entity or person who is not a party hereto, and is not a commitment for water service, and neither this Agreement, nor any interest therein, may be assigned without the prior written consent of the non-assigning party.

9. This Agreement represents the entire understanding of the Health District and the District relative to the installation of the Water Facilities in conjunction with the Health District project.

10. Should any part of this Agreement be rendered void, invalid, or unenforceable by any court of law, for any reason, such determination shall not render void, invalid, or unenforceable, any other part of this Agreement.

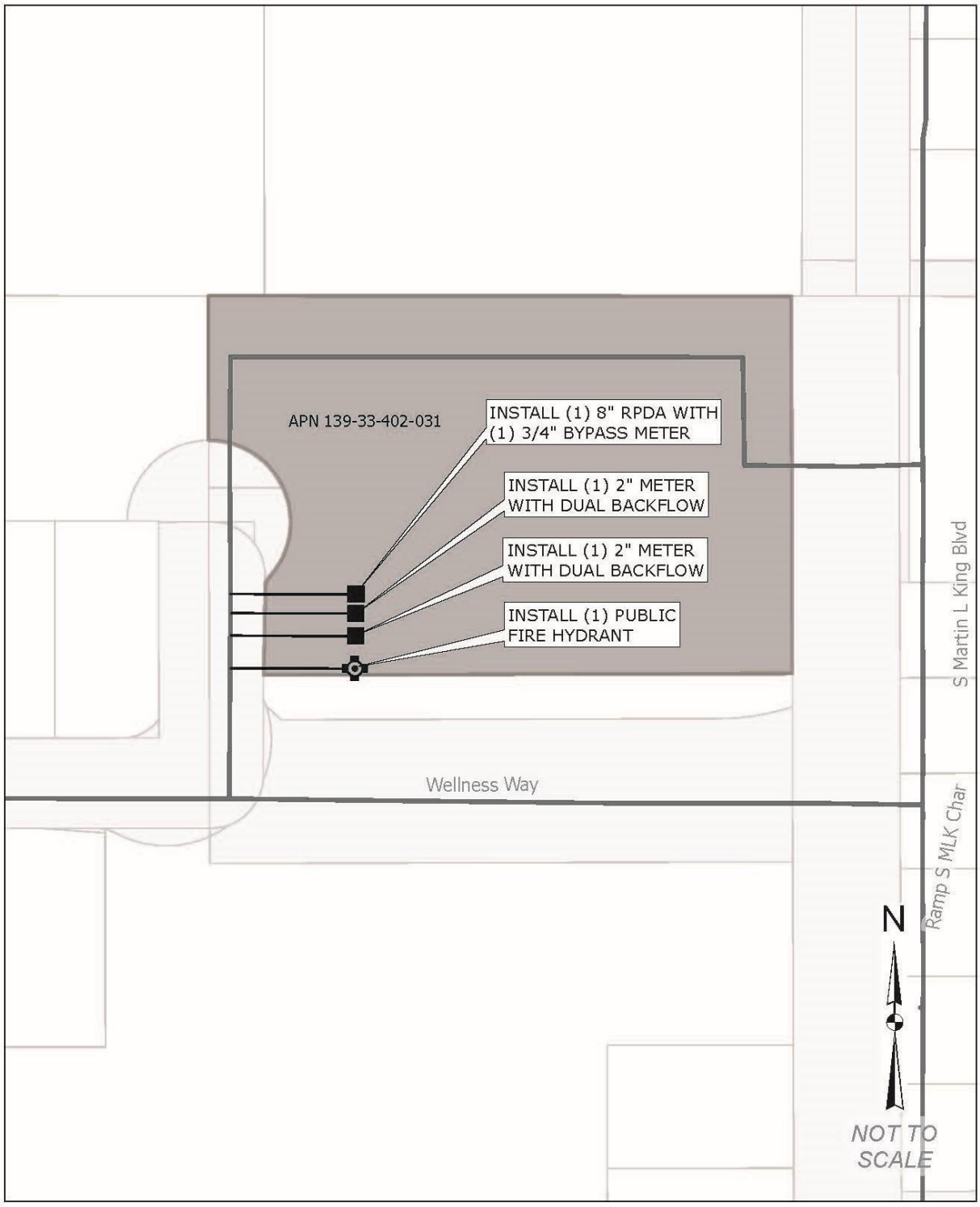
11. The laws of the State of Nevada will govern as to the interpretation, validity, and effect of this Agreement.

12. Each party shall not discriminate against employees or applicants based on race, color, religion, sex, sexual orientation, age, or national origin, and shall ensure that applicants are employed and employees are treated without regard to the above-mentioned factors and agrees to post in conspicuous places for employees and applicants' notices provided by the Equal Employment Opportunity Commission setting forth these provisions. Each party further agrees that solicitation for employees shall state that qualified applicants will receive consideration without regard to the above-mentioned factors and will send to labor unions or collectives with which he/it has an agreement a notice of the commitments required herein and each party will comply with all local, state and federal laws prohibiting discrimination in hiring or employment opportunities.

IN WITNESS WHEREOF, the parties hereto have entered into this Interlocal Agreement on the on the date of last signature below.

SOUTHERN NEVADA HEALTH DISTRICT	LAS VEGAS VALLEY WATER DISTRICT
Signature Redacted Signature Redacted	Signature Redacted John J. Entsminger (Dec 22, 2025 16:43:15 PST)
Cassius Lockett, PhD District Health Officer	John J. Entsminger General Manager
12/23/2025 Date	12/22/2025 Date
APPROVED AS TO FORM:	APPROVED AS TO FORM:
Signature Redacted Signature Redacted	Signature RedactedSignature Redacted Gregory J. Walch (Dec 22, 2025 16:08:09 PST)
Heather Anderson-Fintak, Esq., General Counsel Southern Nevada Health District	Gregory J. Walch, General Counsel Las Vegas Valley Water District

EXHIBIT A
WATER FACILITIES
SNHD BSL3 LAB
LVVWD Project No. 142467-A



APPROVED BY THE SOUTHERN NEVADA DISTRICT BOARD OF HEALTH WITH THE FOLLOWING:

- **Using the more stringent option ambient room temperature of 68°F and 80°F.**
- **Not issue updated regulatory requirement violations on existing facilities until January 1, 2028.**
- **Update from 2025 to 2026 Public Accommodation Regulations.**

JANUARY 22, 2026

Memorandum #05-26

Date: January 22, 2026

To: **SOUTHERN NEVADA DISTRICT BOARD OF HEALTH**

From: **Vivek Raman, MPH, REHS,** *Environmental Health Supervisor* VR
Brian Northam, REHS, *Environmental Health Manager* BN
Chris Saxton, MPH-EH, REHS, *Director of Environmental Health* CS
Cassius Lockett, PhD, *District Health Officer* CJ

Subject: Presentation for the Proposed 2025 Public Accommodation Facilities Regulations

I. BACKGROUND:

The Health District is responsible for state-mandated permitting and sanitation inspections for public accommodations in Clark County, Nevada. The Environmental Health (EH) Division of the Health District has not updated the Public Accommodation Facilities Regulations since they were initially implemented in 2006. Over the last 19 years of sanitation inspections and industry development, the Health District has an understanding of areas within the regulation that need updating.

On October 22, 2025, and November 4, 2025, the EH Division held workshops, both virtually and in-person, allowing industry and interested parties to make comments. The comment period was open from October 2, 2025, through November 22, 2025. Based upon business input, the EH Division has made several proposals to limit burdens on industry and reduce costs for businesses.

II. PROPOSED ADJUSTMENTS:

The Health District proposes updating the Public Accommodations (PA) Facilities Regulations to remove unnecessary sections, clarify language, and update sanitation and safety requirements. The major changes are listed in the Summary of Major Changes document (Attachment C). Some items of interest include a requirement for mattresses to be protected from fluids with a waterproof barrier, specifying plan review requirements for new facilities or major changes to existing facilities, ensuring Ground Fault Circuit Interrupter outlets are installed as required by the latest National Electric Code (NEC) and excluding short-term rental properties from the PA

regulatory requirements. The Health District staff believe that these changes will result in an environment that is business-friendly while protecting public health.

The proposed regulations do not create new fees or increase existing fees for Environmental Health services.

III. RECOMMENDATION:

The Health District recommends approval of the proposed 2025 Public Accommodation Facilities Regulations with the proposals in the BOH presentation.

VR:hh

Attachments:
Attachment A: Business Impact Statement
Attachment B: Public Comment/Written Correspondence
Attachment C: Summary of Major Changes
Attachment D: Proposed 2025 PA Regulations
Attachment E: Proposed 2025 PA Regulations – Redline
Attachment F: Regulations Workshop Notifications
Attachment G: Posting Verifications
Attachment H: Workshops
Attachment I: BOH Presentation

Attachment A

Business Impact Statement

NRS 237 BUSINESS IMPACT STATEMENT
PROPOSED 2025 PUBLIC ACCOMMODATION REGULATIONS

SECTION A - A DESCRIPTION OF THE MANNER IN WHICH COMMENT WAS SOLICITED FROM AFFECTED BUSINESSES, A SUMMARY OF THEIR RESPONSE, AND AN EXPLANATION OF THE MANNER IN WHICH OTHER INTERESTED PERSONS MAY OBTAIN A COPY OF THE SUMMARY

Comment was solicited in the following ways:

1. The Business Impact Survey notification was emailed or mailed to 434 Environmental Health public accommodation permit contacts.

2. The Business Impact Survey notification was faxed and/or emailed to the following jurisdictions for posting at their offices: Henderson City Hall, Boulder City's City Hall, Mesquite City Hall, North Las Vegas City Hall, Las Vegas City Hall, Clark County Manager's Office, and Laughlin Community Resource Center.

3. The Business Impact Survey notification was mailed or emailed to the following associations: Vegas Chamber of Commerce, Latin Chamber of Commerce, Urban Chamber of Commerce, Nevada Hotel and Lodging Association, and the Nevada Resort Association.

4. The Business Impact Survey notification was emailed to individuals that have previously expressed interest in Environmental Health notifications.

5. SNHD held one workshop, in-person and via Teams, on January 23, 2025, to gather data and comments from the public.

During the comment period ending on February 25, 2025, the Health District received two survey responses.

Questions	Yes Responses	No Responses
Will the proposed 2025 Public Accommodation Regulations impose a direct and significant economic burden upon your business?	2	0
Do you anticipate any indirect economic effects to your business as a result of the 2025 Public Accommodation Regulations?	2	0

Will the proposed 2025 Public Accommodation Regulations have an estimated beneficial economic effect on your business?	0	2
Will the proposed 2025 Public Accommodation Regulations restrict the formation, operation, or expansion of your business?	2	0

The Business Impact Statement and Summary is available at 280 South Decatur Boulevard, Las Vegas, Nevada, or a copy may be viewed online via the September 25, 2025 Board of Health Meeting Agenda at: https://www.southernnevadahealthdistrict.org/meetings/board-of-health-agendas-minutes-and-audio-recordings/.

SECTION B – THE ESTIMATED ECONOMIC EFFECT OF THE PROPOSED RULE ON THE BUSINESSES WHICH IT IS TO REGULATE, INCLUDING, WITHOUT LIMITATION:

Adverse Effects:

- 4.3.5 *Mattresses must be protected from contamination with waterproof encasements.*
    - Respondent provided a conservative cost estimate to add waterproof mattress encasements across the industry of $4 to $6 million solely for the initial purchase of mattress encasements.
    - Respondent anticipates spending more than $200,000 on new encasements, not including recurring costs for replacement encasements, labor costs, and training of housekeeping personnel.

- 3.9 *Ground Fault Circuit Interrupters (GFCI)*
    - Respondent estimates a total cost impact of $300,000 for parts and labor for immediate updates to GFCI installations at all their properties.

- 3.10.3 *All sleeping rooms, bathrooms and toilet rooms must be capable of being maintained at a temperature between 60°F and 90°F while being used by guests.*
    - Respondent indicated moving this temperature threshold will cause issues for HVAC systems which will need to work harder, leading to failure or replacement ahead of schedule. This wide range could require a full upgrade of HVAC systems, wall insulation, and windows to meet the proposed ranges at all times of the year. They provided a business impact estimated at $150,000,000 for multiple properties.

- 3.14.5 *Each hose bib must be equipped with a suitable backflow prevention device,*

such as an Atmospheric Vacuum Breaker (AVB) and installed and maintained in accordance with manufacturer guidelines.

- Respondent estimates the cost impact to their properties to add these is estimated at $264,000 for labor and parts.
- Another, representing about 2,500 rooms, provided a cost estimate of approximately $8.50 per value.

- *6.5.2 Each employee restroom must be furnished with a hand washing sink, wall-mounted soap and paper towel dispensers, and hot and cold running water.*
  - Respondent states the requirement of "wall-mounted" will have a direct and economic impact on their members as many of them currently have sink-mounted soap dispensers which would require construction costs to reconfigure the soap dispensers. Given the number of employee restrooms in their members' properties, this would create a significant economic burden. Having to make this change would result in an estimated cost of approximately $165,000 to update all employee restrooms.

Beneficial Effects:

- No beneficial effects were indicated by respondents.

Direct Effects:

- The regulation does not impose new fees on businesses.
- The passing of the regulations may have additional direct effects; however, those effects cannot be quantified at this time.

Indirect Effects:

- 3.11.7 *The pumping and recirculation of fill-and-drain whirlpool spa bathtubs must be disinfected between guests.*
  - Respondent states the change reflected here elevates the process from a standard cleaning performed by a guest room attendant to a more in-depth process that would require personnel from facilities to access the mechanical equipment in a spa tub, which would affect staffing and staff hours/time at task and potentially taking rooms out of service for cleaning.

- 10.2 *Plans for construction and remodeling - At least thirty days prior to beginning construction or remodeling of a public accommodation facility, the responsible person must submit construction plans with all schedules, e.g., floor plans, elevations, electrical schematics, etc., to the Health Authority for review and approval.*
  - Respondent states that given the volume of projects their members embark on throughout the year, this requirement would be

burdensome and difficult to manage, both by resorts and for the Health District. Many of these projects do not have a nexus with environmental health regulations as they may be more aesthetic in nature. One member, which represents multiple properties, provided an estimate based on the hundreds of building permits they submit each year, reporting that the estimated total impact is $150,000 per year for the cost of labor and materials associated with preparing and submitting the plans.

- 10.3.2 *Construction or remodeling of a public accommodation facility may not begin until authorized by the Health Authority.*
    - Respondent indicated delays created by this process could have a major impact on project opening dates. Delays in opening dates due to additional regulatory review could cost thousands or even millions of dollars depending on the type of project and duration of the delay.

- 3.1 *Plans for construction, remodeling*
    - Respondent indicates SNHD will need significant time to review the substantial volume of documents resorts will be required to submit in advance of each project that requires a building permit, and delays created by this new process could have a significant impact on project opening dates. A member, representing multiple properties, estimates those delays to cost approximately $1 million in lost business revenue per year.

- 1.1 *"Short-Term Residential Rental"…Short-Term Residential Rentals are not included in the definition of Public Accommodations and not required to maintain a Public Accommodation Health Permit.*
    - Respondent states exempting commercial short-term residential rentals from public accommodations facility regulations also creates substantial inequities that will place lawfully approved, commenced, and highly regulated public accommodations facilities at a material competitive disadvantage that may have severe economic consequences for the state.

- 12.6 *Appeal Rights*
    - Respondent notes the timeframe required for a hearing for a public accommodations facility operator who wishes to appeal revocation of their operating permit has been tripled from ten to thirty days. Delayed adjudication for a matter as urgent and existential as an appeal of an operating permit revocation is deeply troubling and will result in substantial adverse economic impacts to a public

accommodations facility operator.

- 3.11.4 *While being used by guests, the floors of the bathrooms, every surface of a bathtub, shower, shower enclosure, toilet and sinks, which may come in contact with a person's body, must be cleaned and sanitized each day, unless the guest has declined regular guest room services.*
    - Respondent indicates the proposed aggressively prescriptive daily room cleaning standard proposed by the Southern Nevada Health District will create substantial cost and resource burdens on public accommodations facilities.

- The passing of the regulations may have additional indirect effects; however, those effects cannot be quantified at this time.

SECTION C – A DESCRIPTION OF THE METHODS THAT THE GOVERNING BODY OF THE LOCAL GOVERNMENT OR ITS DESIGNEE CONSIDERED TO REDUCE THE IMPACT OF THE PROPOSED RULE ON BUSINESSES AND A STATEMENT REGARDING WHETHER THE GOVERNING BODY OR ITS DESIGNEE ACTUALLY USED ANY OF THOSE METHODS

- 4.3.5 *Mattresses must be protected from contamination with waterproof encasements.*
    - To lessen the business impact on public accommodation facilities already employing waterproof mattress pads, SNHD has agreed to modify the language to include waterproof mattress pads or similar barriers. SNHD agrees to provide an 18-month implementation period before enforcing this requirement.

- 3.9 *Ground Fault Circuit Interrupters (GFCI)*
    - SNHD agrees to add that facilities should be compliant with the latest National Electrical Code (NEC) approved by their local municipality.

- 3.10.3 *All sleeping rooms, bathrooms and toilet rooms must be capable of being maintained at a temperature between 60°F and 90°F while being used by guests.*
    - The change was to standardize the temperature range with section 2.19 in the current regulations.

- 3.14.5 *Each hose bib must be equipped with a suitable backflow prevention device, such as an Atmospheric Vacuum Breaker (AVB), and installed and maintained in accordance with manufacturer guidelines.*
    - SNHD agrees to clarify the requirement to be for hose bibs that have a hose attached. Hose bibs without a hose attached are protected by

an air gap and integrated backflow prevention devices satisfy this requirement.

- *6.5.2 Each employee restroom must be furnished with a hand washing sink, wall-mounted soap and paper towel dispensers, and hot and cold running water.*
    - Counter and sink-mounted soap dispensers meet the intent of this change, and SNHD agrees to change the language to "mounted" dispenser.

- 3.11.7 *The pumping and recirculation of fill-and-drain whirlpool spa bathtubs must be disinfected between guests.*

    This requirement for cleaning fill-and-drain whirlpool spa bathtubs is currently outlined in Appendix F, and the updated regulations only moved it to the body of the regulations.

- 10.2 *Plans for construction and remodeling At least thirty days prior to beginning construction or remodeling of a public accommodation facility, the responsible person must submit construction plans with all schedules; e.g., floor plans, elevations, electrical schematics, etc., to the Health Authority for review and approval.*
    - The building permit requirement is in the current regulations in section 3.1. SNHD only requires application for remodels of a public accommodation facility if major changes are made to hotel sections, such as guest rooms. Examples of major changes include changes in room dimensions or moving electrical or sewer. SNHD agrees to clarify when facilities are required to submit applications for remodels.

- 10.3.2 *Construction or remodeling of a public accommodation facility may not begin until authorized by the Health Authority.*
    - In the current regulations, section 3.1 states that plans must be submitted for review and approval prior to constructing or remodeling a public accommodation facility. Section 10.2 requires plans to be sent at least 30 days before beginning construction. Additionally, in the new regulations, section 10.3.1 says plans received by SNHD must be reviewed within a reasonable timeframe or a mutually agreed upon timeframe. SNHD believes that the changes made in this section do not deviate significantly from current practices.

- 3.1 *Plans for construction, remodeling*
    - Section 3.1 in the current regulations already requires submission of plans before construction or extensive remodeling of a public

accommodation facility that requires a building permit.

- 1.1 *"Short-Term Residential Rental"…Short-Term Residential Rentals are not included in the definition of Public Accommodations and not required to maintain a Public Accommodation Health Permit.*
    - The exclusion of Short-Term Residential Rentals as Public Accommodations does not prevent them from being permitted in other ways. Due to various factors, if short-term residential rentals were to be permitted, SNHD believes it would be more appropriate to create separate regulations governing their safety and sanitation.

- 12.6 *Appeal Rights*
    - Throughout the existence of SNHD's public accommodations program, no facility has had their permit revoked or held a revocation hearing. SNHD will look at clarifying the language and timeframes in the upcoming comment period.

- 3.11.4 *While being used by guests, the floors of the bathrooms, every surface of a bathtub, shower, shower enclosure, toilet and sinks, which may come in contact with a person's body, must be cleaned and sanitized each day, unless the guest has declined regular guest room services.*
    - This requirement has not changed from the current regulations. Sections 3.11.4 and 3.11.5 in the current regulations were consolidated to reduce redundancy.

SECTION D – THE ESTIMATED COST TO THE LOCAL GOVERNMENT FOR ENFORCEMENT OF THE PROPOSED RULE

There will be no additional enforcement costs based on the proposed regulation.

SECTION E – IF THE PROPOSED RULE PROVIDES A NEW FEE OR INCREASES IN EXISTING FEE, THE TOTAL ANNUAL AMOUNT THE LOCAL GOVERNMENT EXPECTS TO COLLECT AND THE MANNER IN WHICH THE MONEY WILL BE USED

There are no new fees, or fee increases with the proposed regulation. The proposed regulation will have no effect on EH division revenue.

SECTION F – IF THE PROPOSED RULE INCLUDES PROVISIONS WHICH DUPLICATE OR ARE MORE STRINGENT THAN FEDERAL, STATE, OR LOCAL STANDARDS REGULATING THE SAME ACTIVITY, AN EXPLANATION OF WHY SUCH DUPLICATIVE OR MORE STRINGENT PROVISIONS ARE NECESSARY

Not applicable.

SECTION G – THE REASONS FOR THE CONCLUSIONS REGARDING THE IMPACT OF THE PROPOSED RULE ON BUSINESSES

SNHD has concluded that approval of the proposed 2025 Public Accommodation Regulations is not likely to impose a direct and significant economic burden upon businesses or directly restrict the formation, operation, or expansion of businesses because there are few substantive changes that would impose additional costs. Additionally, some changes will actually result in cost savings for businesses. Burdens on industry have been reduced with the mitigation measures SNHD has implemented that are described in Section C. The proposed regulations do not create new fees or increase existing fees for Environmental Health services.

Pursuant to NRS 237.090, the Board of Health (BOH) will hold a PUBLIC HEARING considering this Business Impact Statement in-person at 280 South Decatur Boulevard and/or virtually on Thursday, September 25, 2025, at 9:00 a.m. The BOH will review and consider approval of the proposed 2025 Public Accommodation Regulations at a PUBLIC HEARING on Thursday, January 22, 2026, at 9:00 a.m. in-person at 280 South Decatur Boulevard and/or virtually.

I, Christopher Saxton, certify that, to the best of my knowledge or belief, the information contained in the statement was prepared properly and is accurate:



09/15/2025

Christopher Saxton, MPH-EH, REHS
Director of Environmental Health

Date

Attachment B

Public Comment/Written Correspondence

NEVADA RESORT ASSOCIATION
10000 W. CHARLESTON BLVD., SUITE 165
LAS VEGAS, NV 89135
PH: (702) 735-4888 FAX: (702) 735-4620

November 21, 2025

Vivek Raman, MPH, REHS
Environmental Health Supervisor
Southern Nevada Health District | Environmental Health
Public Accommodations & Mosquito Disease Surveillance
280 S. Decatur Blvd.
Las Vegas, NV 89107

RE: Additional Comments Regarding Proposed Updates to Public Accommodations Regulations

Dear Mr. Raman:

On behalf of our Clark County members, the Nevada Resort Association respectfully submits the following comments regarding the proposed updates to the existing regulations governing the health and safety of public accommodation facilities. We appreciate the Southern Nevada Health District receiving earlier feedback from industry and adjusting the proposed updates based on that perspective. Thank you for working with industry to create the best public policy possible.

In reviewing the latest version of the proposed updates, there are several sections where more clarification would be helpful, and in other instances, we respectfully ask for consideration in aligning the updates with practical application by industry.

In **Section 3.10.4**, we propose clarifying changes to governing housekeeping procedures for hotel guest rooms, which we believe will provide a clearer understanding of the requirements and ensure operators continue to comply. We respectfully offer the following additions in blue.

PROPOSED CHANGES

- ***3.10.4*** *While being used by guests* ***and when visible dirt and/or other foreign material is present****, the floors of the bathrooms, every surface of a bathtub, shower, shower enclosure, toilet and sinks, which may come in contact with a person's body, must be cleaned and, sanitized each day, unless the guest has declined regular guest room services.* ***Nothing in this section shall be construed to require a public accommodations facility to perform regular housekeeping service when a guest has declined such service, including when a guest has declined such service consistent with the requirements of a collective bargaining agreement****. If a guest declines regular guest room services, the public accommodation facility must ensure that these surfaces are cleaned and sanitized at least once per week and between guests. In the event that the guest room remains vacant, the public accommodation facility must ensure that the guest room is cleaned and sanitized prior to use by the next guests.*

We offer these changes as adding, "*and when visible dirt and/or other foreign material is present*" is intended to align current industry housekeeping practices for stay-over housekeeping. As you may know, stay-over housekeeping occurs when hotel guest rooms are occupied by a guest prior to guest check-out. It is our understanding that existing regs do not require public accommodation facilities to clean ***and*** sanitize bathroom surfaces that are already clean in hotel guest rooms during stay-over.

This aligns with the draft regulations' definitions in Section 1.4 which state, *"'clean' means free of visible dirt, dust, sludge, foam, slime (including algae and fungi), rust, scale, mineral deposits, accumulation of impurities, and/or other foreign material*," as well as the definition for "sanitizes," which means *"the treatment of equipment, tableware, and surfaces that can be accessed by the public with a biocide by a process which has been approved by the Health Authority as being effective in destroying pathogenic microorganisms of public health concern."*

These proposed changes simply clarify and confirm the same standard in stay-over housekeeping procedures – that housekeeping staff do not have to clean and sanitize what is already clean, and if surfaces are not clean, housekeeping staff must both clean and sanitize. We ask for this clarification as it is intended to prevent potentially inefficient and redundant use of time, cleaning supplies, and other resources.

Further, in the same section (3.10.4), the inclusion of the sentence beginning with, "*Nothing in this section shall be construed to require a public accommodations,"* is intended to clarify in the regulations that a guest may decline housekeeping service in several ways, including a "do not disturb" sign or during the check-in process, or as otherwise provided in a collective bargaining agreement, where applicable. This inclusion preserves guest choice which is foundational to providing an exceptional experience for our guests, and we ask for your consideration in including this important addition.

We also call your attention to **Section 3.9.3** which reads*, "All sleeping rooms, bathrooms and toilet rooms must be capable of being maintained at a temperature between 60°F and 90°F while being used by guests."* Additional understanding of the inclusion of this requirement would be very helpful as it is unclear why this requirement has changed.

While our members' guest rooms have heating and cooling capabilities, and can meet the general intent of this section, this change will have a significant fiscal impact on energy costs and HVAC upgrades and affect our members' energy consumption reduction goals. Further, these proposed ranges may conflict with energy code and American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHREA) guidelines which recommend air temperature in cooling mode of 74.3°F to 77.9°F and air temperature in heating mode of 68.9°F to 76.1°F. With more than 160,000 hotel/motel rooms in Clark County, this change has the potential to increase the industry's energy costs into millions of dollars. For some of our members, moving this temperature threshold will cause issues for HVAC systems which will need to work harder, leading to failure and replacement ahead of schedule. This increase in the threshold could require a full upgrade of HVAC systems, wall insulation and windows to meet the proposed ranges at all times of the year. This could be very costly with a business impact estimated at $150,000,000 for one member (with multiple properties) alone. We ask for consideration that the current temperature range be maintained. Should the SHND move forward with this new threshold, we ask for a reasonable time to come into compliance and more information on the enforcement of this new requirement.

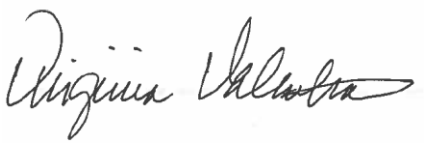
We continue to have concerns regarding **Section 10 – Plan Review and Submission and Approval**, which we also raised in our February comments to the SNHD. As currently proposed, the SNHD would require review and approval of plans/drawings for any project requiring a permit. The is an immensely broad requirement as drafted. Our members are continually updating their facilities to ensure they remain competitive and modern. Many of these projects do not have a nexus with environmental health regulations as they may be more aesthetic in nature. Given the volume of projects our members embark on throughout the year, this requirement would be burdensome and difficult to manage, both by resorts and for the health district. Our members pull hundreds of building permits a year. It would be helpful to understand the rationale behind the change and whether there is a specific area of operations which is raising concerns. We would suggest more clarity, perhaps in the form of a list of requirements under submittals, as not all projects require a permit.

There is already a robust process in place through the Clark County Building Department, which would make this requirement duplicative. If the requirement is to submit a duplicate set of plans to the SNHD as are submitted to the building department, we respectfully request that the health district follow the same review timeline as the building department in parallel to avoid delays. Such delays would have a major impact on project opening dates which could cost operators thousands or even millions of dollars depending on the type of project and duration of the delay.

Finally, we respectfully request an 18–24-month implementation period before the regulations are enforced to allow for the development and implementation of training for staff as well as the procurement and installation of required equipment or materials. We very much appreciate the extended timeline to come into compliance with waterproof mattress encasements and ask that you consider extending additional time to all the updated regulations.

As always, we appreciate the ability to share our perspective with you. We welcome the opportunity to further discuss the proposed changes.

Sincerely,



Virginia Valentine
President and CEO

cc: Chris Saxton, Director of Environmental Health, SNHD

Southern Nevada Health District

December 31, 2025

Virginia Valentine, President & CEO
Nevada Resort Association
10000 W Charleston Blvd, Suite 165
Las Vegas, NV 89135
Valentine@nevadaresorts.org

Ms. Valentine:

Thank you for the Resort Association's engagement throughout the process of updating the existing 2006 Public Accommodation Facilities Regulations. From the onset it has been our intention to provide a clearer, simpler and more consistent set of regulatory requirements to all Public Accommodations operations, from large corporate facilities to small 'mom and pop' properties.

Your review has been of benefit to the updates in this document and we appreciate your comments. Based on this we have proposed some language adjustments, as detailed below.

Section 3 – Facilities and Equipment

3.9 Heating and ventilating systems

In the original regulation there was inconsistency between room temperature requirements, as written in Sections 2.19 and 3.10.3:

2.19 Inability of the heating and cooling equipment to maintain the room temperature between **60°F and 90°F** by thermostatic control in all living and sleeping rooms while being used by guests.

3.10.3 All sleeping rooms, bathrooms and toilet rooms must be capable of being maintained at a temperature between **68°F (20°C) and 80°F (26.7°C)** while being used by guests.

We intended to make a single, consistent temperature range. This wider range is intended to provide flexibility to operators. It does not mean that operators must be able to maintain every temperature in this range. However, we will propose the language be updated to reflect **68°F (20°C) and 80°F (26.7°C)**, which is the more stringent of the two options.

3.10 Baths, showers, toilets and sinks

The regulations apply to all permitted Public Accommodations and many properties cater to long term tenants who live in these units as though they were apartments. It is imperative that housekeeping services be provided at a minimum once per week to allow operators to enter rooms and prevent extreme unsanitary conditions. Sanitizing bathroom surfaces at a minimum of one time per week, regardless of visible dirt or foreign material being present, is essential to preventing pathogen survival and transmission on these surfaces.

The Health District has concerns about the proposed addition of "*Nothing in this section shall be construed to require a public accommodations facility to perform regular housekeeping service when a guest has declined such service, including when a guest has declined such service consistent with the requirements of a collective bargaining agreement.*" The Health District does not have a role in collective bargaining process. Additionally, the Health District is concerned this language could be interpreted to mean that a public accommodation could modify the requirements of the regulations through such an agreement. The Health District does not believe that the health and sanitation requirements provided in the regulations should be reduced in this way.

Section 10 – Plan Review and Submission and Approval

The language in 10.1.1 closely matches existing language in 3.1 of the current Regulations. It was moved from Section 3 into the new Section 10 to have all the Plan Review content in one location. Accordingly, the Health District does not view this requirement changing from the current regulation. Please advise if this does not address your concerns.

Notwithstanding the foregoing, construction or remodel which requires a building permit but does not pertain to areas of oversight within these regulations is not required to seek written approval from the Health Authority.

We will propose to the Board of Health that the Regulations become effective January 1, 2028.

We hope these adjustments to the proposed 2025 Public Accommodation Facilities Regulations clarifies the requirements and alleviates the concerns the constituents of the Resort Association may have. Please let us know if you have any questions or concerns with these updates.

Should you or the reviewers require additional clarification, please feel free to contact me directly.

Sincerely,



Vivek Raman, MPH, REHS
Supervisor, Mosquito Disease Surveillance & Public Accommodations
Southern Nevada Health District
280 S. Decatur Blvd., Las Vegas, NV 89107
Phone: 702-759-0614 | Email: raman@snhd.org

Attachment C

Summary of Major Changes

Summary of Major Changes in 2025 Public Accommodation Regulations

Section 1 – General Provisions

Major Changes:

- Unnecessary and unused definitions were removed, and key definitions were added
  - Modified PA Facility definition – added 30+ stay day exemption (pg. 7)
  - Added Short-term Residential Rental as being exempt from PA regs (pg. 9)
- Unnecessary Appendixes removed and one added (Table of Contents).

Section 2 – Substantial Hazards to Public Health and Safety

Major Changes:

- None

Section 3 – Facilities and Equipment

Major Changes:

- Plan review requirements were outlined in Section 10.
- Added language regarding installation of GFCI protection (3.9), disinfection of recirculation systems of whirlpool tubs (3.11.7), prohibition of cellulose sponges (3.11.6) and backflow protection on hose bibbs (3.14.5).

Section 4 – General Sanitation

Major Changes:

- Added language regarding protecting mattresses from contamination with waterproof barriers (4.3.5).

Section 5 – Pest Control

Major Changes:

- Unnecessary and unused language was removed, and the section was restructured.
- Updated 5.4.1 to reduce the timeframe that facilities must retain pest control records from two years to one year.

Section 6 – Employees

Major Changes:

- Added language to specify handwashing should be conducted in between handling dirty and clean linen (6.3), each employee restroom must have mounted soap, paper towels and hot/cold running water (6.5) and staff that collect ice from publicly accessible ice machines do not need health cards (6.6)

Section 7 – Food Service and Food Service Facilities

Major Changes:

- Added language to clarify that coffee may be provided in a guest lobby without a health permit and if a 3-compartment sink is not available then all coffee cups and other items must be disposable (7.3.3)

Section 8 – SCRV Dry Camping at Public Accommodation Facilities

Major Changes:

- Removed Original Section 8 Bed and Breakfast, restructured regulations to have SCRVs in this section
- Changed from recommendation to requirement the posting of three signs (water, sewage disposal, solid waste disposal) (8.10)

Section 9 - Health Permits

Major Changes:

- None

Chapter 10 – Plan Review and Submission and Approval Date

Major Changes:

- Plan Review requirements outlined with more detail (10.2.2)

Section 11 – Inspections

Major Changes:

- None

Section 12 – Enforcement

Major Changes:

- Changed appeal timeframe from 10 business days to 30 days (12.6).
- Hearing Officer section updated to mirror Solid Waste and Compliance regulations. (12.7).

Section 13 – Miscellaneous

Major Changes:

- Removed 13.2.3 – SCRVs are already part of the regulations in section 8.

Attachment D

Proposed 2025 PA Regulations

SOUTHERN NEVADA HEALTH DISTRICT
2025 PUBLIC ACCOMMODATION REGULATIONS

WHEREAS, the Southern Nevada Health District (SNHD) has been established by the County of Clark and the cities of Las Vegas, North Las Vegas, Henderson, Mesquite, and Boulder City as the Public Health Authority for those entities, pursuant to Nevada Revised Statutes (NRS) 439; and

WHEREAS, the Southern Nevada District Board of Health is the governing body of the Southern Nevada Health District, and is authorized to adopt Regulations necessary to protect and promote the public health and safety in the geographical area subject to its jurisdiction; and

WHEREAS, the Southern Nevada District Board of Health finds that the sanitation and safety of public accommodation facilities does affect the public health, and that it is necessary to adopt Public Accommodation Regulations to prevent and control the spread of communicable disease, and to promote and regulate the safety and sanitary condition of those establishments; and

WHEREAS, the Southern Nevada District Board of Health believes that the following Regulations are designed to protect the public health and safety, it does therefore publish, promulgate and order compliance with the substantive and procedural requirements hereinafter set forth within Clark County, Nevada.

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Section 1 General Provisions

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1.4 Definitions

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2.2 Notification of the Health Authority
2.3 Health Authority Actions

Section 3 Facilities and Equipment

3.1 Certain areas prohibited from use as quarters for living or sleeping
3.2 Air space, floor area and ceiling height of rooms
3.3 Floors
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3.5 Furniture
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Section 1 – General Provisions

1.1 Title

These Provisions must be known as the Southern Nevada Health District (SNHD) 2024 Public Accommodation Regulations, hereinafter referred to as "Regulations."

1.2 Scope

The Regulations establish definitions; set minimum standards for the design, construction, operation, and maintenance of public accommodation facilities; outline record keeping and reporting requirements; provide for enforcement; and include provisions for the issuance, suspension, and revocation of Health Permits

1.3 Intent

The purpose of these Regulations is to protect the public health, safety and environment through preventive measures and timely correction of significant public health issues relating to public accommodation facilities.

1.4 Definitions

The following definitions apply in the interpretation and application of these Regulations

"Air Gap" is an unobstructed vertical distance between the lowest opening from a pipe, plumbing fixture, or appliance to the flood-level rim of the drain.

"Agency of jurisdiction" is the local building department, safety authority, fire marshal, business licensing, police or other federal, state or local health agency, federal regulatory agencies, departments of agriculture, other than the Health Authority, having jurisdiction concerning construction, operation, maintenance, and public safety of a public accommodation facility.

"Back siphonage" is backflow caused by a negative pressure (i.e., a vacuum or partial vacuum) in a public water system or consumer's potable water system.

"Bathroom" is a room which contains a bathtub or a shower, or both.

"Bedding" includes mattresses, quilts, blankets, sheets, pillows, comforters and spreads.

"Biohazard event" is an event in which a biological agent, including pathogenic microorganisms and their toxins, causes a condition that may constitute a threat to human health and safety.

"Biohazard Event Control Plan" is a written plan which contains detailed clean-up procedures by which public accommodation facility employees can safely disinfect potentially-contaminated surfaces and control potential communicable disease outbreaks among guests and/or employees.

"Certified applicator" is a person who is certified by the Nevada Department of Agriculture as qualified to use or supervise the use of restricted-use pesticides.

"Clean" means free of visible dirt, dust, sludge, foam, slime (including algae and fungi), rust, scale, mineral deposits, accumulation of impurities, and/or other foreign material.

“Common bathroom” is a guest bathroom that is to be shared by the guests of more than one guest room.

“Communicable disease” is a disease which is caused by a specific infectious agent or its toxic products, and which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism.

“Disinfect” means the use of a disinfectant to destroy of inhibit pathogenic microorganisms on work surfaces, equipment or instruments.

“Disinfectant” is a United States Environmental Protection Agency (EPA)-registered antimicrobial agent, such as a chemical or heat, that destroys, neutralizes, or inhibits the growth of pathogenic microorganisms

“Dry camping” is the practice of camping or parking where there are no available hookups for water, sewage disposal, electricity, and other amenities at each individual parking space.

“Furniture” is the movable articles in a guest room or public area that make it fit for living or working. Furniture includes but is not limited to tables, chairs, bed headboards, bed frames, box frames, sofas, curtains, pictures, vases, mirrors, televisions and other electrical equipment, and appliances. Bedding and tableware are NOT considered to be furniture.

“Ground Fault Circuit Interrupter” (GFCI) is a device for protection of personnel that de-energizes an electrical circuit or portion thereof in the event of excessive ground current.

“Guest” is any person other than employees, either paying or non-paying, that uses any part of a public accommodation facility.

“Guest room” is any sleeping or resting rooms and contiguous areas such as bathrooms, kitchens, kitchenettes, etc., intended for private use by a guest or guests of a public accommodation facility.

“Guest room attendant” is any public accommodations facility employee who, as part of their normal work assignment, performs the routine cleaning and upkeep (excluding maintenance items) of one or more guest rooms.

“Health Authority” means the officers and agents of the Southern Nevada Health District.

“Health Permit” is written approval by the Health Authority to operate a public accommodation facility under the provisions of these Regulations.

“Hostel” is a public accommodation facility consisting of a building or group of buildings in which there are five or more guest rooms used, designed, or intended to be used, let, or rented out for the purpose of offering to the general public transitory lodging. Hostels are supervised, and include common restrooms, bathrooms, and kitchen facilities.

“Hotel” is any public accommodation facility which is a building or group of buildings in which there are three or more guest rooms used, designed, or intended to be used, let, or rented out for the purpose of offering to the general public lodging, on a day-to-day basis, where the primary entrance is through a lobby or foyer.

“Housekeeping cart” is any cart used by guest room attendants to facilitate cleaning, linen exchange, and other routine housekeeping activities associated with guest room upkeep.

“Mold” is any of the microscopic organisms of the kingdom *Fungi*, which possess a filamentous structure or mycelium.

“Mold remediation” includes, without limitation:

> The enclosure, abatement, or removal of mold or material containing mold from a building or structure, including any associated mechanical systems inside or outside the building or structure;
>
> The repair, renovation, or demolition of a building or structure containing mold or material containing mold; or
>
> Any activity connected with the enclosure, removal, abatement, repair, renovation, or demolition of a building or structure containing mold or material containing mold.

“Motel” is a public accommodation facility which consists of a building or group of two or more detached or semi-detached buildings containing one or more guest rooms, each with a separate exterior entrance, used as a room for lodging on a day-to-day basis.

“Non-sewered toilet” is a toilet that is not connected to a sewage disposal system. The term includes, without limitation, a free-standing portable toilet and a recreational vehicle and/or trailer equipped with waste holding tanks.

"Nuisance" is anything which is injurious to health or offensive to the senses, so as to interfere with the comfort or endanger the health or safety of the public.

“Order” is a written directive issued by the Health Authority which instructs the responsible person to immediately stop doing or allowing a specific action to occur at a public accommodation facility.

“Outbreak” is the occurrence of cases of a communicable disease in a community, geographic region or particular population at a rate in excess of that which is normally expected in that community, geographic region or particular population, per Nevada Administrative Code (NAC) 441A.130.

“Pathogenic” means the ability to produce disease.

“Person in Charge” means the individual present at a public accommodation facility who is responsible for its operation.

“Personal hygiene items” are consumable articles that are used for personal cleanliness and/or grooming.

“Potable water” is water that is safe for human consumption.

“Public accommodation facility” is a hotel/casino, resort, hotel, motel, hostel, or other facility offering rooms or areas to the public for monetary compensation or other financial consideration on an hourly, daily, or weekly basis. Facilities offering rooms for 31 consecutive days or longer may be exempt from these Regulations.

“Public area” is any area open to public view, whether indoors or outdoors, excluding guest rooms, at a public accommodation facility to which the public has approved access.

“Putrescible” means capable of being decomposed by microorganisms with sufficient rapidity as to cause nuisances from odors or gases.

“Recreational park trailer” is a vehicle which is primarily designed to provide temporary living quarters for recreational, camping, or seasonal use and which:

Is built on a single chassis mounted on wheels;

Has a gross trailer area not exceeding 400 square feet in the set-up mode; and

Is certified by the manufacturer as complying with Standard No. A119.5 of the American National Standards Institute. (NRS 482.1005)

“Recreational vehicle (RV)” is a vehicular-type unit primarily designed as temporary living quarters for travel, recreational or camping use, which may be self-propelled, mounted upon, or drawn by, a motor vehicle, occupied in any one place for 30 days or less. The term includes a recreational park trailer. (NRS 482.101)

“Responsible person” is the person or persons who own, manage, lease, act as the primary point of contact or otherwise control the construction, remodeling, operation or maintenance of a public accommodation facility.

“Restricted-use pesticide” is any pesticide that has been classified for restricted use by or under the supervision of a certified applicator in accordance with Title 7, Agriculture; Chapter 6, Insecticides and Environmental Pesticide Control; Subchapter II, Environmental Pesticide Control; Section 136.

“Restroom” is a public room that contains one or more toilets and one or more sinks.

“Room service cart” is any cart used by food establishment staff to facilitate the provision of food from a room service kitchen to guests in a guest room.

“Sanitary station” is a facility used for removing and disposing of wastes from RV and self-contained recreational vehicle (SCRV) waste retention tanks.

“Sanitized” means the treatment of equipment, tableware, and surfaces that can be accessed by the public with a biocide by a process which has been approved by the Health Authority as being effective in destroying pathogenic microorganisms of public health concern.

“Self-contained recreational vehicle (SCRV)” is a recreational vehicle or trailer of any size designed to serve as self-contained living quarters, including potable water and waste disposal facilities, for recreational or seasonal travel.

“Service animal” is any dog or miniature horse that is individually trained to provide assistance to an individual with a disability.

“Service building” is a building provided to house toilet and shower facilities.

“Sewage” is wastewater consisting of liquid waste and water-carried solids, including effluent from commercial, industrial, and domestic sources and toilets.

“Short-Term Residential Rental” means the commercial use, or the making available for commercial use, of a residential unit for dwelling, lodging or sleeping purposes, wherein any individual guest rents or occupies the entire dwelling unit or one or more individual rooms within the unit for a period of less than thirty-one consecutive calendar days. Short-Term Residential Rentals are not included in the definition of Public Accommodations and not required to maintain a Public Accommodation Health Permit.

“Significant water/moisture” is the presence of uncontrolled visible water or detectable moisture (measured as 95 percent relative humidity or higher) which persists for more than twenty-four hours from an unmitigated source such as a roof leak, pipe leak or similar unexpected source; or evidence of uncontrolled visible water or detectable moisture (unmeasured) indicated by the presence of visible mold

“Solid waste” is all putrescible and nonputrescible refuse in solid or semisolid form, including, but not limited to, garbage, rubbish, junk vehicles, ashes or incinerator residue, street refuse, dead animals, demolition waste, construction waste, and solid or semisolid commercial and industrial waste. The term does not include hazardous waste managed pursuant to NRS 459.400 to 459.600, inclusive, or a vehicle described in subparagraph (2) of paragraph (b) of subsection 1 of NRS 444.620.

“Surface” is the surface of any furniture, equipment, fixture, walls, floors, ceilings, bathtubs, showers or similar surface which is part of a public accommodation facility.

“Tableware” is eating, drinking, and serving utensils for table use, such as flatware including forks, knives, and spoons; hollowware including bowls, cups, serving dishes, ice buckets, coffee pots, carafes, and tumblers; and plates.

“Time/Temperature Control for Safety” (TCS) means a food that requires time or temperature control to limit pathogenic microorganism growth or toxin formation.

Section 2 – Substantial Hazards to Public Health and Safety

2.1 Substantial Hazards to Public Health and Safety include, but are not limited to:

2.1.1 Substantial damage to the public accommodation facility caused by earthquake, wind, fire, rain, or flood.

2.1.2 Loss of electrical power to such critical systems as lighting, heating, cooling, or ventilation controls for a period of two or more hours.

2.1.3 Reduction of water pressure below 20 pounds per square inch (psi) to any part of a facility, any unplanned water outage, for a period of one or more hours.

2.1.4 A water supply that is not approved by the Health Authority.

2.1.5 A defect or condition that exists in the system supplying potable water that may result in the contamination of the water.

2.1.6 A cross-connection between the potable and non-potable water distribution systems, such as landscape irrigation, air conditioning, heating, and/or fire suppression.

2.1.7 A back siphonage event.

2.1.8 Sewage that is not disposed of in an approved and sanitary manner.

2.1.9 Lack of properly installed toilet and/or hand washing facilities.

2.1.10 An infestation, harborage or propagation of pests.

2.1.11 The presence of toxic or noxious gases, vapors, fumes, mists or particulates in concentrations immediately dangerous to life or health, or in concentrations sufficient to cause an environmental disease or a public nuisance.

2.1.12 The presence of any unapproved pesticide residues in the interior building areas of a public accommodation facility, in food establishments contained within the public accommodation facility, or in any food present in the facility; or the presence of excessive restricted-use pesticides in any outdoor area of a public accommodation facility; or any evidence of the indiscriminate use of a pesticide or herbicide which may be injurious to the health of humans.

2.1.13 The presence of any disease-causing organism in water exposed to the atmosphere, which has caused an environmental disease in the public accommodation facility.

2.1.14 An employee infected with a communicable disease which represents an immediate hazard to staff or guests.

2.1.15 Equipment that by condition, design, construction or use poses an immediate risk of entrapment, fall, puncture, pinch, crush, trip, or other cause of injury.

2.1.16 Surfaces, furnishings, bedding, towels, chairs or other items within a room that are stained with blood or bodily fluids, soiled, or infested with pests; or are in an otherwise unsanitary condition.

2.1.17 Any unmitigated biohazardous event that simultaneously involves more than one guest room or a public area.

2.1.18 Missing or inoperable smoke detection equipment in each sleeping or separated living area.

2.1.19 Inability of the heating and cooling equipment to maintain the room temperature between 60°F and 90°F by thermostatic control in all living and sleeping rooms while being used by guests.

2.1.20 The presence of uncontrolled putrescible waste within the public accommodation facility, on the facility grounds, or in waste accumulation and disposal areas in quantity and duration as to create a nuisance.

2.1.21 All illegal clandestine drug laboratories and related activities..

2.2 Notification of the Health Authority

All substantial health hazards listed in Section 2 that are not mitigated within the required timeframes listed in these Regulations must be reported to the Health Authority.

2.3 Health Authority Actions

When the Health Authority determines a substantial health hazard exists at a public accommodation facility, the Health Authority may order the public accommodation facility to take corrective action, suspend operations, and/or take any other action as provided in Section 12 of these regulations.

Section 3 – Facilities and Equipment

3.1 Certain areas prohibited from use as quarters for living or sleeping

A public accommodation facility must not allow any person to use, or to permit another person to use, any of the following portions of a public accommodation facility for living or sleeping purposes:

3.1.1 Any kitchen, cellar, hallway, water closet, bath, shower compartment, or mop-sink room.

3.1.2 Any other room or place which does not comply with the provisions of this chapter, or in which, in the judgment of the Health Authority, living or sleeping is dangerous or prejudicial to life or health by reason of an overcrowded condition, insufficient light, windows, ventilation or drainage, dampness, or offensive or obnoxious odors or poisonous gases in the room or place, or a lack of exits as required by the version of the Uniform Building Code being used by the agency of jurisdiction.

3.2 Air space, floor area and ceiling height of rooms

No room for sleeping purposes shall have less than 500 cubic feet of air space for each occupant. The floor area of each sleeping room must be at least 80 square feet and at least 7 feet in width. All rooms must have a ceiling height of at least 8 feet.

3.3 Floors

3.3.1 Every floor and every floor covering, such as carpeting, must be kept clean and in good repair, sanitized or replaced so that it will not become a hazard to safety or health.

3.3.2 The floors in areas with a high potential to be wet, including areas used for washing and sanitizing tableware and in laundry areas, kitchenettes, and in areas in bathrooms and toilet rooms, which are next to the tub, shower or toilet, must be constructed of smooth, durable, nonabsorbent and easily cleanable material. The Health Authority may prohibit the use of carpeting in any other area, which it deems would be made unsanitary by the use of carpeting.

3.3.3 Every concrete, tile, ceramic and vinyl floor installed in a bathroom, toilet room, laundry room or kitchenette must be coved at the junctures between the floor and the walls. All material used to cove the junctures must be fitted snugly to the floor and the walls so there are no openings large enough to permit the entrance of pests.

3.4 Walls, ceilings and closures

3.4.1 All walls, ceilings, doors, windows, skylights, other closures, fixtures and decorative material must be kept clean and in good repair.

3.4.2 The walls of bathrooms, toilet rooms, rooms for washing tableware, and kitchenettes must be smooth and easily cleanable.

3.4.3 The materials used in constructing the walls and ceilings must be joined along their edges so as to leave no open spaces or cracks.

3.4.4 Studs, joists, rafters and beams must not be left exposed in bathrooms, toilet rooms, laundry rooms or kitchenettes. If left exposed in other areas, these structural members must be suitably finished and be kept clean and in good repair.

3.5 Furniture

All furniture must be kept in good repair, cleanable, and maintained in a clean and sanitary condition.

3.6 Lighting

3.6.1 At least 50 foot-candles of light at a distance of 30 inches from the floor must be provided in each area for washing tableware and in each kitchenette.

3.6.2 At least 20 foot-candles of light at a distance of 30 inches from the floor must be provided in each laundromat area for guest use, toilet room, bathroom and in each other area during cleaning.

3.6.3 At least 15 foot-candles of light at a distance of 30 inches from the floor must be provided in any area used for living or sleeping.

3.7 Smoke Alarms

3.7.1 Each guest room or separated living area must be equipped with at least one working smoke alarm, which is installed, maintained, and tested according to existing fire codes.

3.7.2 The smoke alarm must be free of foreign matter such as tape or paint that could impair its proper function.

3.8 Ground Fault Circuit Interrupters (GFCI)

GFCI electrical outlets must be installed per the current National Electrical Code version adopted by the local municipal jurisdictional agency, including at the following locations:

3.8.1 Bathrooms: All electrical outlets must be GFCI protected

3.8.2 Kitchens: All electrical outlets serving countertop areas and any receptacle within 6 feet of a sink must have GFCI protection

3.8.3 Laundry Room: All receptacles must have GFCI protection

3.8.4 Public accommodation facilities constructed prior to 1971 without GFCI protection must install GFCI outlets if updating the building's electrical system.

3.9 Heating and ventilating systems

3.9.1 All bathrooms and toilet rooms must be adequately ventilated so that excessive moisture is removed from the room.

3.9.2 Each system for heating, cooling or ventilation must be properly installed and maintained at all times that guest rooms are occupied.

3.9.3 All sleeping rooms, bathrooms and toilet rooms must be capable of being maintained at a temperature between 60°F and 90°F while being used by guests.

3.9.4 The use of portable space heaters as the primary source of heat is prohibited in guest rooms.

3.10 Baths, showers, toilets and sinks

3.10.1 Common bathrooms servicing guest rooms are prohibited in all hotels and motels newly built.

3.10.2 Each guest room in a public accommodation facility must contain, at a minimum, one toilet, one sink, and one shower and/or bathtub, which may include a bathtub/shower combination.

3.10.3 All baths, showers, toilets and sinks must be kept in good repair.

3.10.4 While being used by guests, the floors of the bathrooms, every surface of a bathtub, shower, shower enclosure, toilet and sinks, which may come in contact with a person's body, must be cleaned and sanitized each day, unless the guest has declined regular guest room services. If a guest declines regular guest room services, the public accommodation facility must ensure that these surfaces are cleaned and sanitized at least once per week and between guests. In the event that the guest room remains vacant, the public accommodation facility must ensure that the guest room is cleaned and sanitized prior to use by the next guests.

3.10.5 Cloths used for cleaning and sanitizing dirty environmental surfaces of the guest room shall be used in one guest room only and then be placed in the dirty compartment of the housekeeping cart when the guest room attendant has completed cleaning that room.

3.10.6 Cellulose sponges are prohibited from use; abrasive scrubbing pads that are used in multiple rooms must be stored in disinfecting solution

3.10.7 The pumping and recirculation of fill-and-drain whirlpool spa bathtubs must be disinfected between guests.

3.10.8 All under-the-counter cabinets must be maintained in a clean, dry, and structurally sound condition. The cabinets must be replaced if the understructure shows warping, peeling and/or rotting.

3.11 Sanitation of guest room following occupation by guest having a communicable disease

3.11.1 Whenever the responsible person knows or suspects that a guest room has been occupied by a person with a reportable infectious illness, the guest room shall be thoroughly cleaned and sanitized, depending on the suspected or known pathogen, according to the public accommodation facility's Biohazard Event Response Plan. ***An example SOP can be found in Appendix A***.

3.11.2 All linens, towels, and bedding from the contaminated guest room shall be laundered and dried before reuse.

3.11.3 The guest room shall not be occupied by new guests until the timeframe recommended by the manufacturer of the treatment substance has passed.

3.12 Water supply

3.12.1 The potable water supply for each public accommodation facility must be from a source approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water and must meet all NRS 445A requirements.

3.12.2 Each public accommodation facility must be supplied with a hot and cold potable water supply that meets all sanitary purposes, including water for cooking, bathing, sink use, and laundering.

3.12.3 Anytime the responsible person receives a water quality-related complaint in which two or more persons report similar illness within 24 hours of each other, the responsible person must report the alleged illnesses to the Health Authority immediately.

3.13 Plumbing

3.13.1 The potable water system must be installed and maintained in such a manner that there is no cross connection between it and any other system.

3.13.2 Every room with laundry facilities must have a drain in the floor of the room. The floor must be sloped to provide proper drainage.

3.13.3 Each washing machine, dishwasher or sink used for washing laundry, tableware, and all ice machines, must drain through an approved air gap to a floor sink.

3.13.4 A device used to prevent backflow or back siphonage that is installed on a potable water system must comply with the standards for the construction, installation, maintenance, inspection, and testing of the Uniform Plumbing Code (UPC) for that specific application and type of device.

3.13.5 Each hose bib with a hose connected must be equipped with a suitable backflow prevention device, such as an Atmospheric Vacuum Breaker (AVB), and installed and maintained in accordance with manufacturer guidelines.

3.13.6 The written results of annual backflow prevention device testing must be made available at the public accommodation facility for Health Authority review.

3.14 Water damage evaluation

3.14.1 Whenever evidence of significant water/moisture intrusion from any source is found within or on the walls, ceilings, attic spaces, crawl spaces, floors, carpeted surfaces, ventilation ducts, insulation, or other materials or areas which may promote the growth of mold, the source of the water or moisture must be identified and stopped to prevent or reduce mold growth.

3.14.2 Whenever a need arises to conduct a large-scale mold remediation affecting more than 1,000 square feet within a public accommodation facility, the Health Authority must be notified in writing of actions taken.

3.15 Solid waste disposal

3.15.1 Each public accommodation facility must have solid waste containers of sufficient number and size to store all the solid waste in a manner that does not exceed the waste containers' capacities until the solid waste is removed.

3.15.2 When solid waste is not being removed in a manner that prevents a public health nuisance or danger, the Health Authority may direct the responsible person at the public accommodation facility to increase their solid waste container capacity and/or increase the frequency of scheduled pickups until adequate removal of the solid waste is achieved.

3.15.3 The solid waste containers must be:

3.15.3.1 Kept at locations approved by the Health Authority.

3.15.3.2 Emptied at least twice weekly. The frequency of solid waste removal must be at an interval, which prevents putrescible waste from becoming a nuisance even if such frequency is more often than twice weekly.

3.15.3.3 Kept covered and closed with a tight-fitting lid at all times except when being filled, emptied, or cleaned, unless the equipment is specifically designed to be operated as an open dumpster or trash compactor.

3.15.3.4 Kept clean. Facilities for washing them must be provided and operated in a sanitary manner or appropriate contracts with a solid waste disposal company must be in place to clean and/or replace waste containers that become excessively dirty.

3.15.4 Wastewater generated from cleaning the containers must be disposed of as sewage in the public sewerage system, in an Individual Sewage Disposal System (ISDS) approved by the Health Authority, or as otherwise approved by the Health Authority. This wastewater must not be discharged into storm drains or onto public thoroughfares.

3.16 Sewage disposal

3.16.1 All sewage must be disposed of to a public sewerage system.

3.16.2 Any sewage discharge, sewer pipe leaks, spills, or backflow onto the ground, or other inappropriate release of sewage must be promptly stopped, contained, and remediated. When a public accommodation facility fails to stop, contain, and remediate an inappropriate sewage release within four hours of the condition being discovered, the Health Authority may close the facility without notice in accordance with Section 12 of these Regulations.

3.16.4 All sewage spills must be remediated in a manner that eliminates potential disease transmission, offensive odors, sewage solids, and sewage litter. ***For guidance, see Appendix C: Sewage Remediation Guidelines***

3.17 Outdoor areas

3.17.1 All outdoor areas including, but not limited to, parking areas, walkways, landscaped areas, storage areas, service buildings, and undeveloped grounds must have sufficient drainage to prevent water from collecting and stagnating in pools and must be kept clean and free of any health hazards.

Section 4 – General Sanitation

4.1 Public areas

4.1.1 All public areas of public accommodation facilities must be maintained in a clean and sanitary manner, free of nuisances.

4.2 Public restrooms

4.2.1 All public restrooms must be kept in sanitary condition and good repair.

4.2.2 The floors of all public restrooms must be cleaned and sanitized at least daily.

4.2.3 All surfaces of toilets, urinals, and other fixtures which may come in contact with a person's body in a public restroom, must be cleaned and sanitized at least daily. Any other surfaces not specifically addressed must be maintained in a clean condition.

4.2.4 All public restrooms must be stocked with a sufficient supply of toilet paper, disposable paper towels, electric hand dryer, or single-use cloth towels and liquid soap dispensed from easily cleanable permanent mounted dispensers.

4.2.5 Cloth towels provided in public restrooms for use by guests and customers must be dispensed in a manner that clearly facilitates single use prior to laundering. If cloth towels are provided for this purpose, they must be stored for use, dispensed, and stored for re-laundering in a sanitary manner.

4.3 Guest room bedding, linen, and towels

4.3.1 All items of bedding, linen, and towels must be protected from contamination.

4.3.2 All guest room bathrooms must be provided with a sufficient supply of clean towels while the room is occupied.

4.3.3 All beds must be provided with a sufficient supply of clean bedding, which is appropriately sized, while the room is occupied.

4.3.4 Sheets and pillowcases must be replaced at least twice weekly, at the request of a guest, between guests, and whenever they have become soiled or are in disrepair.

4.3.5 Mattresses must be protected from contamination with waterproof encasements, waterproof mattress pads, or similar barriers.

4.3.6 Clean bedding that is found to be in poor condition must be discarded and replaced.

4.3.7 Clean linen and bedding must not be stored or transported in laundry bags, laundry carts or other containers which have been used for soiled linen unless the operator of the public accommodation facility demonstrates to the Health Authority that the containers are, or can be, properly cleaned and their surfaces sanitized.

4.4 Third-party linen provider

When a third-party linen provider is used, any bedding, linens, towels, and/or conveyances that are found to be dirty, stained, or otherwise in poor condition must be rejected and returned to the third-party linen provider.

4.5 On-site laundry facilities

When bedding, linens, and/or towels are laundered in-house:

4.5.1 They must be laundered, folded, and stored in an area that is clean and well maintained.

4.5.2 Separate storage areas must be designated for soiled bedding, linen, and towels away from clean bedding, linen, and towels.

4.5.3 There must be an adequate hot water (at least 90°F) supply to the on-site laundry facilities.

4.5.4 There must be an adequate number of washing machines, dryers, and folding tables to handle the volume of laundry generated at the public accommodation facility. Such approved equipment must be installed or placed:

4.5.4.1 With a drain indirectly connected to sewer through an air gap;

4.5.4.2 On an approved floor, with wall-to-floor junctures sealed with base coving;

4.5.4.3 In a room with a minimum 50 foot-candles of light measured 30 inches above the floor;

4.5.4.4 On adjacent walls with coverings of fiberglass-reinforced plastic paneling or equivalent where moisture is likely to occur; and

4.5.4.5 In a room with an enclosed ceiling, finished with a cleanable surface.

4.5.5 The washing machines, dryers, and folding tables must be maintained in good operating condition.

4.5.6 There must be a handwashing sink, supplied with hot and cold running water and dispenser-fed liquid soap and disposable towels installed in the laundry room.

4.5.7 Prior to their next use, bedding, linens, and towels must be washed with soap or detergent and sanitized with a product labeled for that use.

4.5.8 Laundry that has been exposed to a biohazardous event, must be handled in accordance with the public accommodation facility's Biohazard Event Response Plan and all applicable regulatory requirements. ***An example "Biohazard Event Response Plan" can be found in Appendix A.***

4.5.9 Laundered bedding, linen, and towels must be stored off the floor level in a clean, place until used.

4.5.10 Linen storage shelves or cabinets must be constructed of smooth, nonporous, corrosion, and water damage-resistant material.

4.5.11 Existing wooden or combination metal/wood shelving must be sealed with an enamel sealing paint or clear coat and the shelves must be maintained in an easily cleanable condition.

4.6 Used bedding

4.6.1 The responsible person may not sell, trade, give away, or otherwise allow the transfer of any used bedding from a public accommodation facility for use in another public accommodation facility unless the used bedding is first sterilized by an approved sterilization process at a sterilization plant that has been approved by the Health Authority or otherwise disinfected in accordance with NAC 444.001 through 444.006. This prohibition does not include the exchange of furniture and mattresses that are in good condition between properties that are operated under the same management group when such a need arises.

4.6.2 No used bedding may be recovered from any landfill, dump, dumpster or other waste disposal, junkyard, or hospital for the purpose of reuse in a public accommodation facility even after sterilization at an approved sterilization plant.

4.6.3 Used mattresses that have been sterilized in a process approved by the Health Authority, which are transported for sale in Southern Nevada from another jurisdiction must be labeled with a waterproof tag permanently affixed on each article of bedding. The label must state "Sterilized", “Disinfected” or “Sanitized” and, “Secondhand". The label must include the name, address, and Health Permit number of the sterilization plant.

4.6.4 The owner of a sterilization plant located outside of the Health Authority’s jurisdiction may submit an application for reciprocity approval if the sterilization plant meets all of the requirements of NRS 444.010 through 444.040, NAC 444.001 through 444.006, and Section 4.6 of these Regulations inclusive, and has a current Health Permit in good standing from the agency of jurisdiction.

4.7 Maintenance areas

Maintenance areas shall be clean and organized. Chemical storage and use shall be conducted in accordance with manufacturer’s instructions.

4.8 Housekeeping carts

4.8.1 Each cart shall be maintained in clean, sanitary, and good working condition.

4.8.2 Clean items shall not come into contact with any soiled articles or chemicals on the cart.

4.8.3 Each cart used for combined delivery of clean articles and removal of items for laundering must have a separate storage bin or bag for the soiled articles. The storage bin shall be made of a cleanable, smooth, and impervious material while storage bags shall be made of a durable material that is machine washable unless the bag is for single use only.

4.8.4 Laundry storage bins and bags shall be washed whenever they become visibly dirty.

4.8.5 All containers of chemicals used for maintaining guest rooms must be labeled.

4.9 Personal hygiene supplies

4.9.1 A supply of toilet paper must be provided to guests for use in the guest room bathroom.

4.9.2 A supply of single-use soap must be made available for use by guests. Used personal hygiene items left by departing guests must be discarded. Permanently-mounted stocked soap and shampoo dispensers may be provided for tub, shower, or sink use.

4.10 Ice

4.10.1 Ice used in a public accommodation facility must be made of water obtained from a water supply approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water or the ice must be obtained from a food establishment approved by the Health Authority.

4.10.2 All ice-making machines must be certified by National Sanitation Foundation (NSF) or an equivalent third-party certification organization and located, installed, operated and maintained to prevent contamination of the ice.

4.10.3 The responsible person at the public accommodation facility must have and adhere to an appropriate or effective routine maintenance and cleaning schedule for ice machines.

4.10.4 Ice must be handled, transported and stored in a manner which protects it from contamination.

4.10.5 Ice machines that are provided for direct use by guests must be designed to dispense ice cubes automatically from a storage area, which is within the machine and is inaccessible to the guest.

4.10.6 Ice buckets, ice scoops and other containers and tableware used for ice, unless of a disposable/single-use type, must be made of a smooth, impervious material and designed to permit effective cleaning. Such containers and utensils must be cleaned and sanitized each day the guest room is occupied and must be stored and handled in a sanitary manner. When a guest declines regular guest room service, the public accommodation facility must ensure that containers and tableware are cleaned and sanitized at least once per week and between guests.

4.10.7 New, disposable/single-use, food-grade plastic ice bucket liners must be provided each day that the guest room is occupied except when disposable/single-use ice buckets are being provided.

4.11 Tableware

4.11.1 Suitable areas and equipment must be provided for the cleaning, sanitizing, drying and storage of tableware. Such equipment must be installed and/or placed:

4.11.1.1 With a drain indirect to sewer;

4.11.1.2 On, at a minimum, a composite tile or other approved floor, with wall-to-floor junctures sealed with base coving;

4.11.1.3 In a room with a minimum 50 foot-candles of light measured 30 inches above the floor;

4.11.1.4 On adjacent walls with coverings of fiberglass-reinforced plastic paneling or equivalent where moisture is likely to occur;

4.11.1.5 In a room with an enclosed ceiling, finished with a smooth, washable surface; and

4.11.1.6 In a room maintained to prevent the contamination of equipment and tableware.

4.11.2 In-room cleaning of any tableware is permitted in a guest room with use of an in-room automatic dishwasher, appropriate detergent, and having a functional and/or adequate sanitizing cycle.

4.11.3 If the tableware is not cleaned using a dishwasher in the guest room, a sink with three compartments and integral double drain boards or a dishwasher having a functional and/or adequate sanitizing cycle, certified by NSF or equivalent third-party certification organization must be used in another area of the facility.

4.11.4 Dish tables and drain boards must be large enough to accommodate the separate proper handling of soiled and clean tableware.

4.11.5 A handwashing sink, supplied with hot and cold running water and dispenser-fed liquid soap and disposable towels, must be installed within any room, other than a guest room, used for washing tableware or glassware.

4.11.6 The Health Authority may approve any type of facility, device, or procedure for cleaning and sanitizing tableware if the responsible person demonstrates that it is effective and reliable for that purpose.

4.11.6 If no dishwashing facilities are available, single-use tableware only must be provided.

4.11.7 Manually washing and sanitizing

4.11.7.1 All tableware must be thoroughly washed in a reasonably clean solution that contains an effective concentration of detergent.

4.11.7.2 All tableware must be rinsed in clean water after washing.

4.11.7.3 All tableware, when manually washed, must be sanitized by immersion into an approved sanitizer at concentrations per the manufacturer's use directions included in the labeling.

4.11.7.4 The proper test kit must be provided for each type of sanitizer used.

4.11.8.5 After being sanitized, all the tableware must be placed in a position permitting self-draining in a suitable area where it is allowed to air dry.

4.11.8 Storage and handling

4.11.8.1 All tableware must be stored at least six inches above floor level in a clean and dry location so that it is protected from contamination.

4.11.8.2 All cleaned and sanitized tableware must be protected from contamination during storage and handling.

4.12 Disposable/single-use articles

4.12.1 All disposable/single-use articles in a public accommodation facility must be stored in closed containers to protect the contents from contamination and be handled and dispensed in a manner that will prevent contamination.

4.12.2 Disposable/single-use articles may be used only once.

4.13 Pets and service animals

4.13.1 No pet or service animal may be allowed to create a nuisance.

4.13.2 Animal wastes must be cleaned up as often as necessary to prevent nuisances, odors, and transmission of diseases.

Section 5 – Pest Control

5.1 General provisions and preventive measures

5.1.1 Insects, rodents, and other pests must be controlled. Corrective engineering measures may be required by the Health Authority whenever a pest control problem is identified.

5.1.2 All openings to the exterior of a public accommodation facility must be protected to prevent access of or by rodents, flies and other pests. Operational windows and patio doors in guest rooms may be required to be screened if pest issues are observed.

5.1.3 Access doors such as those used for warehouse access must be kept closed when not in use unless a control measure such as an air curtain or bird netting is being used to prevent pest entry.

5.1.4 The interior and exterior of a public accommodation facility must be maintained to prevent the harborage or feeding of pests.

5.1.5 Guest rooms found to have live rodents, cockroaches, bed bugs, or other pests in type and number to cause a public health nuisance must be closed to the public immediately and until the presence or infestation is eliminated.

5.1.6 The solid waste receptacle storage area must be checked for evidence of pest activity. Corrective actions must be taken whenever evidence of pest activity is found.

5.1.7 The feeding of feral birds and animals may cause a public nuisance and is prohibited.

5.2 Pest control application

5.2.1 All pesticides must be used and stored in a safe manner in accordance with the manufacturer's recommended directions and labeling instructions.

5.2.2 Only certified applicators or persons under the direct supervision of a primary principal or principal, as defined by NRS 555.2618, NAC 555.2555, and NAC 555.256, may apply restricted-use pesticides at a public accommodation facility.

5.2.3 The Health Authority may require that the responsible person enter into a contract for licensed commercial pest control service whenever the Health Authority determines that:

5.2.3.1 An in-house pest control applicator using a restricted-use pesticide does not have a current Nevada Restricted Use Pesticide Certificate issued in their name by the Nevada Department of Agriculture which includes approval in at least the commercial certification categories of Industrial Pest Control and Institutional Pest Control of NAC 555.620 7(a) and 7(b) respectively;

5.2.3.2 In-house pest control measures are inadequate to maintain control of pests;

5.2.3.3 An in-house certified applicator is not available or is not being used;

5.2.3.4 Adequate in-house records as required in Section 5.4 are not being maintained; or

5.2.3.5 In-house pest control chemicals are being stored or applied improperly.

5.3 Rodent waste clean-up

5.3.1 All rodent waste clean-up must be completed in a manner which reduces the disturbance of rodent feces, urine, and saliva particles and associated mists.

5.3.2 Appropriate respiratory protection must be provided for any employee involved in rodent waste clean-up consistent with the U.S. Centers for Disease Control and Prevention recommendations.

5.4 Record keeping

5.4.1 The responsible person must ensure that a copy of all records which document pest control services from licensed commercial applicators, for the past one year timeframe, are maintained on-site for review by the Health Authority.

5.4.2 If the public accommodation facility has an in-house certified applicator performing their pesticide applications, then records documenting all pest control applications at the public accommodation facility must be kept on site and in accordance with NAC 555.700 for the past one year indicating the date, type, and location of pest control activities. ***See Appendix B for a "Pesticide Use Report Sample."***

5.5 Required reporting

Any out-of-control infestation of pests must be reported to the Health Authority.

Section 6 - Employees

6.1 Illness reporting and duty status

6.1.1 Employment in a public accommodation facility is a sensitive occupation under NAC 441A.170

6.1.2 Any employee or person deemed to be an employee pursuant to NAC 441A.205, who has been diagnosed by a medical professional licensed or registered to practice medicine or nursing in the state in which they practice and excluded from work by that medical professional or the SNHD Office of Disease Surveillance (ODS) because he or she:

6.1.2.1 Has a communicable disease,

6.1.2.2 Is in a carrier state of a communicable disease,

6.1.2.3 Has a boil or other infected wound,

6.1.2.4 Or has an acute respiratory infection

must not work in a public accommodation facility until cleared, in writing, by a medical professional licensed or registered to practice medicine or nursing in the state in which they practice. The SNHD ODS shall make the final decision whether or not an excluded employee is released to work based on the requirements of NAC 441A.

6.1.2 During the course of an investigation conducted by the Health Authority into a suspected or confirmed outbreak involving a public accommodation facility, all employees and persons deemed employees must cooperate with the Health Authority in investigating the outbreak, including providing information on illness signs and symptoms and undergoing tests that may be required.

6.2 Employee training

6.2.1 All employees that are directly involved in the servicing or maintenance of guest rooms must be trained to recognize obvious health hazards in the guest room as outlined in Section 2. Any employee encountering such a health hazard must immediately report it to their supervisor or the responsible person.

6.2.2 All employees designated to be directly involved in responding to biohazard events must be trained in biohazard issues and handling in accordance with Occupational Safety and Health Administration (OSHA) standards.

6.2.3 All employees must maintain good personal hygiene practices as appropriate for their work assignment.

6.3 Handwashing

Each employee working in a public accommodation who comes in contact with amenities, tableware, linen or who cleans toilets, bathrooms, or restrooms while servicing guest rooms or public restroom facilities must wash their hands with soap and warm water, change soiled

gloves, and/or apply a hand sanitizer approved by the Health Authority (Apply hand sanitizer only after proper handwashing has been performed):

6.3.1 Before starting work each day;

6.3.2 After personal restroom use;

6.3.3 In laundry rooms between handling dirty and clean linen; and

6.3.4 As often as may be required to remove soil and contamination.

6.4 Employee clothing

6.4.1 The outer garments of each person engaged in handling bedding, linen, towels or tableware in a public accommodation facility must be kept visibly clean.

6.4.2 Soiled employee clothing stored on site must be stored in a designated area away from clean clothing and other laundered items

6.5 Employee facilities

6.5.1 Employee locker rooms and restrooms must be maintained in a clean, sanitary, and safe condition.

6.5.2 Each employee restroom must be furnished with a hand washing sink, mounted soap and paper towel dispensers, and hot and cold running water.

6.6 Employee Food Handler's Health Cards

6.6.1 All employees involved in food handling activities must possess a valid Food Handler's Health Card issued by the Health Authority.

6.6.2 Employees that handle food service tableware only after service to the guest, conduct in-room dishwashing, who only stock mini-bars or collect ice from the public accessible ice machines do not have to possess a current, valid Food Handler's Health Card.

Section 7 – Food Service and Food Service Facilities

7.1 Prepackaged food sales

7.1.1 A public accommodation facility may offer guest room prepackaged non-TCS food sales using a cabinet, refrigerator, or similar mini-bar. No Health Permit is required for this guest service.

7.1.2 The commissary used to service guest rooms with point-of-sale food items must have a valid Health Permit issued by the Health Authority. This Health Permit may be combined with another food establishment as part of a single Health Permit within the public accommodation facility at the discretion of the Health Authority.

7.1.3 Gift shops within public accommodation facilities that sell snacks and beverages must meet the requirements outlined in the Regulations adopted by the Health Authority pursuant to NRS 446.940(2).

7.2 Room service

7.2.1 When room service is offered, a separate Health Permit for the room service kitchen facilities must be obtained and kept in good standing. When the Health Permit of the room service kitchen facility is suspended or revoked, all room service activity must cease.

7.2.2 Room service carts must be kept well maintained, clean, and in sanitary condition.

7.2.3 Chemicals such as “sterno” and “canned heat” must be stored separate from and below food items on room service carts.

7.2.4 Room service carts must not be used for housekeeping purposes.

7.2.5 Leftover room service food items and used tableware must be removed from public hallways at least once per eight hour shift.

7.3 Continental breakfast facilities

7.3.1 Permanent or temporary facilities constructed for the purpose of regularly or routinely serving foods to guests, whether or not a separate fee is charged for the service, shall be considered food establishments, as defined by the Regulations adopted by the Health Authority pursuant to NRS 446.940(2).

7.3.2 A separate Health Permit is required for the operation of a Continental Breakfast.

7.3.3 Facilities may provide coffee and non-TCS, individually prepackaged food for guest use in the lobby or other areas without a food operations health permit. The countertop and equipment must be kept clean. If no three-compartment sink or approved dishwasher is available:

7.3.3.1 All coffee cups and other items must be disposable, single-service and prepackaged.

7.3.3.2 Creamers and food must be non-TCS and dispensed from disposable, prepackaged, single-use containers.

7.4 Kitchenettes

7.4.1 Except in hostels, no community kitchen facilities are permitted.

7.4.2 A kitchenette or community kitchen, when provided, must have all of the following facilities:

7.4.2.1 A sink which is supplied with adequate hot and cold running water. The hot water must be able to reach a temperature of 120°F at the faucet within two minutes and be supplied at a pressure at the faucet of at least 20 psi.

7.4.2.2 Cooking equipment that is properly installed and a means within the guest room, such as a hood with a fan or other ventilation system, to remove smoke, fumes, and odors.

7.4.2.3 A washable container for waste.

7.4.2.4 A counter for food preparation. The surface of the counter must be made of material which is impervious and easily cleanable.

7.4.2.5 A refrigeration unit for holding cold food. The unit must be capable of maintaining a temperature of 41°F or lower.

7.4.2.6 A cupboard or other receptacle in which tableware and food can be stored protected from contamination.

7.4.3 All tableware stored for use by guests in a kitchenette must be washed, rinsed, and sanitized between guests in an approved three-compartment sink or a dishwasher.

Section 8 – SCRV Dry Camping at Public Accommodation Facilities

8.1 Plans for construction, area designation, remodeling

8.1.1 Any public accommodation facility providing or intending to supply SCRV dry camping spaces must notify the Health Authority at least 30 days prior to doing so and must submit the information outlined in Section 8.11 of these Regulations entitled, The Management Plan. Approval must be obtained from all appropriate agencies of jurisdiction before commencing construction.

8.1.2 No public accommodation facility may construct, reconstruct, or remodel SCRV dry camping facilities without the prior approval of the Health Authority.

8.2 Allowable vehicle type

8.2.1 Only SCRVs registered with a public accommodation's SCRV dry camping facilities are permitted to use those amenities. All other types of RVs or trailers are excluded from using SCRV dry camping facilities.

8.2.2 A public accommodation facility must not allow a guest of the SCRV dry camping facility to stay longer than the facility's management plan allows.

8.3 Special events

8.3.1 The parking and usage of SCRVs, RVs, trailers and any other associated set-up or conveyance during Health permitted Special events are not governed under these Regulations. Regulations and conditions outlined in the Special Event Permit are in force during the Special event, separate from the operation of the SCRV dry camping facility.

8.4 Parking lots and spaces

8.4.1 Parking spaces for SCRVs must be located on a well-drained site and must not create a public health hazard or nuisance.

8.4.2 Parking spaces for SCRVs must be arranged in a manner so that there is adequate space between each SCRV and from any road, public walkway or the exterior boundary of the property.

8.5 Baths and showers; backup toilets and sinks

8.5.1 An SCRV dry camping facility shall provide conveniently located backup public restrooms, such as within a service building or the public accommodation facility.

8.5.2 When the restroom facilities provided are not in the public accommodation facility, but are in an area such as service building, these rooms must be well ventilated with all openings screened to exclude flying insects and constructed of material permitting satisfactory cleaning.

8.5.3 Floors in a service building must be constructed of water-impervious material, well-pitched to a floor drain. The floor must be free from cracks or uneven surfaces that interfere with proper cleaning.

8.5.4 Partitions must be raised 12 inches from the floor and must be so constructed as to be easily cleaned. All service buildings and sanitary facilities must be kept in good repair.

8.5.5 During health-permitted temporary events, the SCRV dry camping facility may, upon approval by the Health Authority, provide properly maintained non-sewered toilets and temporary hand washing facilities to accommodate the large number of guests present.

8.6 Water supply station

8.6.1 SCRV dry camping facilities must provide a potable water supply from a source approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water and meets all applicable NRS 445A requirements.

8.6.1.1 The potable water supply may be located on the property offering SCRV dry camping spaces, or

8.6.1.2 The potable water supply may be provided by another SCRV dry camping facility, RV Park, or campground with potable water hookups. There must be a written inter-facility agreement to permit the guests of the subject SCRV dry camping facility to use the off-site potable water supply.

8.6.2 A new water supply intended to serve the SCRV dry camping facility must be approved by the Health Authority prior to operation as a potable water source.

8.6.3 The potable water system supply station must be maintained in a clean and sanitary manner.

8.6.4 The water supply station must provide hoses to fill SCRV water tanks. These hoses must be maintained in a clean and sanitary manner. A hose can be disconnected and stored in a sanitary place or it can remain attached to the faucet and be rolled up on a hose reel positioned off the ground. The hose must not be allowed to lie on the ground when not in use.

8.6.5 The hose/faucet connection must have an operational backflow or back siphonage prevention device installed.

8.7 Sewage disposal

8.7.1 All liquid wastes from service buildings must be discharged into a sanitary sewer.

8.7.2 An approved sanitary station must be provided and toilet wastes from the retention tanks of SCRVs must be discharged through it to a sanitary sewer.

8.7.3 Sewage disposal sanitary stations must be maintained in good working order. Visual inspections must be made by staff to ensure that no failure occurs.

8.7.4 Any hose or pipe used to empty the SCRV's waste holding tank must be provided with a standard fitting to assure a watertight connection with the sanitary station. Each connection on both the SCRV and the sanitary station must be closed when not in use.

8.7.5 Sanitary stations must be maintained free of litter, debris, and raw sewage. Should an incident occur where raw sewage is released from the SCRV or backs up from the sewer connection, it shall be addressed by implementing the SCRV dry camping facility's Biohazard Event Response Plan. ***An example is provided in Appendix A: Biohazard Event Response Plan for Public Areas.***

8.8 Solid waste disposal

Each SCRV dry camping facility must have solid waste containers (e.g., dumpsters, trash cans) of sufficient number and size to store all the solid waste in a manner that does not exceed the waste containers' capacities until it is removed. The criteria given for solid waste containers in Section 3.16 of these Regulations, apply to the SCRV dry camping facility as well as the public accommodation facility.

8.9 Outdoor areas

The public accommodation facility providing SCRV dry camping facility parking spaces and service buildings is responsible for maintaining the premises. All outdoor areas including, but not limited to, walkways, landscaped areas, storage areas, service buildings, and undeveloped grounds must have sufficient drainage to prevent water from collecting and stagnating in pools, and be kept clean and free of any health hazards.

8.10 Signage

8.10.1 The SCRV dry camping facility must display signs identifying the location of:

8.10.3.1 Potable water supply.

8.10.3.2 Sewage disposal sanitary station.

8.10.3.3 Solid waste disposal containers.

8.11 The Management Plan

8.11.1 The Management Plan document

As part of applying for an SCRV dry camping facility Health Permit, prior to beginning operation, each SCRV dry camping facility shall have a written Management Plan that addresses the operational and administrative policies and procedures that the SCRV dry camping facility plans to implement on its property. Each Management Plan should include narrative descriptions and/or site map(s) of the following items:

8.11.1.1 Basic facility information such as facility name, address, and contact information.

8.11.1.2 A site map of the SCRV dry camping facility parking area(s). Note the dry camping parking area(s) in relation to an easily located landmark on the public

accommodation facility grounds, such as the hotel/casino itself. On the site map, mark:

8.11.1.2.1 The size of all of the areas of the SCRV dry camping facility.

8.11.1.2.2 The layout of the parking area.

8.11.1.2.3 The layout of the spaces.

8.11.1.2.4 The number of spaces available.

8.11.1.2.5 The location of the potable water supply if it is on property. When water is supplied from off property (as part of an inter-facility agreement with another facility) include directions to go from the current facility to the facility with the water supply. Also provide an abridged site map showing the location of the water supply on the property of the facility with which the supply agreement has been made.

8.11.1.2.6 The location of the sewage system and sanitary station if they are on property. If they are provided off property (as part of an inter-facility agreement with another facility) include directions to go from the current facility to the facility with the sanitary station. Also provide an abridged site map showing the location of the sanitary station on the property of the facility with which the disposal agreement has been made.

8.11.1.2.7 The location of solid waste disposal facilities, including the proposed number of waste disposal stations.

8.11.1.2.8 The location of backup public restrooms.

8.11.1.2.9 Any available signage locations.

8.11.1.3 Include narrative information in the Management Plan such as:

8.11.1.3.1 Information that supports the critical items listed above that are marked on the site map. Examples include a written description of each of the items, such as backup bathrooms (e.g., located in a service building or located in the casino) and language used on any signs.

8.11.1.3.2 Information regarding any contingency plans the facility might have to accommodate guest overflow or seasonal changes to the size and layout of the dry camping parking area.

8.11.1.3.3 The language used in the inter-facility agreements. Actual copies of the agreements can be attached as part of the management plan submission.

8.11.1.3.4 Plans for visually surveying parking lots and the SCRV dry camping spaces for health and safety hazards at regular intervals by Security or other facility-assigned staff.

8.11.1.3.5 Methods for documenting areas requiring cleanup or other attention during the parking lot/camping space survey. Facility-assigned staff should document any issues, note the necessary corrective action(s) to be taken, and then contact the appropriate department within the facility to complete the work.

8.11.1.3.6 Information regarding the public accommodation facility's own guest check-in, registration, and checkout policies for the SCRV dry camping facility.

8.11.1.3.7 Information regarding rules of conduct and responsibilities assigned to the guests.

8.11.1.3.8 A description of the content of pamphlets, maps, and other informational items provided to the guests.

8.11.1.3.9 Security's location, contact information, duties, and interface with other property departments such as maintenance and management.

8.11.1.3.10 Information on the SCRV dry camping facility's administrative policies regarding the circumstances under which the facility would want to contact the Health Authority for assistance (e.g., guests illegally disposing of liquid or solid waste in a manner inconsistent with these Regulations or the facility's Management Plan), including contact information for the Health Authority.

8.11.1.3.11 Any other information unique to this SCRV dry camping facility.

8.11.1.3.12 Responsibilities and plans for the upgrade of or changes to this Management Plan document.

8.11.2 Management Plan submission

The Management Plan shall be submitted to the Health Authority for review prior to implementation. During the review process, the Health Authority shall make required and recommended changes to the Management Plan. After approval, the Health Authority and the responsible person shall mutually agree upon an implementation schedule and dates by which any noted corrective actions must be taken.

8.11.3 Management Plan revision review

Should any changes to the Management Plan become necessary that would significantly alter the nature of the SCRV dry camping facility's operation, then those changes must be provided to the Health Authority for review and approval prior to their implementation.

Section 9 – Health Permits

9.1 Health Permit required

No person may operate a public accommodation facility without a valid permit from the Health Authority.

9.2 Health Permit posted

The current Health Permit must be posted conspicuously behind the front service counter in the lobby at a location clearly visible to the public at the time of check-in.

9.3 Applications for and issuance of Health Permits to operate

9.3.1 Prior to commencing the operation of any public accommodation facility, the responsible person or persons, business entity, or agent must make written application for a Health Permit on forms provided by the Health Authority, pay all applicable fees, and receive written approval from the Health Authority to operate.

9.3.2 When making application for a Health Permit to operate a public accommodation facility, the following information and items must be brought to the Health Authority for review and/or approval:

9.3.2.1 The name, location and mailing address of the public accommodation facility;

9.3.2.2 The applicant's full name, mailing address, and signature;

9.3.2.3 A statement indicating whether the applicant is a natural person, firm or corporation, and:

9.3.2.3.1 If the applicant is a natural person, the name and mailing address shall be provided.

9.3.2.3.2 If the applicant is a firm or partnership, the name(s) and mailing address(es) of the managing partner(s) shall be provided.

9.3.2.3.3 If the applicant is a corporation, the names and mailing addresses of the corporate officers shall be provided.

9.3.2.3.4 If the applicant is a limited liability company, the name(s) and mailing address(es) of the manager(s) shall be provided.

9.3.2.4 The name and signature of the responsible person of the public accommodation facility;

9.3.2.5 Proof of ownership, lease agreement, or operating agreement for the property and buildings on which the public accommodation facility will be built.

9.3.2.6 A complete set of construction plans including all schedules, e.g., floor plans, elevations, electrical schematics, etc.

9.3.3 Any food establishment or any swimming pool/spa operating at the same address or on the same property as a public accommodation facility must have a separate food establishment or swimming pool/spa Health Permit issued by the Health Authority, respectively.

9.3.4 A Health Permit issued pursuant to these Regulations is not transferable from person to person or from location to location.

9.4 Health Permit issuance

Upon receipt of a completed Health Permit application, construction plans, and all applicable fees, the Health Authority shall acknowledge receipt of the plans within 48 hours and then review the submitted application and plans in a timeframe agreed upon by the Health Authority and the public accommodation facility. The Health Authority shall make an inspection of the public accommodation facility to determine compliance with the provisions of NRS 447, NAC 447, and these Regulations. The Health Authority shall issue a permit to operate when applicable requirements are met.

9.5 Health Permit fee schedule

Pursuant to NRS 439.360(5), and under the authority of NRS 439.410(3), the District Board of Health adopts by reference, the current Environmental Health Fee Schedule.

Section 10 – Plan Review and Submission and Approval

10.1 Regulation of new construction and renovation of a public accommodation facility

10.1.1 No person may construct or extensively remodel a public accommodation facility that requires a building permit without written approval from the Health Authority.

10.1.2 The construction of new public accommodation facilities and remodeling of existing public accommodation facilities must be in accordance with all applicable laws, ordinances, codes and regulations.

10.2 Plans for construction and remodeling

10.2.1 At least thirty days prior to beginning construction or remodeling of a public accommodation facility, the responsible person must submit construction plans with all schedules to the Health Authority for review and approval.

10.2.2 Plans to construct or remodel a public accommodation facility must include:

10.2.2.1 Full set of onsite Civil Engineering Improvement Plans

10.2.2.2 Mechanical (heating, ventilation, and cooling) Drawings

10.2.2.3 Plumbing Drawings

10.2.2.4 Electrical and Lighting/Photometric Drawings

10.2.2.5 Specification sheets for the guest room heating/cooling units

10.2.2.6 Exterior site plans and details

10.2.2.7 Interior floor plans and details, including guestroom plans and elevations.

10.2.3 Plans must be submitted prior to beginning construction or remodeling.

10.3 Health Authority review timeline

10.3.1 Plans for construction and remodeling of a public accommodation facility which are submitted to the Health Authority must be reviewed within a reasonable time frame unless the applicant and the Health Authority agree upon a specific time period.

10.3.2 Construction or remodeling of a public accommodation facility may not begin until authorized by the Health Authority.

10.4 Exemption of existing facilities and equipment from design construction requirements

Equipment in use and compliant at the time these Regulations are revised will be considered compliant so long as it is in good repair, is capable of being cleaned and maintained in a sanitary condition, and does not create a health hazard, safety hazard, or nuisance condition.

Section 11 - Inspections

11.1 Agent of Health Authority identification

An agent of the Health Authority shall wear and show the responsible person their Health Authority photo-identification card upon entering a public accommodation facility to make an inspection or other official visit pursuant to NRS 447.200 and these Regulations. Such an inspection or official visit may be made as often as the Health Authority determines is necessary to ensure compliance with NRS and NAC 447, applicable law and these Regulations.

11.2 Responsible person must provide immediate access to Health Authority

Upon showing the required photo-identification to the responsible party, the Health Authority must be provided immediate access to the public accommodation facility to perform an inspection or other official work. Any unreasonable denial of access by an owner or operator to guest rooms or other areas of the public accommodation facility for inspection after the Health Authority has properly identified himself may result in an immediate suspension of the Health Permit to operate the public accommodation facility. The public accommodation facility Order may state that the Health Permit is suspended and all renting of guest rooms must be discontinued immediately. Any responsible person to whom such an order is issued shall comply with it immediately.

11.3 Unlawful to interfere with Health Authority

It is unlawful for any person to interfere with the Health Authority in the performance of their duties, pursuant to NRS 199.300.

11.4 Health Authority must provide written report

11.4.1 Upon completion of the visit to the public accommodation facility, the Health Authority representative shall prepare a written report describing any findings. The report must set forth any deficiencies discovered during the inspection.

11.4.2 Deficiencies may be present that do not constitute a substantial threat to public health and safety. Corrective actions for these types of deficiencies shall be noted on the inspection report and be assigned a specified period of time within which the indicated corrections must be completed.

11.4.3 A copy of the completed report must be furnished to the owner, operator, or responsible person of the public accommodation facility upon completion of the inspection.

11.5 Failure to correct a deficiency

11.5.1 Failure of the responsible person to correct a deficiency within the period specified in the written report is a violation of these Regulations.

11.5.2 Violations that constitute a substantial threat to public health and safety and their remedies are addressed in Section 2 of these Regulations.

11.6 Annual inspection

Public accommodation facilities shall be inspected at least once each year.

Section 12 - Enforcement

12.1 Corrective Action and Closure Orders

When the Health Authority determines that a violation of these regulations has occurred or that a substantial threat to health and safety exists at a public accommodation facility, the Health Authority may take the following actions:

12.1.1 The Health Authority may order a public accommodation facility to correct a violation within a specified time frame and may order further corrective action, at the public accommodation facility's expense, to protect health and safety. Corrective actions may include without limitation, lockout and tagout of equipment, testing or assessment by qualified individuals, development of procedures, or any other action intended to prevent health and safety. The Health Authority may inspect a public accommodation at any time to verify compliance with an order.

12.1.2 In addition, the Health Authority may order a public accommodation facility to close a portion of the public accommodation facility, including guest rooms, when the Health Authority determines that a violation or condition impacting the public accommodation facility constitutes a substantial threat to health and safety. Any area which has been ordered closed by the Health Authority must not be rented, leased, or otherwise occupied until approved in writing by the Health Authority following a reinspection.

12.2 Reinspection protocol for Corrective Action Orders and Closure Orders

12.2.1 The Health Authority may require a public accommodation facility to pay applicable fees, including without limitation, verified complaint fees, reinspection fees, and closure fees, prior to conducting a reopening inspection of the guest room(s) or area(s) in question (see the current edition of the Southern Nevada Health District Environmental Health Fee Schedule).

12.2.2 Once the public accommodation facility pays the applicable fees and closure fee and requests a reinspection, the Health Authority shall reinspect within three business days of the request, or at some other time mutually agreed upon between the public accommodation facility and the Health Authority.

12.3 Health Permit suspension

12.3.1 When conditions at the public accommodation are so severe as to constitute a substantial threat to public health and safety throughout the majority of the property or when the responsible person fails to remedy deficiencies previously addressed in an inspection report or Order, the Health Authority may suspend the public accommodation's Health Permit.

12.3.2 The Health Authority may suspend a public accommodation facility's health permit when the public accommodation facility causes or allows a food establishment, swimming pool, spa, or potable water supply system, such as a water well, to operate within the public accommodation facility without a required Health Permit.

12.3.3 The Health Authority may suspend the Health Permit of a public accommodation facility if the public accommodation facility:

12.3.3.1 Does not have a valid Health Permit, license, or other authorization required by applicable government agencies.

12.3.3.2 Rents, leases, lets or otherwise allows a room which has been closed by the Health Authority to be occupied.

12.3.3.3 Knowingly causes or allows illegal activity which could cause potential illness, injury, or death of guests or employees to occur at the public accommodation facility.

12.4 Procedure for request of Health Permit reinstatement

12.4.1 When a public accommodation facility Health Permit has been suspended, a responsible person representing the facility may make application for a reinspection, which may result in the reinstatement of the Health Permit.

12.4.2 The applicant must provide to the Health Authority a written request for reinspection and reinstatement within ten calendar days of the initial suspension of the Health Permit.

12.4.3 Following a timely review of the application, the Health Authority shall make a reinspection of the public accommodation facility.

12.4.4 The Health Authority shall determine if the conditions have been corrected, which caused the threat to public health and resulted in the suspension of the Health Permit.

12.4.5 Unless the Health Authority is pursuing permanent revocation of the Health Permit, if the conditions have been corrected and the applicant is complying with the requirements of these Regulations, the Health Permit shall be reinstated.

12.5 Health Permit revocation

The Health Authority may permanently revoke a public accommodation facility's Health Permit due to repeated or willful noncompliance with the requirements of these Regulations. The public accommodation facility must cease all operations upon receipt of a Notice of Revocation and pending a hearing pursuant to an exercised right of appeal.

12.6 Appeal Rights

Upon written petition submitted to the Health Authority within five business days after receipt of a Notice of Suspension or Revocation of a public accommodation facility Health Permit, the recipient of the written Notice may exercise their right of appeal and must then be afforded a hearing as soon as possible, and in any event in not more than thirty days from the receipt of the petition by the Health Authority.

12.7 Hearings

12.7.1 All hearings provided for in this Section must be conducted in accordance with the Nevada Administrative Procedure Act and NRS 233B

12.7.2 All hearings will be conducted by a Hearing officer selected by the Health Authority's legal counsel.

17.7.2.1 The Hearing Officer must not be an employee of the State or any political subdivision of the State, or of any entity which is permitted or regulated pursuant to these Regulations.

17.7.2.2 The Hearing Officer will be an independent contractor paid in accordance with a fee schedule approved by the Southern Nevada District Board of Health.

12.7.3 Based upon the record of the hearing, the Hearing Officer will make a finding and may sustain, modify, or rescind any official notice or order considered in the hearing.

12.7.4 A written order specifying the Hearing Officer's decision will be furnished to the owner or other responsible party by the Health Authority.

12.7.5 Nothing herein contained must be construed as denying the rights of appeal to the courts after administrative remedies as herein above have been exhausted.

12.8 Health Authority additional legal remedy

Whenever the responsible person, operator, or owner fails to comply with the provisions of these Regulations in a timely manner, relief may also be sought through a court of competent jurisdiction.

Section 13 - MISCELLANEOUS

13.1 Severability clause

Should any section, paragraph, sentence, phrase, or provision of these Regulations be held invalid for any reason, the remainder of these Regulations shall not be affected.

13.2 Effective date

13.2.1 These Regulations were adopted at a duly noticed public hearing April 27, 2006.

13.2.2 These Regulations became effective on June 16, 2006 upon approval by the Nevada State Board of Health.

13.2.3 The amendments to these Regulations became effective on August 11, 2006 upon approval by the Nevada State Board of Health.

APPENDIX A: SAMPLE BIOHAZARD EVENT RESPONSE PLAN

WHAT IS A BIOHAZARD EVENT?

Diarrhea, vomit, blood, bodily fluids, or hypodermic needles found in a guest room or public area.

PRIOR TO CLEANING:

1.) If a guest or staff member is seriously ill, injured, or deceased, call 911 immediately.
2.) Notify management and security (if available) of the biohazard event.
3.) If a guest room is affected, close the room. If the affected area is in a public area, block it off using signs or barriers.
4.) Gather as much information as possible:
    a. Date and time of the event.
    b. Where the event happened, including floor and room numbers.
    c. What happened during the event (diarrhea, vomit, etc.)?
    d. Names of the person(s) involved with the event.
    e. If contact with SNHD is required – the date, time of the contact; name, title, department and phone number of the person contacted.

STEPS TO CLEAN AFFECTED AREAS

1.) Staff cleaning biohazardous spills are recommended to wear the following personal protective equipment (PPE): _____
2.) Wait at least 15 minutes since the event occurred to allow airborne droplets to settle.
3.) If biohazard is a needle or other sharps, use tongs or forceps to place into a sharps container or _____.
4.) If mostly liquid, cover the area with an absorbent material, using the following materials:_____.
5.) If mostly solid, soak a towel with disinfectant and place it on the affected areas where any solids are. Leave the towels on the substance for 15 minutes to allow the disinfectant* to soak.
6.) Scoop and wipe up the absorbent materials or towels and place it all, including tools, in a biohazard labeled bag.
7.) If needed, spray more disinfectant on the area and continue to remove the substance with towels/paper towels until no more visible substance is left.
8.) When all the substance is removed, spray the entire area with disinfectant* and let it soak for 15 minutes.
9.) Finish cleaning the area using the following methods:
    a. Hard floor and hard surfaces (such as toilet/bathtub) – allow it to air dry
    b. Carpet – steam clean the area
    c. Linens – place in a separate plastic bag, tie it up and put the bag into another plastic bag. Tie up the second bag and take it to the laundry. Wash and disinfect the linen.
    d. Bed/couch – If made of easily cleanable materials or protected with a waterproof cover, clean and disinfect. Otherwise, discard affected items. Mark them or cut them open to prevent reuse.
10.) Place items used to clean the area into in the plastic bag. Place the bag into a second plastic bag, tie off, and place into a dumpster. Towels used to clean can be grouped with linens
11.) Document details of the event and keep in your records.

APPENDIX A: SAMPLE BIOHAZARD EVENT RESPONSE PLAN

CHECKLIST

Personal Protective Equipment (check all that apply):

☐Gloves
☐Goggles
☐Face Mask
☐Apron

Cleaning supplies (check all that apply):

☐ Disposable gloves
☐ Broom
☐ Dustpan
☐ Paper Towels
☐ Absorbent Powder
☐ Tongs/Forceps
☐ Towels
☐Mop
☐ Biohazard bags
☐ Biohazard labeled sharp containers
☐ Biohazard bag

Third Party Companies (list any that may be used):

1.) _____
2.) _____
3.) _____

APPENDIX B - SAMPLE PESTICIDE USE REPORT

Pesticide Application Record for: **Permanent NV PCO License #:**

#	* Date	* Name and Address of Property and/or Area Treated	* Active Ingredient or Brand or Product Name Applied to Site	* EPA Reg. #	* Total Amount of Product or Rate/Acre	Crop or Commodity	* Applicator's or Supv's Full Name	Target Pest/Use
1.								
2.								
3.								
4.								
5.								
6.								
7.								

			✓ Temperature		✓ Wind velocity & wind direction		✓ Start and Finish Times	
* Site, area, or Item Treated	✓ Area of Turf or ground treated or volume fumigated.	Purpose of treatment	Start	Finish	Start	Finish	Start	Finish
1.								
2.								
3.								
4.								
5.								
6.								
7.								

*Required for all applications ✓Required for Ornamental & Turf or Fumigation

APPENDIX B - SAMPLE PESTICIDE USE REPORT

Pesticide Application Record for: **Permanent NV PCO License #:**

#	* Date	* Name and Address of Property and/or Area Treated	* Active Ingredient or Brand or Product Name Applied to Site	* EPA Reg. #	* Total Amount of Product or Rate/Acre	Crop or Commodity	* Applicator's or Supv's Full Name	Target Pest/Use
1.	6-30-03	Hotel XYZ	Prentox ExciteR	655-798	1.75 gal 0.05%	N/a	Mary Hall	Ants
2.	7-1-03	Hotel XYZ	Tempo SC Ultra	3125-498	2 gal 0.10 %	Turf	Don Smith	Ants
3.								
4.								
5.								
6.								

			✓ Temperature		✓ Wind velocity & wind direction		✓ Start and Finish Times	
* Site, area, or Item Treated	✓ Area of Turf or ground treated or volume fumigated.	Purpose of treatment	Start	Finish	Start	Finish	Start	Finish
1. Baseboards interior	500 sq. ft.	Preventive	N/a	N/a	N/a	N/a	0800 hrs	0830 hrs
2. turf on E. side of fac.	40,000 sq ft	Eradicate ant colonies	98 deg F	102 deg F	2 mi/NE	10 mi/NE	1200 hrs	1330 hrs
3.								
4.								
5.								
6.								

***Required for all applications** ✓**Required for Ornamental & Turf or Fumigation**

APPENDIX C - SEWAGE SPILL REMEDIATION REQUIREMENTS

(STEPS 1-5): ACTION TO COMMENCE UPON RECEIPT OF THIS ORDER. Follow-up inspection(s) will be conducted within 4 hours, after 24 hours, and up to 72 hours of order issuance to confirm compliance with this Order. All visits will be documented with photographs.

1. **ISOLATE AND CONTAIN** the raw sewage spill to include both solid and liquid contamination and perimeters.
2. **CEASE AND DESIST** causing or allowing sewage to overflow, pool, or accumulate on this or any other property in Clark County. If necessary, avoid using any water fixtures that may contribute to further sewage overflows.
3. **FENCE, EXCLUDE, and/or BARRICADE** all raw sewage affected area(s) to prevent access by children, pets, and the public**.**
4. **REMOVE** all sewage and sewage-contaminated solid and semisolid waste by double or triple bagging, place the sealed bag into the dumpster. Collect all raw sewage liquid and dispose into the sanitary sewer system.

   REMOVE ALL SEWAGE AND SEWAGE-CONTAMINATED SOLIDS AND SEMISOLIDS (I.E. FECES, TOILET TISSUE, SOIL, LANDSCAPE ROCKS, GRASS etc.) PRIOR TO ANY DISINFECTION.

   DISINFECT all raw sewage-contaminated area(s) to include the entire perimeter(s) by the following methods:

   - FOR SOIL/ GRAVEL OR LANDSCAPE AREAS:
     1. Add Type-S (concrete) lime onto the sewage-contaminated gravel or soil surface(s) a minimum **1/16** of an inch.
     2. Apply water to all Type-S lime treated areas.
     3. Leave Type-S lime in place for a minimum of twenty-four (24) hours.
     4. Remove Type-S lime **AFTER** 24 hours of treatment.
   - FOR CONCRETE/ ASPHALT/ IMPERVIOUS AREAS (hard surfaces):
     1. Disinfect all sewage-contaminated areas with a 10% bleach solution (one cup bleach to 9 cups water ratio) and allow the solution to dry.
5. **ARRANGE/CONTRACT WITH A CERTIFIED, LICENSED PLUMBER OR PLUMBING COMPANY** to have repairs and testing of all deficient plumbing elements, (e.g., plumbing lines, distribution boxes, septic tank, leach field lines, cut-outs, and internal plumbing within the dwelling(s)). Repair any/all underlying broken or deficient plumbing elements (i.e. bellies, disconnected lines, etc.) in a timely manner.

   SEWAGE/SEPTIC SYSTEMS (IF APPLICABLE): Contact the Southern Nevada Health District, ISDS (Individual Sewage Disposal System/Septic Disposal System) Program immediately at **(702) 759-0660**. Ensure that only the permitted number of fixture units are connected to the leach field based on the ISDS permit for Assessor's Parcel Number at the location indicated on the reverse side of this form. If the number of connections is exceeded, **IMMEDIATELY DISCONNECT** and contact the ISDS Program for further evaluation. If the spill is due to a septic tank or leach field failure, the tank must be pumped by a permitted septic tank pumper company and the use of all plumbing fixtures discontinued until all repairs are made.

   Property specific Sewage/Septic Disposal System information can be accessed online at: https://www.southernnevadahealthdistrict.org/permits-and-regulations/sewage-septic-disposal-systems-isds/sewage-septic-disposal-systems-maps/

(STEPS 6-8): ACTION TO COMMENCE AFTER THE COMPLETION OF STEPS 1-5.

6. **PROVIDE RECEIPTS, INVOICES AND/OR PLUMBING DOCUMENTATION OF ANY AND ALL WORK DONE TO REMEDIATE THE SPILL** to the Southern Nevada Health District, Solid Waste and Compliance Section per instruction.
7. **SECURE** all sewer cleanout caps and any additional missing sewer cleanout caps (secure with a clamp if necessary).

APPENDIX C - SEWAGE SPILL REMEDIATION REQUIREMENTS

8. **REMOVE** barricade/fence **AFTER** remediation (clean-up) and repairs are complete.

Attachment E

Proposed 2025 PA Regulations
Redline

SOUTHERN NEVADA HEALTH DISTRICT

2025 PUBLIC ACCOMMODATION REGULATIONS~~REGULATIONS GOVERNING THE SANITATION AND SAFETY OF PUBLIC ACCOMMODATION FACILITIES~~

WHEREAS, the Southern Nevada Health District (SNHD) has been established by the County of Clark and the cities of Las Vegas, North Las Vegas, Henderson, Mesquite, and Boulder City as the Public Health Authority for those entities, pursuant to Nevada Revised Statutes (NRS) 439; and

WHEREAS, the Southern Nevada District Board of Health is the governing body of the Southern Nevada Health District, ~~and is vested with jurisdiction over all public health matters within its district of Clark County, Nevada,~~ and is authorized to adopt Regulations necessary to protect and promote the public health and safety in the geographical area subject to its jurisdiction; and

WHEREAS, the Southern Nevada District Board of Health finds that the sanitation and safety of public accommodation facilities does affect the public health, and that it is necessary to adopt Public Accommodation Regulations ~~Governing the Sanitation and Safety of Public Accommodation Facilities~~ to prevent and control the spread of communicable disease, and to promote and regulate the safety and sanitary condition of those establishments; and

WHEREAS, the Southern Nevada District Board of Health believes that the following Regulations are designed to protect the public health and safety, it does therefore publish, promulgate and order compliance with the substantive and procedural requirements hereinafter set forth within Clark County, Nevada.

~~INTENT AND SCOPE~~

~~**Intent** The purpose of these Regulations is to protect the public health, safety and environment through preventive measures and timely correction of significant public health issues relating to public accommodation facilities.~~

~~**Scope** These Regulations establish definitions; set minimum standards for the design, construction, operation, and maintenance of public accommodation facilities; outline record keeping and reporting requirements; provide for enforcement; and include provisions for the issuance, suspension, and revocation of Health Permits~~

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Section 1

– GENERAL PROVISIONSGeneral Provisions

Summary of Acronyms used in this Regulation

EPA	United States Environmental Protection Agency
°F	Degrees Fahrenheit
FIFRA	Federal Insecticide, Fungicide, and Rodenticide Act
IDLH	Immediately Dangerous to Life
ISDS	Individual Sewage Disposal System
NAC	Nevada Administrative Code
NRS	Nevada Revised Statute
NSF	National Sanitation Foundation International
OSHA	Occupational Safety and Health Administration
Ppm	parts per million
Psi	pounds per square inch
RV	Recreational Vehicle
SCRV	Self-Contained Recreational Vehicle
SNHD	Southern Nevada Health District

1.1 Title

These Provisions must be known as the Southern Nevada Health District (SNHD) 2024 Public Accommodation Regulations, hereinafter referred to as "Regulations."

1.2 Scope

The Regulations establish definitions; set minimum standards for the design, construction, operation, and maintenance of public accommodation facilities; outline record keeping and reporting requirements; provide for enforcement; and include provisions for the issuance, suspension, and revocation of Health Permits

1.3 Intent

The purpose of these Regulations is to protect the public health, safety and environment through preventive measures and timely correction of significant public health issues relating to public accommodation facilities.

1.4 Definitions. As used in these Regulations, unless the context otherwise requires, the following words and terms defined have the meanings ascribed to them in this document:

The following definitions apply in the interpretation and application of these Regulations

"Air Gap" is an unobstructed vertical distance between the lowest opening from a pipe, plumbing fixture, or appliance to the flood-level rim of the drain.

1.1 **"Agency of jurisdiction"** defined. The agency of jurisdiction is the local building department, safety authority, fire marshal, business licensing, police or other federal, state or local health agency, federal regulatory agencies, departments of agriculture, other than the Health Authority, having jurisdiction concerning construction, operation, maintenance, and public safety of a public accommodation facility.

"Back siphonage" is backflow caused by a negative pressure (i.e., a vacuum or partial vacuum) in a public water system or consumer's potable water system.

~~1.2~~ **"Bathroom"** ~~defined. A bathroom~~ is a room which contains a bathtub or a shower, or both.

~~**1.3 "Bed and breakfast facility" defined. A bed and breakfast facility is a public accommodation facility located within a commercial home with no more than five (5) guest rooms, offering bed and breakfast accommodations for no more than ten (10) persons, rented or let on a daily basis for a period of time not to exceed thirty (30) days (See NAC 446.850).**~~

~~**1.4 "Bed frame" defined. A bed frame is an open metal or wooden support framework upon which a bed is placed to allow floor clearance.**~~

~~1.5~~ **"Bedding"** ~~defined. Bedding~~ includes mattresses, quilts, blankets, sheets, pillows, comforters and spreads.

~~**1.6 "Biocide" defined. A biocide is an Environmental Protection Agency (EPA) registered physical or chemical agent capable of killing microorganisms.**~~

~~**1.7 "Biofilm" defined. Biofilm means an assemblage of microbial cells attached to an environmental surface and enclosed in a matrix primarily composed of polysaccharides that is not easily removed by normal rinsing or water flow. Mineral crystals (scale), corrosion particles, clay or silt particles, may be present within or on the biofilm matrix.**~~

~~1.8~~ **"Biohazard event"** ~~defined. A biohazard event~~ is an event in which a biological agent, including pathogenic microorganisms and their toxins, causes a condition that may constitute a threat to human health and safety.

~~1.9~~ **"Biohazard Event Control Plan"** ~~defined. A Biohazard Event Control Plan~~ is a written plan which contains detailed clean-up procedures by which public accommodation facility employees can safely disinfect potentially-contaminated ~~environmental~~ surfaces and control potential communicable disease outbreaks among guests and/or employees. ~~The Biohazard Event Control Plan must also include procedures for which biohazard events are to be reported to the Health Authority and procedures for documenting response activities in a logbook.~~

~~**1.10 "Box frame" defined. A box frame is a closed support frame upon which a bed is placed to allow floor clearance.**~~

~~**1.11 "Cease and Desist Order" defined. A Cease and Desist Order is a written Order issued by the Health Authority which directs the responsible person to immediately stop doing or allowing a specific action to occur at a public accommodation facility. A Cease and Desist Order does not include a direction to completely cease operating a public accommodation facility. Under certain circumstances, a Cease and Desist Order can include a timeframe to achieve compliance with the Order so long as there is not an imminent threat to public health or safety.**~~

~~1.12~~ **"Certified applicator"** ~~defined. A certified applicator~~ is a person who is certified by the Nevada Department of Agriculture as ~~and is~~ qualified to use or supervise the use of restricted-use pesticides.

~~1.13~~ **"Clean"** ~~defined. Clean~~ means free of visible dirt, dust, sludge, foam, slime (including algae and fungi), rust, scale, mineral deposits, accumulation of impurities, and/or other foreign material.

~~1.14~~ **“Common bathroom”** ~~defined. A common bathroom~~ is a guest bathroom that is to be shared by the guests of more than one ~~(1)~~ guest room.

~~1.15~~ **“Communicable disease”** ~~defined. A communicable disease~~ is a disease which is caused by a specific infectious agent or its toxic products, and which can be transmitted, either directly or indirectly, from a reservoir of infectious agents to a susceptible host organism.

~~1.16~~ **“Disinfect”** ~~defined. Disinfect~~ means the use of a disinfectant to destroy of inhibit pathogenic microorganisms on work surfaces, equipment or instruments~~to carry out a process that kills most or significantly reduces pathogenic microorganisms~~.

~~1.17~~ **“Disinfectant”** ~~defined. A disinfectant~~ is ~~an~~ a United States Environmental Protection Agency (EPA)-registered antimicrobial agent, such as a chemical~~,~~ or heat, that destroys, neutralizes, or inhibits the growth of pathogenic microorganisms~~. All chemical disinfectants must provide a strength equivalent to at least 50 ppm of free available chlorine at a pH of 7.0 to 7.6 in their normal use concentration.~~

~~**1.18 “Disposable article” defined. A disposable article is a cup, container, lid, closure, plate, knife, fork, spoon, stirrer, paddle, straw, placemat, napkin, doily, wrapper or similar article which is made wholly or in part from a synthetic or other readily destructible material and which is intended to be discarded after a single use.**~~

~~1.19~~ **“Dry camping”** ~~defined. Dry camping~~ is the practice of camping or parking where there are no available hookups for water, sewage disposal, electricity, and other amenities at each individual parking space.

~~**1.20 “Environmental surface” defined. An environmental surface is the surface of any furniture, equipment, fixture, walls, floors, ceilings, bathtubs, showers or similar surface which is part of a public accommodation facility.**~~

~~**1.21 “EPA-registered” defined. EPA-registered means any chemical or substances, including sanitizers, sterilizers, biocides, or other substances which must be registered with the United States EPA under the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) prior to their distribution and use by industry and consumers.**~~

~~**1.22 “Faucet” defined. A faucet is a device that regulates the flow rate of water at the point of delivery at a sink or bathtub.**~~

~~**1.23 “Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA)” defined. Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA) is the federal law found in Title 7 of the United States Code, Chapter 6, Subsection 136 et. seq., amended 1996 which provides for federal control of pesticide distribution, sale, and use. EPA was given authority under FIFRA not only to study the consequences of pesticide usage but also to require users (farmers, utility companies, and others) to register when purchasing pesticides. Later amendments to the law require users to take exams for certification as applicators of pesticides. All pesticides used in the United States must be registered (licensed) by EPA.**~~

~~**1.24 “Foot-candle” defined. Foot-candle is a unit of measure of the intensity of light falling upon a surface, equal to one lumen per square foot and originally defined with reference to a standardized candle burning at one foot from a given surface.**~~

~~**1.25 "Fumigation" defined. Fumigation is the application of a poisonous substance that has a vapor pressure greater than five (5) millimeters of mercury at 77°F that is intended to destroy living organisms, e.g., methyl bromide.**~~

~~1.26~~ **"Furniture"** ~~defined. Furniture~~ is the movable articles in a guest room or public area that make it fit for living or working. Furniture includes but is not limited to ~~,~~ tables, chairs, bed headboards, bed frames, box frames, sofas~~, carpets~~, curtains, pictures, vases, mirrors, televisions and other electrical equipment, and appliances. Bedding ~~, utensils,~~ and tableware are NOT considered to be furniture.

"Ground Fault Circuit Interrupter" (GFCI) is a device for protection of personnel that de-energizes an electrical circuit or portion thereof in the event of excessive ground current.

~~1.27 "Gray water" defined. Gray water is waste water, not including black water (raw sewage), from residential, commercial, and industrial sources, such as sink, shower, or bathtub drainage or washing machine discharges. Gray water is sometimes used for irrigation.~~

~~1.28~~ **"Guest"** ~~defined. A guest~~ is any person other than employees, either paying or non-paying, that uses any part of a public accommodation facility.

~~1.29~~ **"Guest room"** ~~defined. A guest room~~ is any sleeping or resting rooms and contiguous areas such as bathrooms, kitchens, kitchenettes, etc., intended for private use by a guest or guests of a public accommodation facility.

~~1.30~~ **"Guest room attendant"** ~~defined. A guest room attendant~~ is any public accommodations facility employee who, as part of ~~his or her~~ their normal work assignment, performs the routine cleaning and upkeep (excluding maintenance items) of one or more guest rooms.

~~**1.31 "Guest room Closure Order" defined. A guest room Closure Order is a written notification to cease immediately the renting, leasing, or other occupation of a guest room at a public accommodation facility.**~~

~~1.32~~ **"Health Authority"** ~~defined. Health Authority~~ means the officers and agents of the ~~Southern Nevada District Board of Health and the~~ Southern Nevada Health District.

~~1.33~~ **"Health Permit"** ~~defined. A Health Permit~~ is written approval by the ~~SNHD~~ Health Authority to operate a public accommodation facility~~,~~ under the provisions of these Regulations. ~~Approval is given in accordance with these Regulations and is separate from any other licensing requirements of other agencies of jurisdiction that may exist within communities or political subdivisions comprising the SNHD.~~

~~**1.34 "Health Permit revocation" defined. Health Permit revocation occurs when the Health Authority revokes all permission to operate a public accommodation facility based on cause due to the presence of significant health and safety hazards. Upon receipt of the revocation Order, the public accommodation facility must cease immediately all renting, leasing, or other occupation of guest rooms and must close all facilities such as laundry facilities operated under the Health Permit. Revocations are intended to result in permanent closure of the public accommodation facility. The public accommodation facility may seek relief through the appeal process outlined in these regulations.**~~

~~**1.35 "Health Permit suspension" defined. Health Permit suspension occurs when the Health Authority suspends all permission to operate a public accommodation facility based on cause due to the presence of significant health and safety hazards that are facility wide or are of such severity to cause an imminent hazard to the health and safety of guests and employees. Suspensions may lead to eventual Health Permit Revocation. The public accommodation facility may seek relief through the appeal process outlined in these Regulations.**~~

~~**1.36**~~ **"Hostel"** ~~defined. A hostel~~ is a public accommodation facility consisting of a building or group of buildings in which there are five ~~(5)~~ or more guest rooms used, designed, or intended to be used, let, or rented out for the purpose of offering to the general public transitory lodging. Hostels are supervised, and include common restroom, bathroom, and kitchen facilities.

~~**1.37**~~ **"Hotel"** ~~defined. A hotel~~ is any public accommodation facility which is a building or group of buildings in which there are three ~~(3)~~ or more guest rooms used, designed, or intended to be used, let, or rented out for the purpose of offering to the general public lodging, on a day-to-day basis, where the primary entrance is through a lobby or foyer.

~~**1.38 "Hot water" defined. Hot water is water that attains and maintains a temperature between 90 and 120 degrees Fahrenheit. Each use of hot water in a public accommodation facility may require a more specific temperature range, (e.g., water at a hand sink should range from 100 to 110 degrees Fahrenheit).**~~

~~**1.39**~~ **"Housekeeping cart"** ~~defined. A housekeeping cart~~ is any cart used by guest room attendants to facilitate cleaning, linen exchange, and other routine housekeeping activities associated with guest room upkeep.

~~**1.40 "Immediately Dangerous to Life or Health (IDLH)" defined. Immediately Dangerous to Life or Health (IDLH) means conditions that pose an immediate threat to life or health or conditions that pose an immediate threat of severe exposure to contaminants which are likely to have adverse cumulative or delayed effects on health.**~~

~~**1.41 "Kitchenette" defined. A kitchenette is a room or area within a single guest room of a public accommodation facility that must have the following amenities: a kitchen sink supplied with hot and cold potable water; cooking facilities such as a microwave oven, convection oven, or stove; a washable counter for food preparation; a refrigerator; and a cupboard or other kitchen cabinetry, and a ventilation hood. A kitchenette may also have an automatic dishwasher with a sanitizing cycle. Any other amenities are optional. (NAC 447.170)**~~

~~**1.42 "Management Plan"** defined. A Management Plan is a document written and used by an SCRV dry camping facility that provides information on how the facility intends to address pertinent issues such as:~~

~~Source(s) of potable water;~~

~~Location(s) of the sanitary station(s);~~

~~Disposal of solid waste;~~

~~Facility signage location and language;~~

~~Availability of back up restrooms; and/or~~

~~Parking lot(s) and surrounding grounds maintenance.~~

~~**1.43 "Medical attention" defined. Medical attention is care given to an individual by a medical professional or other legally credentialed allied health practitioner, such as an emergency medical technician or first responder.**~~

~~**1.44 "Medical professional" defined. A medical professional is a licensed, certified, or registered provider of health care such as a physician, physician assistant, osteopathic physician, advanced practitioner of nursing, registered nurse, podiatric physician, or a licensed hospital as the employer of any such person.**~~

~~**1.45**~~ **"Mold"** ~~defined. Mold~~ is any of the microscopic organisms of the kingdom *Fungi*, which possess a filamentous structure or mycelium. ~~Molds are devoid of chlorophyll and generally have cell walls made primarily of chitin.~~

~~**1.46**~~ **"Mold remediation"** ~~**defined. Mold remediation**~~ includes, without limitation:

The enclosure, abatement, or removal of mold or material containing mold from a building or structure, including any associated mechanical systems inside or outside the building or structure;

The repair, renovation, or demolition of a building or structure containing mold or material containing mold; or

Any activity connected with the enclosure, removal, abatement, repair, renovation, or demolition of a building or structure containing mold or material containing mold.

~~**1.47**~~ **"Motel"** ~~defined. A motel~~ is a public accommodation facility which consists of a building or group of two ~~(2)~~ or more detached or semi-detached buildings containing one ~~(1)~~ or more guest rooms, each with a separate exterior entrance, used as a room for lodging on a day-to-day basis.

~~**1.48 "National Sanitation Foundation International (NSF)" defined. National Sanitation Foundation International (NSF) is an independent, not-for-profit organization that offers programs and services to augment and support the work of regulatory officials. This includes the development of public health standards, certification of products to those standards, and education and training in all areas of environmental health, including air, water, and food safety.**~~

~~**1.49**~~ **"Non-sewered toilet"** ~~defined. A nonsewered toilet~~ is a toilet that is not connected to a sewage disposal system. The term includes, without limitation, a free-standing portable toilet and a recreational vehicle and/or trailer equipped with waste holding tanks.

~~**1.50**~~ **"Nuisance"** ~~defined. A nuisance~~ is anything which is injurious to health or offensive to the senses, so as to interfere with the comfort or endanger the health or safety of the public.

"Order" is a written directive issued by the Health Authority which instructs the responsible person to immediately stop doing or allowing a specific action to occur at a public accommodation facility.

~~**1.51 "Occupational Health and Safety Administration (OSHA)" defined. Occupational Health and Safety Administration (OSHA) is the agency which supervises and regulates all matters relating to the protection of the safety and health of employees in conformity with the provisions of NRS 618. In the**~~

~~State of Nevada, this agency is the Division of Industrial Relations of the Department of Business and Industry.~~

~~1.52~~ **"Outbreak"** ~~defined. An outbreak~~ is the occurrence of cases of a communicable disease in a community, geographic region or particular population at a rate in excess of that which is normally expected in that community, geographic region or particular population, per Nevada Administrative Code ((~~(~~NAC) 441A.130~~)~~.

~~1.53~~ **"Pathogenic"** ~~defined. Pathogenic~~ means the ability to produce disease.

"Person in Charge" means the individual present at a public accommodation facility who is responsible for its operation.

~~1.54~~ **"Personal hygiene items"** ~~defined. Personal hygiene items~~ are consumable articles ~~such as bars of soap, bath gel, bubble bath, shampoo, conditioner, lotion, mouthwash, toothbrushes, toothpaste, cotton swabs, cotton balls, razors, shaving cream, emery boards, combs, brushes, tweezers, feminine hygiene items, powder, etc., which~~ that are used for personal cleanliness and/or grooming.

~~1.55 "Plumbing Code (PC)" defined. Plumbing Code means the current adopted (by the building department of the agency of jurisdiction) edition of the document entitled "Uniform Plumbing Code" published by the International Association of Plumbing & Mechanical Officials, Walnut, California and any local codes added thereto) or the 2000 International Plumbing Code, if adopted by the agency of jurisdiction.~~

~~1.56~~ **"Potable water"** ~~defined. Potable water~~ is water that is safe for human consumption.

~~1.57 "Principal" defined. A principal is an owner, officer, partner, member or technician of a pest control business who has qualified by examination in one or more of the categories of pest control set forth in NAC 555.280.~~

~~1.58 "Primary principal" defined. A primary principal is a principal who:~~

~~Is the only principal for a pest control business; or~~

~~Has been designated by a pest control business licensed pursuant to NAC 555.370 as the person responsible for the daily supervision of the category or categories of pest control performed by each business location of the pest control business within this state.~~

~~1.59~~ **"Public accommodation facility"** ~~defined. A public accommodation facility~~ is a hotel/casino, resort, hotel, motel, hostel, ~~bed and breakfast facility,~~ or other facility offering rooms or areas to the public for monetary compensation or other financial consideration on an hourly, daily, or weekly basis. Facilities offering rooms for 31 consecutive days or longer may be exempt from these Regulations.

~~1.60 "Public accommodation facility Closure Order" defined. A public accommodation facility Closure Order is a written notification to cease immediately all business operations of a public accommodation facility.~~

~~1.61~~ **"Public area"** ~~defined. A public area~~ is any area open to public view, whether indoors or outdoors, excluding guest rooms, at a public accommodation facility to which the public has approved access.

~~1.62~~ **"Putrescible"** ~~defined. Putrescible~~ means capable of being decomposed by microorganisms with sufficient rapidity as to cause nuisances from odors or gases.

"~~1.63~~ Recreational park trailer" ~~defined. A recreational park trailer~~ is a vehicle which is primarily designed to provide temporary living quarters for recreational, camping, or seasonal use and which:

Is built on a single chassis mounted on wheels;

Has a gross trailer area not exceeding 400 square feet in the set-up mode; and

Is certified by the manufacturer as complying with Standard No. A119.5 of the American National Standards Institute. (NRS 482.1005)

~~1.64~~ **"Recreational vehicle (RV)"** ~~defined. A recreational vehicle~~ is a vehicular-type unit primarily designed as temporary living quarters for travel, recreational or camping use, which may be self-propelled, mounted upon, or drawn by, a motor vehicle, occupied in any one place for 30 days or less. The term includes a recreational park trailer. (NRS 482.101)

~~**1.65 "Residual pressure" defined. Residual pressure is the pressure available at the fixture or water outlet after allowance is made for pressure drop due to friction loss, head, meter, and other losses in the system during maximum demand periods.**~~

~~1.66~~ **"Responsible person"** ~~defined. A responsible person~~ is the person or persons who own, manage, lease, act as the primary point of contact or otherwise control the construction, remodeling, operation or maintenance of a public accommodation facility.

~~1.67~~ **"Restricted-use pesticide"** ~~defined. A restricted-use pesticide~~ is any pesticide that~~, including any highly toxic pesticide, which the Nevada State Department of Agriculture has determined after a hearing, to be injurious to persons, pollinating insects, bees, animals, crops or land, other than pests or vegetation it is intended to prevent, destroy, control or mitigate; or detrimental to vegetation, except weeds; wildlife; or public health and safety; or~~ has been classified for restricted use by or under the supervision of a certified applicator in accordance with Title 7, Agriculture; Chapter 6, Insecticides and Environmental Pesticide Control; Subchapter II, Environmental Pesticide Control; Section 136.

~~1.68~~ **"Restroom"** ~~defined. A restroom~~ is a public room that contains one or more toilets and one or more ~~lavatories~~sinks.

~~1.69~~ **"Room service cart"** ~~defined. A room service cart~~ is any cart used by food establishment staff to facilitate the provision of food from a room service kitchen to guests in a guest room.

~~1.70~~ **"Sanitary station"** ~~defined. A sanitary station~~ is a facility used for removing and disposing of wastes from RV and self-contained recreational vehicle (SCRV) waste retention tanks.

~~1.71~~ **"Sanitized"** ~~defined. Sanitized~~ means the treatment of equipment, tablewareutensils~~utensils~~, and surfaces that can be accessed by the public with a biocide by a process which has been approved by the Health Authority as being effective in destroying pathogenic microorganisms of public health concern.

~~**1.72 "Scale reduction" defined. Scale reduction is any mechanical or chemical method used to remove the formation of hard water mineral deposits which have formed scale on equipment, plumbing, or**~~

~~any other surfaces where its build up has significantly reduced the function or sanitary condition of the object.~~

~~1.73~~ **"Self-contained recreational vehicle (SCRV)"** ~~defined. A self-contained recreational vehicle (SCRV)~~ is a recreational vehicle or trailer of any size designed to serve as self-contained living quarters, including potable water and waste disposal facilities, for recreational or seasonal travel.

~~1.74~~ **"Service animal"** ~~defined. A service animal~~ is any ~~guide~~ dog~~, signal dog, or any other animal~~ or miniature horse that is individually ~~specially~~ trained to provide assistance to an individual with a disability. ~~This also includes animals such as dogs used to perform work on behalf of a public accommodation facility.~~

~~1.75~~ **"Service building"** ~~defined. A service building~~ is a building provided to house ~~sanitary~~ toilet and shower facilities.

~~1.76~~ **"Sewage"** is wastewater consisting of liquid waste and water-carried solids, including effluent from commercial, industrial, and domestic sources and toilets.~~defined. Sewage is the water-carried human or animal waste from residences, buildings, industrial establishments, feedlots or other places, together with such ground water infiltration and surface water as may be present. The term includes the mixture of sewage with wastes or industrial wastes and gray water.~~

"Short-Term Residential Rental" means the commercial use, or the making available for commercial use, of a residential unit for dwelling, lodging or sleeping purposes, wherein any individual guest rents or occupies the entire dwelling unit or one or more individual rooms within the unit for a period of less than thirty-one consecutive calendar days. Short-Term Residential Rentals are not included in the definition of Public Accommodations and not required to maintain a Public Accommodation Health Permit.

~~**1.77 "Showerhead" defined. A showerhead is a perforated nozzle assembly that sprays water on a guest taking a shower.**~~

~~1.78~~ **"Significant water/moisture"** is~~defined. Significant water/moisture means:~~

t~~T~~he presence of uncontrolled visible water or detectable moisture (measured as 95 percent relative humidity or higher) which persists for more than twenty-four ~~(24)~~ hours from an unmitigated source such as a roof leak, pipe leak or similar unexpected source; or

~~Moisture may be present due to the water contained in warmer air condensing into droplets when it reaches dew point against a cooler surface such as a wall, causing detectable condensation.~~

~~Moisture readings in wall and floor components that exceed recommended percentages for specific materials such as construction materials (12-16 percent) and wood (25 percent). While not absolutes, they may indicate a developing problem.~~

~~The presence of uncontrolled visible water or detectable moisture (measured as 95 percent relative humidity or higher) which originates from the normal activities associated with a public accommodation facility and continues on an ongoing basis; or~~

~~E~~evidence of uncontrolled visible water or detectable moisture (unmeasured) indicated by the presence of visible mold

~~**1.79 "Site map" defined. A site map is a pictorial description of the general layout, available services, and location and arrangement of the parking spots provided by the SCRV dry camping facility.**~~

~~**1.80**~~ **"Solid waste"** ~~defined. Solid waste~~ is all putrescible and nonputrescible refuse in solid or semisolid form, including, but not limited to, garbage, rubbish, junk vehicles, ashes or incinerator residue, street refuse, dead animals, demolition waste, construction waste, and solid or semisolid commercial and industrial waste. The term does not include hazardous waste managed pursuant to NRS 459.400 to 459.600, inclusive, or a vehicle described in subparagraph (2) of paragraph (b) of subsection 1 of NRS 444.620.~~.~~

"Surface" is the surface of any furniture, equipment, fixture, walls, floors, ceilings, bathtubs, showers or similar surface which is part of a public accommodation facility.

~~**1.81 "Special Event" defined. A special event is any public gathering which is for a specific purpose, includes the service of food or a temporary food establishment, and is less than 14 days in duration. This does not include any private/"by invitation only" gathering or nonprofit/church gatherings held on nonprofit/church property.**~~

~~**1.82 "Sterilization plant" defined. A sterilization plant is a building approved by the Health Authority for the purpose of sterilizing used bedding in compliance with NRS 444.010 to 444.040 and NAC 444.001 to 444.005 inclusive.**~~

~~**1.83**~~ **"Tableware"** is eating, drinking, and serving utensils for table use, such as flatware including forks, knives, and spoons; hollowware including bowls, cups, serving dishes, ice buckets, coffee pots, carafes, and tumblers; and plates.~~defined. Tableware is all nondisposable utensils for eating and drinking, including knives, forks, spoons, glasses and cups.~~

"Time/Temperature Control for Safety" (TCS) means a food that requires time or temperature control to limit pathogenic microorganism growth or toxin formation.

~~1.84 "Used bedding" defined. Used bedding is any mattress, box spring, cot, futon, bed sheet, mattress pad, blanket, bedspread, comforter, quilt, dust ruffle, pillow, pillow case, cushion, or other materials used in the filling of any of the above or similar articles which has been previously used prior to receipt by the operator of a public accommodations facility.~~

~~1.85 "Utensils" defined. Utensils are any tableware or kitchenware used in the storing, preparing, conveying or serving of food; specifically including, but not limited to, ice buckets, ice scoops, tongs, and coffee pots and/or carafes.~~

Section 2

~~– SUBSTANTIAL HAZARDS TO PUBLIC HEALTH AND SAFETY~~Substantial Hazards to Public Health and Safety

2.1 Substantial Hazards to Public Health and Safety include, but are not limited to:

2.1.1 Substantial damage to the public accommodation facility caused by earthquake, wind, fire, rain, or flood.

2.1.2 Loss of electrical power to such critical systems as lighting, heating, cooling, or ventilation controls for a period of two ~~(2)~~ or more hours.

2.1.3 Reduction of water pressure below 20 pounds per square inch (psi) to any part of a facility, any unplanned water outage, ~~or the water supply is cut off in its entirety~~ for a period of one ~~(1)~~ or more hours.

2.1.4 A water supply that is not approved by the Health Authority.

2.1.5 A defect or condition that exists in the system supplying potable water that may result in the contamination of the water.

2.1.6 A cross-connection between the potable and non-potable water distribution systems, such as landscape irrigation, air conditioning, heating, and/or fire suppression. ~~See Appendix A: "Public Health Significance of Cross-Connections."~~

2.1.7 A back siphonage event.

2.1.8 Sewage that is not disposed of in an approved and sanitary manner.

2.1.9 Lack of properly installed toilet and/or hand washing facilities.

2.1.10 An infestation, harborage or propagation of ~~vermin~~pests.

2.1.11 The presence of toxic or noxious gases, vapors, fumes, mists or particulates in concentrations immediately dangerous to life or health, or in concentrations sufficient to cause an environmental disease or a public nuisance.

2.1.12 The presence of any unapproved pesticide residues in the interior building areas of a public accommodation facility, in food establishments contained within the public accommodation facility, or in any food present in the facility; or the presence of excessive restricted-use pesticides in any outdoor area of a public accommodation facility; or any evidence of the indiscriminate use of a pesticide or herbicide which may be injurious to the health of humans.

2.1.13 The presence of any disease-causing organism in water exposed to the atmosphere, which has caused an environmental disease in the public accommodation facility. ~~An informational example "Legionella Sampling Plan and Form" is provided in Appendix B.~~

2.1.14 An employee infected with a communicable disease which represents an immediate hazard to staff or guests. ~~A list of communicable diseases considered to be an immediate~~

~~hazard is located in Appendix C, along with a combined copy of NRS and NAC 441A, "Communicable Diseases."~~

2.1.15 Equipment that by condition, design, construction or use poses an immediate risk of entrapment, fall, puncture, pinch, crush, trip, or other cause of injury.

2.1.16 ~~Environmental s~~Surfaces, furnishings, ~~beds, mattresses, pillows, blankets, linen~~bedding, towels, chairs or other items within a room that are stained with blood or bodily fluids, soiled, or infested with ~~vermin~~pests; or are in an otherwise unsanitary condition.

2.1.17 Any unmitigated biohazardous event that simultaneously involves more than one ~~(1)~~ guest room or a public area ~~exceeding 200 square feet~~.

2.1.18 Missing or inoperable smoke detection equipment in each sleeping or separated living area.

2.1.19 Inability of the heating and cooling equipment to maintain the room temperature between 60°F and 90°F by thermostatic control in all living and sleeping rooms while being used by guests.

2.1.20 The presence of uncontrolled putrescible waste within the public accommodation facility, on the facility grounds, or in waste accumulation and disposal areas in quantity and duration as to create a nuisance.

2.1.21 All illegal clandestine drug laboratories and related activities. ~~Cleanup guidelines are located in Appendix D~~.

2.2 Notification of the Health Authority

~~2.22~~ All substantial health hazards listed in Section 2 that are not mitigated within the required timeframes listed in these Regulations must be reported to the Health Authority ~~via telephone. Contact information for the Health Authority is provided in Appendix E~~.

2.3 Health Authority Actions

When the Health Authority determines a substantial health hazard exists at a public accommodation facility, the Health Authority may order the public accommodation facility to take corrective action, suspend operations, and/or take any other action as provided in Section 12 of these regulations.

Section 3

– ~~FACILITIES AND EQUIPMENT~~Facilities and Equipment

3.1 Plans for construction, remodeling

3.1.1 No person may construct or extensively remodel ~~Before any person begins the construction or extensive remodeling of~~ a public accommodation facility that requires a building permit~~,~~ without written approval from the Health Authority. ~~he must submit the plans to the appropriate Health Authority for review and approval.~~

3.1.2 Plans to construct or remodel a public accommodation facility must include:

3.1.2.1 Full set of onsite Civil Engineering Improvement Plans

3.1.2.2 Mechanical (heating, ventilation, and cooling) Drawings

3.1.2.3 Plumbing Drawings

3.1.2.4 Electrical and lighting/photometric Drawings

3.1.2.5 Specification sheets for the guest room heating/cooling units

3.1.2.6 Exterior site plans and details

3.1.2.7 Interior floor plans and details, including guestroom plans and elevations.

3.1.3 Plans must be submitted prior to beginning construction or remodeling

~~**3.2 Exemption of existing facilities, equipment from design, construction requirements**~~

~~**If any facility or equipment being used by the operator of a public accommodation facility one year from the implementation date of these Regulations does not meet the requirements for design and construction established in this chapter, the operator is exempted from those requirements and may continue to use the facility or equipment if it is in good repair, is capable of being maintained in a sanitary condition and does not create a health hazard.**~~

3.2~~3~~ Certain areas prohibited from use as quarters for living or sleeping

~~It is unlawful for~~ A public accommodation facility must not allow any person to use, or to permit another person to use, any of the following portions of a public accommodation facility for living or sleeping purposes:

3.2~~3~~.1 Any kitchen, cellar, hallway, water closet, bath, shower compartment, or ~~slop~~mop-sink room.

3.2~~3~~.2 Any other room or place which does not comply with the provisions of this chapter, or in which, in the judgment of the Health Authority, living or sleeping is dangerous or prejudicial to life or health by reason of an overcrowded condition, ~~a want of~~insufficient light, windows, ventilation or drainage, dampness, or offensive or obnoxious odors or poisonous gases in the room or place, or a lack of exits as required by the version of the Uniform Building Code being used by the agency of jurisdiction.

3.34 Air space, floor area and ceiling height of rooms

No room for sleeping purposes shall have less than 500 cubic feet of air space for each occupant. The floor area of each sleeping room must be at least 80 square feet and at least 7 feet in width. All rooms must have a ceiling height of at least 8 feet.

3.45 Floors

3.45.1 Every floor and every floor covering, such as carpeting, must be kept clean and in good repair, sanitized or replaced so that it will not become a hazard to safety or health.

3.45.2 The floors in areas with a high potential to be wet, including areas used for washing and sanitizing tableware and in laundry areas, kitchenettes, and in areas in bathrooms and toilet rooms, which are next to the tub, shower or toilet, must be constructed of smooth, durable, nonabsorbent and easily cleanable material.

~~3.5.3 The floors must not be covered with carpeting in areas used for washing and sanitizing tableware, in laundry areas, in kitchenettes, and in areas in bathrooms and toilet rooms, which are next to the tub, shower, or toilet.~~ The ~~appropriate~~ Health Authority may prohibit the use of carpeting in any other area, which it deems would be made unsanitary by the use of carpeting.

3.45.4.3 Every concrete, tile, ceramic and vinyl floor installed in a bathroom, toilet room, laundry room or kitchenette must be coved at the junctures between the floor and the walls. All material used to cove the junctures must be fitted snugly to the floor and the walls so there are no openings large enough to permit the entrance of ~~vermin~~pests.

3.56 Walls, ceilings and closures

3.56.1 All walls, ceilings, doors, windows, skylights, other closures, fixtures and decorative material must be kept clean and in good repair.

3.56.2 The walls of bathrooms, toilet rooms, rooms for washing tableware, and kitchenettes must be smooth and easily cleanable.

3.56.3 The materials used in constructing the walls and ceilings must be joined along their edges so as to leave no open spaces or cracks.

3.56.4 Studs, joists, rafters and beams must not be left exposed in bathrooms, toilet rooms, laundry rooms or kitchenettes. If left exposed in other areas, these structural members must be suitably finished and be kept clean and in good repair.

3.67 Furniture

All furniture must be kept in good repair, cleanable, and maintained in a clean and sanitary condition.

3.78 Lighting

3.78.1 At least 50 foot-candles of light at a distance of 30 inches from the floor must be provided in each area for washing tableware and in each kitchenette.

3.78.2 At least 20 foot-candles of light at a distance of 30 inches ~~(76.2 cm)~~ from the floor must be provided in each laundromat area for guest use, toilet room, bathroom and in each other area during cleaning.

3.78.3 At least 15 foot-candles of light at a distance of 30 inches from the floor must be provided in any area used for living or sleeping.

3.89 Smoke Alarms

3.89.1 Each guest room or separated living area must be equipped with at least one working smoke alarm, which is installed, maintained, and tested according to existing fire codes.

3.89.2 The smoke alarm must be free of foreign matter such as tape or paint that could impair its proper function.

3.9 Ground Fault Circuit Interrupters (GFCI)

GFCI electrical outlets shall be installed in all public accommodation facilities built after 1971 at the following locations:

3.9.1 Bathrooms: All electrical outlets must be GFCI protected

3.9.2 Kitchens: All electrical outlets serving countertop areas and any receptacle within 6 feet of a sink must have GFCI protection

3.9.3 Laundry, Utility and Wet Bar sinks: Any receptacle within 6 feet of a sink must have GFCI protection

3.9.4 Public accommodation facilities constructed prior to 1971 without GFCI protection must install GFCI outlets if updating the building's electrical system.

3.10 Heating and ventilating systems

3.10.1 All bathrooms and toilet rooms must be adequately ventilated so that excessive moisture is removed from the room.

3.10.2 Each system for heating, cooling or ventilation must be properly installed and maintained ~~and operational~~ at all times that guest rooms are occupied.

3.10.3 All sleeping rooms, bathrooms and toilet rooms must be capable of being maintained at a temperature between 608°F ~~(20°C)~~ and 890°F ~~(26.7°C)~~ while being used by guests.

3.10.4 The use of portable space heaters as the primary source of heat is prohibited in guest rooms.

3.11 Baths, showers, toilets and ~~lavatories~~sinks

3.11.1 Common bathrooms servicing guest rooms are prohibited in all hotels and motels newly built ~~or remodeled one year after the effective date of these regulations~~.

3.11.2 Each guest room in a public accommodation facility ~~newly built one year after the effective date of these regulations~~ must contain, at a minimum, one toilet, one

~~lavatory~~sink, and one shower and/or bathtub, which may include a bathtub/shower combination.

3.11.3 All baths, showers, toilets and ~~lavatories~~ sinks must be kept in good repair.

3.11.4 While being used by guests, the floors of the bathrooms ~~and toilet rooms must be sanitized each day, unless the guest has declined regular guest room services. If a guest declines regular guest room services, the public accommodation facility must ensure that these surfaces are cleaned and sanitized at least once per week and between guests.~~

~~3.11.5 While being used by guests~~, every surface of a bathtub, shower, shower enclosure, toilet and ~~lavatory~~sinks, which may come in contact with a person's body, must be cleaned and sanitized each day, unless the guest has declined regular guest room services. If a guest declines regular guest room services, the public accommodation facility must ensure that these surfaces are cleaned and sanitized at least once per week and between guests. In the event that the guest room remains vacant, the public accommodation facility must ensure that the guest room is cleaned and sanitized prior to use by the next guests.~~Guidance on recommended cleaning and sanitizing of specialty bath equipment such as fill-and-drain whirlpool spa bathtubs can be found in Appendix F.~~

3.11.5~~6~~ Cloths used for cleaning and sanitizing dirty environmental surfaces of the guest room shall be used in one guest room only, and then be placed in the dirty compartment of the housekeeping cart when the guest room attendant has completed cleaning that room.

3.11.6 Cellulose sponges are prohibited from use; abrasive scrubbing pads that are used in multiple rooms must be stored in disinfecting solution

3.11.7 ~~All other surfaces of the bathroom must be cleaned and sanitized when visibly soiled or dirty but at least once a week, unless the guest has declined regular guest room services. If a guest declines regular guest room services, the public accommodation facility must ensure that these surfaces are cleaned and sanitized at least once per week. In the event that the guest room remains vacant, the public accommodation facility must ensure that the guest room is cleaned and sanitized prior to use by the next guests.~~The pumping and recirculation of fill-and-drain whirlpool spa bathtubs must be disinfected between guests.

3.11.8 All under-the-counter cabinets must be maintained in a clean, dry, and structurally sound condition. The cabinets must be replaced if the understructure shows warping, peeling and/or rotting.

3.12 Sanitation of guest room following occupation by guest having a communicable disease

3.12.1 Whenever the responsible person knows or suspects that a guest room has been occupied by a person with a reportable infectious illness, the guest room shall be thoroughly cleaned and sanitized~~, including fumigation, as needed~~, depending on the suspected or known pathogen, according to the public accommodation facility's ~~"Guest~~

~~Room Clean-up Standard Operating Procedure (SOP)."~~Biohazard Event Response Plan. ***An example SOP can be found in Appendix A~~G~~***.

3.12.2 All linens, towels, and bedding from the contaminated guest room shall be ~~thoroughly~~ laundered and~~,~~ dried ~~and disinfected~~ before reuse.

3.12.3 The guest room shall not be occupied by new guests until the timeframe recommended by the manufacturer of the treatment substance ~~, such as a fumigant,~~ has passed.

3.13 Water supply

3.13.1 The potable water supply for each public accommodation facility must be from a source approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water and must meet all NRS 445A requirements.

3.13.2 Each public accommodation facility must be supplied with a hot and cold potable water supply that meets all sanitary purposes, including water for ~~culinary~~cooking, bathing, ~~lavatory~~sink use, and laundering.

3.13.3 Anytime the responsible person receives a water quality-related complaint in which two or more persons report similar illness within 24 hours of each other, the responsible person ~~shall obtain the name, address, phone number (room number if the affected individual is a guest), along with a list of the reported symptoms and name of the medical facility to which the ill persons are being transported, if medical attention is sought. The responsible person shall then~~must report the alleged illnesses to the Health Authority immediately~~. via the Health Authority's 24-hour telephone line. (See Health Authority contact information in Appendix E)~~

3.14 Plumbing

3.14.1 The potable water system must be installed and maintained in such a manner that there is no cross connection between it and any other system.

3.14.2 Every room with laundry facilities must have a drain in the floor of the room. The floor must be sloped to provide proper drainage.

3.14.3 Each washing machine, dishwasher or sink used for washing laundry, tableware ~~or utensils~~, and all ice machines, must drain through an approved air gap to a floor sink.

3.14.4 A device used to prevent backflow or back siphonage that is installed on a potable water system must comply with the standards for the construction, installation, maintenance, inspection, and testing of the Uniform Plumbing Code (UPC) for that specific application and type of device~~, including the Southern Nevada 1997 Plumbing Code Amendments, unless a more stringent code is adopted by the agency of jurisdiction.~~

3.14.5 Each hose bibb must be equipped with a suitable backflow prevention device, such as an Atmospheric Vacuum Breaker (AVB), and installed and maintained in accordance with manufacturer guidelines.

3.14.65 The written results of annual backflow prevention device testing must be made available at the public accommodation facility for Health Authority review.

3.15 Water damage evaluation

3.15.1 Whenever evidence of significant water/moisture intrusion from any source is found within or on the walls, ceilings, attic spaces, crawl spaces, floors, carpeted surfaces, ventilation ducts, insulation, or other materials or areas which may promote the growth of mold, the source of the water or moisture must be identified and stopped to prevent or reduce mold growth.

3.15.2 Whenever a need arises to conduct a large-scale mold remediation affecting more than 1,000 square feet within a public accommodation facility, the Health Authority must be notified in writing of actions taken. For guidance, see Appendix H: "Mold Remediation Guidelines (NYC and SNHD)"

3.16 Solid waste disposal

3.16.1 Each public accommodation facility must have solid waste containers of sufficient number and size to store all the solid waste in a manner that does not exceed the waste containers' capacities until the solid waste is removed.

3.16.2 If the When solid waste is not being removed in a manner that prevents a public health nuisance or danger, the Health Authority shall may direct the responsible person at the public accommodation facility to increase their solid waste container capacity and/or increase the frequency of scheduled pickups until adequate removal of the solid waste is achieved.

3.16.3 The solid waste containers must be:

3.16.3.1 Kept at locations approved by the Health Authority.

3.16.3.2 Emptied at least twice weekly. The frequency of solid waste removal must be at an interval, which prevents putrescible waste from becoming a nuisance even if such frequency is more often than twice weekly.

3.16.3.3 Kept covered and closed with a tight- -fitting lid at all times except when being filled, emptied, or cleaned, unless the equipment is specifically designed to be operated as an open dumpster or trash compactor.

3.16.3.4 Kept clean. Facilities for washing them must be provided and operated in a sanitary manner or appropriate contracts with a solid waste disposal company must be in place to clean and/or replace waste containers that become excessively dirty.

3.16.4 Wastewater generated from cleaning the containers must be disposed of as sewage in the public sewerage system, or in an Individual Sewage Disposal System (ISDS) approved by the Health Authority, or as otherwise approved by the Health Authority. This wastewater must

~~3.16.5 Wastewater generated during cleaning of solid waste containers shall~~ not be discharged into ~~the~~ storm drains or onto public thoroughfares.

3.17 Sewage disposal

3.17.1 All sewage ~~carried by water~~ must be disposed of ~~by means of~~to a public sewerage system ~~or by a system for disposal such as an ISDS, which is approved by the Health Authority~~.

3.17.2 ~~**If the public accommodation facility intends to discharge its sewage to an ISDS, the facility must submit plans for review and approval and obtain a permit for the ISDS from the Health Authority for that purpose.**~~

~~3.17.3~~ Any sewage discharge, sewer pipe leaks, spills, or backflow onto the ground, or other inappropriate release of sewage must be promptly stopped, ~~and/or~~ contained, and remediated. When a public accommodation facility fails to stop, contain, and remediate an inappropriate sewage release within four hours of the condition being discovered, the Health Authority may close the facility without notice in accordance with Section 12 of these Regulations.~~within four (4) hours or the facility may be subject to closure by the Health Authority.~~

3.17.4 All sewage spills must be remediated in a manner that eliminates potential disease transmission, offensive odors, sewage solids, and sewage litter. ***For guidance, see Appendix C: Sewage Remediation Guidelines***

3.18 Outdoor areas

3.18.1 All outdoor areas including, but not limited to, parking areas, walkways, landscaped areas, storage areas, service buildings, and undeveloped grounds must have sufficient drainage to prevent water from collecting and stagnating in pools, and must be kept clean and free of any health hazards.

Section 4

-– GENERAL SANITATIONGeneral Sanitation

4.1 Public areas

4.1.1 All public areas of public accommodation facilities must be maintained in a clean and sanitary manner, free of nuisances.

4.2 Public restrooms

4.2.1 All public restrooms must be kept in sanitary condition and good repair.

4.2.2 The floors of all public restrooms must be ~~thoroughly~~ cleaned and sanitized at least daily.

4.2.3 All surfaces of toilets, urinals, and other fixtures which may come in contact with a person's body in a public restroom, must be cleaned and sanitized at least daily. Any other surfaces not specifically addressed must be maintained in a clean condition.

4.2.4 All public restrooms must be stocked with a sufficient supply of toilet paper, disposable paper towels, electric hand dryer, or single-use cloth towels and liquid soap dispensed from easily cleanable permanent ~~wall- or counter-~~ mounted dispensers.

4.2.5 Cloth towels provided in public restrooms for use by guests and customers must be dispensed in a manner that clearly facilitates single use prior to laundering. If cloth towels are provided for this purpose, they must be stored for use, dispensed, and stored for re-laundering in a sanitary manner.

4.3 Guest room bedding, linen, and towels

4.3.1 All items of bedding, linen, and towels must be protected from contamination ~~by dust or filth~~.

4.3.2 All guest room bathrooms must be provided with a sufficient supply of clean towels while the room is occupied.

4.3.3 All beds ~~kept or used in any public accommodation facility~~ must be provided with a sufficient supply of clean bedding, which is appropriately sized, while the room is occupied.

4.3.4 Sheets and pillow cases must be replaced at least twice weekly, at the request of a guest, between guests, and~~or~~ whenever they have become soiled or are in disrepair.

4.3.5 Mattresses must be protected from contamination with waterproof encasements.

4.3.6 Clean bedding that is found to be in poor condition ~~during the room makeup process~~ must be discarded and replaced.

4.3.7~~6~~ Clean linen and bedding must not be stored or transported in laundry bags, laundry carts or other containers which have been used for soiled linen unless the operator of the public accommodation facility demonstrates to the Health Authority that the containers are, or can be, properly cleaned and their surfaces sanitized.

4.4 Third-party linen provider

When a third-party linen provider is used, ~~then~~ any bedding, linens, towels, and/or conveyances that are found to be dirty, stained, or otherwise in poor condition must be rejected ~~at the receiving dock~~ and returned to the third-party linen provider.

4.5 On-site laundry facilities

When bedding, linens, and/or towels are laundered in-house~~, then~~:

4.5.1 They must be laundered, folded, and stored in an area that is clean and well maintained.

4.5.2 Separate storage areas must be designated for soiled bedding, linen, and towels away from clean bedding, linen, and towels.

4.5.3 There must be an adequate hot water (at least 90°F) supply to the on-site laundry facilities.

4.5.4 There must be an adequate number of washing machines, dryers, and folding tables to handle the volume of laundry generated at the public accommodation facility. Such approved equipment must be installed or placed:

4.5.4.1 With a drain indirectly connected to sewer through an air gap;

4.5.4.2 On an~~, at a minimum, a composite tile or other~~ approved floor, with wall-to-floor junctures sealed with base coving;

4.5.4.3 In a room with a minimum 50 foot-candles of light measured 30 inches above the floor;

4.5.4.4 On adjacent walls with coverings of fiberglass-reinforced plastic paneling or equivalent where moisture is likely to occur; and

4.5.4.5 In a room with an enclosed ceiling, finished with a cleanable surface.

4.5.5 The washing machines, dryers, and folding tables must be maintained in good operating condition.

4.5.6 There must be a handwashing sink, supplied with hot and cold running water and dispenser-fed liquid soap and disposable towels installed in the laundry room. ~~and/or chemical storage and handling room.~~

4.5.7 Prior to their next use, bedding, linens, and towels must be washed with soap or detergent and sanitized with a product labeled for that use.

4.5.8 Laundry that ~~arrives in the laundry facility, which~~ has been exposed to a biohazardous event, must be handled in accordance with the public accommodation facility's Biohazard Event Response Plan ~~written for the facility~~ and all applicable regulatory requirements. ***An example "Biohazard Event Response Plan" can be found in Appendix ~~I~~A.***

4.5.9 Laundered bedding, linen, and towels must be stored off ~~at least six (6) inches above~~ the floor level in a clean, ~~ventilated, illuminated, and well-maintained~~ place until used.

4.5.10 Linen storage shelves or cabinets must be constructed of smooth, nonporous, corrosion, and water damage-resistant material.

4.5.11 Existing wooden or combination metal/wood shelving must be sealed with an enamel sealing paint or clear coat and the shelves must be maintained in an easily cleanable condition.

4.6 Used bedding

4.6.1 The responsible person may not sell, trade, give away, or otherwise allow the transfer of any used bedding from a~~his~~ public accommodation facility for use in another public accommodation facility unless the used bedding is first sterilized by an approved sterilization process at a sterilization plant that has been approved by the Health Authority or otherwise disinfected in accordance with NAC 444.001 through 444.006. This prohibition does not include the exchange of furniture and mattresses that are in good condition between properties that are operated under the same management group, when such a need arises.

4.6.2 No used bedding may be recovered from any landfill, dump, dumpster or other waste disposal, junkyard, or hospital for the purpose of reuse in a public accommodation facility even after sterilization at an approved sterilization plant.

4.6.3 Used mattresses~~bedding which has~~that have ~~-~~been sterilized in a ~~sterilization plant~~process approved by the Health Authority, ~~otherwise disinfected in accordance with NAC 444.001 through 444.006 or~~which are transported for sale in Southern Nevada from another jurisdiction must be labeled with a waterproof tag permanently affixed on each article of bedding. The label must state "Sterilized", “Disinfected” or “Sanitized” and, “Secondhand~~,~~" ~~in accordance with the language required by the jurisdiction in which the bedding was processed~~. The label must include the name, address, and Health Permit number of the sterilization plant.

4.6.4 The owner of a sterilization plant located outside of the Health Authority’s jurisdiction may submit an application for reciprocity approval ~~(see Appendix J for a sample application)~~ if the sterilization plant meets all of the requirements of NRS 444.010 through 444.040, NAC 444.001 through 444.006, and Section 4.6 of these Regulations inclusive, and has a current Health Permit in good standing from the agency of jurisdiction.

4.7 Maintenance areas

Maintenance areas shall be clean and organized. ~~well-maintained and c~~Chemical storage and use shall be conducted in accordance with manufacturer’s instructions.

~~**4.7.2 Maintenance areas where chemicals are processed or mixed shall have a sink supplied with hot and cold running water and dispenser fed liquid soap and disposable towels.**~~

4.8 Housekeeping carts

4.8.1 Each cart shall be maintained in clean, sanitary, and good working condition.

~~4.8.2 Each cart shall be maintained in clean and sanitary condition.~~

4.8.2~~3~~ Clean items shall not come into contact with any soiled articles or chemicals on the cart.

4.8.3~~4~~ Each cart used for combined delivery of clean articles and removal of items for laundering must have a separate storage bin or bag for the soiled articles. The storage bin shall be made of a cleanable, smooth, and impervious material while storage bags shall be made of a durable material that is machine washable unless the bag is for single use only.

4.8.4~~5~~ Laundry storage bins and bags shall be washed whenever they become visibly dirty.

4.8.5~~6~~ All containers of chemicals used for maintaining guest rooms must be labeled.

4.9 Personal hygiene supplies

4.9.1 A supply of toilet paper must be provided to guests for use in the guest room bathroom.

4.9.2 A supply of single-use soap must be made available for use by guests. Used personal hygiene items left by departing guests must be discarded. Permanently-mounted stocked soap and shampoo dispensers may be provided for tub, shower, or ~~lavatory~~ sink use.

4.10 Ice

4.10.1 Ice used in a public accommodation facility must be made of water obtained from a water supply approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water or the ice must be obtained from a food establishment approved by the Health Authority.

4.10.2 All ice-making machines must be certified by National Sanitation Foundation (NSF) or an equivalent third-party certification organization and located, installed, operated and maintained ~~so as~~ to prevent contamination of the ice.

4.10.3 The responsible person at the public accommodation facility must have and adhere to an appropriate or effective routine maintenance and cleaning schedule for ice machines.

4.10.4 Ice must be handled, transported and stored in a manner which protects it from contamination.

4.10.5 Ice machines that are provided for direct use by guests must be designed to dispense ice cubes automatically from a storage area, which is within the machine and is inaccessible to the guest.

4.10.6 Ice buckets, ice scoops and other containers and ~~utensils~~ tableware used for ice, unless of a disposable/single-use type, must be made of a smooth, impervious material and designed to permit effective cleaning. Such containers and utensils must be cleaned and

sanitized each day the guest room is occupied, and must be stored and handled in a sanitary manner. When a guest declines regular guest room service, the public accommodation facility must ensure that containers and tableware are cleaned and sanitized at least once per week and between guests.

4.10.7 New, disposable/single-use, food-grade plastic ice bucket liners must be provided each day that the guest room is occupied except when disposable/single-use ice buckets are being provided.

4.11 Tableware

4.11.1 Suitable areas and equipment must be provided for the cleaning, sanitizing, drying and storage of tableware. Such equipment must be installed and/or placed:

4.11.1.1 With a drain indirect to sewer;

4.11.1.2 On, at a minimum, a composite tile or other approved floor, with wall-to-floor junctures sealed with base coving;

4.11.1.3 In a room with a minimum 50 foot-candles of light measured 30 inches above the floor;

4.11.1.4 On adjacent walls with coverings of fiberglass-reinforced plastic paneling or equivalent where moisture is likely to occur;

4.11.1.5 In a room with an enclosed ceiling, finished with a smooth, washable surface; and

4.11.1.6 In a room maintained to prevent the contamination of equipment~~,~~ and tableware ~~or utensils~~.

4.11.2 In-room cleaning ~~and sanitizing~~ of any tableware is permitted in a guest room with use of an in-room automatic dishwasher, appropriate detergent, and having a functional and/or adequate sanitizing cycle.

4.11.3 If the tableware is not cleaned using a dishwasher in the guest room, a sink with three ~~(3)~~ compartments and integral double drain boards or a dishwasher having a functional and/or adequate sanitizing cycle, certified by NSF or equivalent third-party certification organization must be used in another area of the facility. ~~All sinks must be certified by NSF or equivalent third-party certification organization.~~

4.11.4 Dish tables and drain boards must be large enough to accommodate the separate proper handling of soiled and clean tableware.

4.11.5 A handwashing sink, supplied with hot and cold running water and dispenser-fed liquid soap and disposable towels, must be installed within any room, other than a guest room, used for washing tableware~~, utensils~~ or glassware.

4.11.6 The Health Authority may approve any type of facility, device, or procedure for cleaning and sanitizing tableware if the responsible person demonstrates that it is effective and reliable for that purpose.

4.11.67 If no dishwashing facilities are available, single-use tableware only must be provided.

4.11.78 Manually washing and sanitizing

4.11.78.1 All tableware must be thoroughly washed in a reasonably clean solution that contains an effective concentration of detergent.

4.11.78.2 All tableware must be rinsed in clean ~~warm~~ water after washing.

4.11.78.3 All tableware, when manually washed, must be sanitized by immersion ~~for 1 minute in a clean, sanitizing solution containing 50 ppm of available chlorine.~~into an approved sanitizer at concentrations per the manufacturer's use directions included in the labeling.

4.11.78.4 ~~A test kit of reasonable accuracy, plus or minus 25%, must be used to test the available chlorine in the sanitizing solution.~~ The proper test kit must be provided for each type of sanitizer used.

~~**4.121.8.5** Other chemical agents which have been demonstrated to the satisfaction of the Health Authority to be effective and non-toxic without rinsing under conditions of use and for which a suitable test kit is available may be used in the sanitizing solution if the solution has a bactericidal effect equivalent to a solution containing 50 ppm of available chlorine. These other chemical agents include, but are not limited to, Quaternary Ammonium Compounds (Quats) at 200 ppm and Iodine at 12.5 ppm.~~

4.11.8.6 5 After being sanitized, all the tableware must be placed in a position permitting self-draining in a suitable area where it is allowed to air dry.

4.11.89 Storage and handling

4.131.81.9.1 All tableware must be stored at least six inches above floor level in a clean and dry location so that it is protected from ~~splash, dust and other~~ contamination.

~~4.11.9.2 All cleaned and sanitized tableware must be handled by employees of a public accommodation facility in such a manner that no part of their hands or clothing touch any surfaces of the tableware which will later be in contact with the food or the user's mouth.~~

4.11.831.9.32 All cleaned and sanitized tableware must be protected from contamination during storage and handling. ~~Acceptable methods include, but are not limited to, wrapping, paper caps, a utensil drawer with an organizer, placement upside-down on a doily, cabinets, and bins.~~

4.12 Disposable/single-use articles

4.12.1 All disposable/single-use articles in a public accommodation facility must be stored in closed ~~cartons or~~ containers to protect the contents from contamination~~,~~ and be handled and dispensed in a manner that will prevent contamination.

4.12.2 Disposable/single-use articles may be used only once.

4.13 Pets and service animals

4.13.1 No pet or service animal may be allowed to create a nuisance.

4.13.2 Animal wastes must be cleaned up as often as necessary to prevent nuisances, odors, and transmission of ~~zoonotic~~ diseases.

Section 5

-– CONTROL OF VERMINPest Control

5.1 General provisions and preventive measures

5.1.1 Insects, rodents, and other ~~vermin~~ pests must be controlled. Corrective engineering measures may be required by the Health Authority whenever a pest control problem is identified.

5.1.2 All openings to the exterior of a public accommodation facility must be protected to prevent access of or by rodents, flies and other ~~vermin~~pests. Operational windows and patio doors in guest rooms may be required to be screened if pest issues are observed.

5.1.3 Access doors such as those used for warehouse access must be kept closed when not in use unless a control measure such as an air curtain or bird netting is being used to prevent ~~vermin~~pest entry.

5.1.4 The interior and exterior of a public accommodation facility must be maintained ~~in a condition, which will~~to- prevent the harborage or feeding of ~~vermin~~pests.

5.1.5 Guest rooms found to have live rodents, cockroaches, bed bugs, or other ~~vermin~~ pests in type and number to cause a public health nuisance must be closed to the public immediately and until the presence or infestation is eliminated.

5.1.6 The solid waste receptacle storage area must be checked for evidence of ~~vermin~~ pest activity. Corrective actions must be taken whenever evidence of ~~vermin~~ pest activity is found.

5.1.7 The feeding of feral birds and animals may cause a public nuisance and is prohibited.

5.2 Pest control application

5.2.1 All pesticides must be used and stored in a safe manner in accordance with the manufacturer's recommended directions and labeling instructions ~~and stored in a safe manner~~.

5.2.2 Only certified applicators or persons under the direct supervision of a primary principal or principal, as defined by NRS 555.2618, NAC 555.2555, and NAC 555.256, may apply restricted-use pesticides at a public accommodation facility.

~~**5.2.3** Any activities involving fumigation must be performed in compliance with NRS and NAC 555. Information regarding NRS and NAC 555 is located in Appendix K.~~

5.2.43 The Health Authority may require that the responsible person enter into a contract for licensed commercial pest control service whenever the Health Authority determines that:

5.2.43.1 An ~~i~~in-house pest control applicator using a restricted-use pesticide does not have a current Nevada Restricted Use Pesticide Certificate issued in ~~his or her~~their name by the Nevada Department of Agriculture which includes

approval in at least the commercial certification categories of Industrial Pest Control and Institutional Pest Control of NAC 555.620 7(a) and 7(b) respectively;

5.2.43.2 In-house pest control measures are inadequate to maintain control of pests;

5.2.43.3 An in-house certified applicator is not available or is not being used;

5.2.34.4 Adequate in-house records as required in Section 5.4 are not being maintained; or

5.2.34.5 In-house pest control chemicals are being stored or applied improperly.

5.3 Rodent waste clean-up

5.3.1 All rodent waste clean-up must be completed in a manner which reduces the disturbance of rodent feces, urine, and saliva particles and associated mists.

5.3.2 Appropriate respiratory protection must be provided for any employee involved in rodent waste clean-up consistent with the U.S. Centers for Disease Control and Prevention recommendations ~~which can be found on the worldwide web at http://www.cdc.gov/ncidod/diseases/hanta/hps/noframes/prevent3.htm Also see Appendix L~~.

5.4 Record keeping

5.4.1 The responsible person must ensure that a copy of all records which document ~~the receipt of~~ pest control services from licensed commercial applicators, for the past one~~two (2)~~ year timeframe, are maintained on-site for review by the Health Authority.

5.4.2 If the public accommodation facility has an in-house certified applicator performing their pesticide applications, then records documenting all pest control applications at the public accommodation facility must be kept on site and in accordance with ~~as per~~ NAC 555.700 for the past ~~two (2)~~one year~~s~~ indicating the date, type, and location of pest control activities. ***See Appendix ~~K~~ B for a "Pesticide Use Report Sample."***

5.5 Required reporting

Any out-of-control infestation of pests~~vermin~~ must be reported ~~verbally~~ to the Health Authority. ~~See Appendix E for Health Authority contact information.~~

Section 6
- ~~EMPLOYEES~~Employees

6.1 Illness reporting and duty status

6.1.1 Employment in a public accommodation facility is a sensitive occupation under NAC 441A.170

6.1.~~2~~1 Any employee or person deemed to be an employee pursuant to NAC 441A.205, who has been diagnosed by a medical professional licensed or registered to practice medicine or nursing in the state in which they practice and excluded from work by that medical professional or the SNHD Office of Disease Surveillance (ODS)~~Epidemiology (OOE)~~ because he or she:

6.1.~~2~~1.1 Has a communicable disease,

6.1.~~2~~1.2 Is in a carrier state of a communicable disease,

6.1.~~2~~1.3 Has a boil or other infected wound,

6.1.~~2~~1.4 Or has an acute respiratory infection

must not work in a public accommodation facility until cleared, in writing, by a medical professional licensed or registered to practice medicine or nursing in the state in which they practice. The SNHD ODS~~OOE~~ shall make the final decision whether or not an excluded employee is released to work based on the requirements of NAC 441A. ~~(See Appendix C)~~

6.1.2 During the course of an ~~outbreak~~ investigation conducted by the Health Authority ~~at a public accommodation facility~~ into a suspected or confirmed outbreak involving a public accommodation facility, all employees and persons deemed employees must~~will~~ cooperate with the Health Authority in investigating the outbreak, including providing information on illness signs and symptoms and undergoing tests that may be required.

6.2 Employee training

6.2.1 All employees that are directly involved in the servicing or maintenance of guest rooms ~~shall~~ must be trained to recognize obvious health hazards in the guest room as outlined in Section 2. Any employee encountering such a health hazard ~~shall~~ must immediately report it to ~~his or her~~their supervisor or the responsible person.

6.2.2 All employees designated to be directly involved in responding to biohazard events must be trained in biohazard issues and handling in accordance with Occupational Safety and Health Administration (OSHA) standards. ~~Guidance regarding precautions that may be used by employees in public accommodation facilities is found in Appendix M.~~

6.2.3 All employees must maintain good personal hygiene practices as appropriate for their work assignment.

6.3 Handwashing

Each employee working in a public accommodation who comes in contact with amenities, tableware, linen or who cleans toilets, bathrooms, or restrooms while servicing guest rooms or public restroom facilities ~~shall thoroughly~~ must wash their~~his~~ hands with soap and warm water, change soiled gloves, and/or apply a hand sanitizer approved by the Health Authority (Apply hand sanitizer only after proper handwashing has been performed):

6.3.1 Before starting work each day~~;~~,

6.3.2 After personal restroom use~~;~~,

6.3.3 In laundry rooms between handling dirty and clean linen; and

6.3.~~4~~3 As often as may be required to remove soil and contamination.

6.4 Employee clothing

6.4.1 The outer garments of each person engaged in handling bedding, linen, towels or tableware in a public accommodation facility must be kept visibly clean.

6.4.2 Soiled employee clothing stored on site must be stored in a designated area away from clean clothing and other laundered items

6.5 Employee facilities

6.5.1 Employee locker rooms and restrooms must be maintained in a clean, sanitary, and safe condition.

6.5.2 Each employee restroom must be furnished with a hand washing sink, wall-mounted soap and paper towel dispensers, and hot and cold running water.

6.6 Employee Food Handler's Health Cards

6.6.1 All employees involved in food handling activities ~~associated with room service and continental breakfasts~~ must possess a ~~current,~~ valid Food Handler's Health Card issued by the Health Authority.

6.6.2 Employees that handle food service tableware~~utensils~~ only after service to the guest, conduct in-room dishwashing, ~~or~~ who only stock mini-bars or collect ice from the public accessible ice machines do not have to possess a current, valid Food Handler's Health Card.

Section 7

-– FOOD SERVICE AND FOOD SERVICE FACILITIESFood Service and Food Service Facilities

7.1 Prepackaged food sales

7.1.1 A public accommodation facility may offer guest room prepackaged ~~nonpotentially hazardous~~non-TCS food sales using a cabinet, refrigerator, or similar mini-bar. No Health Permit is required for this guest service.

7.1.2 The commissary used to service guest rooms with point-of-sale food items must have a valid Health Permit issued by the Health Authority. This Health Permit may be combined with another food establishment as part of a single Health Permit within the public accommodation facility at the discretion of the Health Authority.

7.1.3 Gift shops within public accommodation facilities that sell snacks and beverages must meet the requirements outlined in ~~NRS 446.870 and NAC 446.042. See Appendix N-Food Establishment Health Permit Exemptions.~~ the Regulations adopted by the Health Authority pursuant to NRS 446.940(2).

7.2 Room service

7.2.1 ~~If~~ When room service is offered, a separate Health Permit for the room service kitchen facilities must be obtained and kept in good standing. When~~If~~ the Health Permit of the room service kitchen facility is suspended or revoked, all room service activity must cease.

7.2.2 Room service carts must be kept well maintained, clean, and in sanitary condition.

7.2.3 Chemicals such as “sterno” and “canned heat” must be stored separate from and below food items on room service carts.

7.2.4 Room service carts must~~shall~~ not be used for housekeeping purposes.

7.2.5 Leftover room service food items and used tableware must~~shall~~ be removed from public hallways at least once per eight ~~(8)~~ hour shift.

7.3 Continental breakfast facilities

7.3.1 Permanent or temporary facilities constructed for the purpose of regularly or routinely serving foods to guests, whether or not a separate fee is charged for the service, shall be considered food establishments, as defined by ~~NRS 446.020, and shall be subject to the provisions of NRS 446, and~~ the Regulations adopted by the Health Authority pursuant to NRS 446.940(2).

7.3.2 A separate Health Permit is required for the operation of a Continental Breakfast.

7.3.3 Facilities may provide coffee and non-TCS, individually prepackaged food for guest use in the lobby or other areas without a food operations health permit. The countertop and

equipment must be kept clean. If no three-compartment sink or approved dishwasher is available:

7.3.3.1 All coffee cups and other items must be disposable, single-service and prepackaged.

7.3.3.2 Creamers and food must be non-TCS and dispensed from disposable, prepackaged, single-use containers.

7.4 Kitchenettes

7.4.1 Except in hostels, no community kitchen facilities are permitted.

7.4.2 A kitchenette~~,~~ or community kitchen, when provided, must have all of the following facilities:

7.4.2.1 A sink which is supplied with adequate hot and cold running water. The hot water must be able to reach a temperature of 120°F at the faucet within two minutes, and be supplied at a pressure at the faucet of at least 20 psi.

7.4.2.2 Cooking equipment that is properly installed and a means within the guest room, such as a hood with a fan or other ventilation system, to remove smoke, fumes, and odors.

7.4.2.3 A washable container for waste.

7.4.2.4 A counter for food preparation. The surface of the counter must be made of material which is impervious and easily cleanable.

7.4.2.5 A refrigeration unit for holding cold food. The unit must be capable of maintaining a temperature of 41~~5~~°F or lower.

7.4.2.6 A cupboard or other receptacle in which ~~utensils,~~ tableware and food can be stored protected from contamination.

7.4.3 All tableware stored for use by guests in a kitchenette must be washed, rinsed, and sanitized between guests in an approved three-compartment sink or a dishwasher ~~with a sanitizing cycle~~.

Section 8~~14 –~~

~~ADJUNCT PROVISIONS FOR SCRV DRY CAMPING AT PUBLIC ACCOMMODATION FACILITIES~~SCRV Dry Camping at Public Accommodation Facilities

~~**NOTE: As shown in Section 1, Definitions, definition 1.59:**~~

~~**"Public accommodation facility" defined. A public accommodation facility is a hotel/casino, resort, hotel, motel, hostel, bed and breakfast facility, or other facility offering rooms or areas to the public for monetary compensation or other financial consideration on an hourly, daily, or weekly basis.**~~

~~***This Section of these Regulations only applies to public accommodation facilities that wish to offer dry camping on their property.***~~

~~14~~8.1 Plans for construction, area designation, remodeling

8.1.1 ~~All SCRV dry camping facilities in Clark County, Nevada which are constructed, reconstructed or extensively altered after July 27, 2006, must conform to the requirements outlined in these Regulations.~~ Any public accommodation facility providing or intending to supply SCRV dry camping spaces must notify the Health Authority at least 30 days prior to doing so and must submit the information outlined in Section 8~~14~~.11 of these Regulations entitled, The Management Plan. ~~*See Appendix S for an example.*~~ Approval ~~for construction of SCRV dry camping facilities~~ must be obtained from all appropriate agencies of jurisdiction before commencing construction. ~~*See Appendix P for a list of state, county, and local agencies of jurisdiction which may apply.*~~

8.1.2 No public accommodation facility may construct, reconstruct, or remodel SCRV dry camping facilities without the prior approval of the Health Authority.

~~14~~8.2 Allowable vehicle type

8~~14~~.2.1 Only SCRVs registered with a public accommodation's SCRV dry camping facilities are permitted to use those amenities. All other types of RVs or trailers are excluded from using SCRV dry camping facilities.

8~~14~~.2.2 A public accommodation facility must not allow a guest of the SCRV dry camping facility to stay longer than the facility's management plan allows. ~~Guests who plan on staying for more than the time indicated in the public accommodation SCRV dry camping facility's Management Plan and who arrive in RVs or passenger vehicles towing trailers must either:~~

~~14.2.2.1 Rent a guest room in a public accommodation facility, or~~

~~14.2.2.2 Secure a space at a health-permitted RV park or campground.~~

8~~14~~.3 ~~Exclusions~~ Special Events

8~~14~~.3.1 The parking and usage of SCRVs, RVs, trailers and any other associated set-up or conveyance during Health permitted Special events are not governed under these Regulations. Regulations and conditions outlined in the Special Event Permit are in force during the Special event, separate from the operation of the SCRV dry camping facility.~~Guests driving SCRVs who do not intend to stay for more than the time indicated in the public accommodation SCRV dry camping facility's Management Plan and that do not cause a substantial health hazard or public nuisance; but are at a public accommodation facility to make use of the hotel, casino, and/or food and beverage services presented there, are excluded from parking in or using the services in the SCRV dry camping facility parking area.~~

~~14.3.2 Visitors who intend to stay for less than the time period indicated in Section 14.3.1 shall be directed to park in the parking lot assigned to accommodate larger vehicles such as SCRVs, RVs, busses, and travel trailers.~~

~~14.3.3 Individuals who park their vehicles temporarily, such as truckers, are not required to park in the SCRV parking lot nor register as SCRV guests.~~

~~14.3.4 The parking and usage of SCRVs, RVs, trailers and any other associated set-up or conveyance during Health Permitted Special Events are not governed under these Regulations. Regulations and conditions outlined in the Special Event Health Permit are in force during the Special Event, separate from the operation of the SCRV dry camping facility.~~

8~~14~~.4 Parking lots and spaces

8~~14~~.4.1 Parking spaces for SCRVs must be located on a well-drained site and ~~shall~~ must not create a public health hazard or nuisance.

8~~14~~.4.2 Parking spaces for SCRVs must be arranged in a manner so that there is adequate space between each SCRV and from any road, public walkway or the exterior boundary of the property.

8~~14~~.5 Baths and showers; backup toilets and ~~lavatories~~ sinks

8~~14~~.5.1 An SCRV dry camping facility shall provide conveniently located backup public restrooms, such as within a service building or the public accommodation facility.

8~~14~~.5.2 When the restroom facilities provided are not in the public accommodation facility, but are in an area such as service building, these rooms must be well ventilated with all openings screened to exclude flying insects and constructed of material permitting satisfactory cleaning.

8~~14~~.5.3~~2.1~~ Floors in a service building must be constructed of water-impervious material, well-pitched to a floor drain. The floor must be free from cracks or uneven surfaces that interfere with proper cleaning.

8~~14~~.5.~~42.2~~ Partitions must be raised 12 inches from the floor and must be so constructed as to be easily cleaned. All service buildings and sanitary facilities must be kept in good repair.

8~~14~~.5.~~53~~ During health-permitted temporary events, the SCRV dry camping facility may~~can~~, upon approval by the Health Authority, provide ~~properly-maintained~~properly maintained non-sewered toilets and temporary hand washing facilities to accommodate the large number of guests present.

~~**14.5.4 Bathtubs and showers are not required to be provided in support of SCRV dry camping facilities. If the SCRV bathtub or shower breaks down, then the guest can rent a guest room at a public accommodation facility, which provides bathing and showering facilities.**~~

8~~14~~.6 Water supply station

~~14~~8.6.1 SCRV dry camping facilities must ~~be~~ provide~~d with~~ a potable water supply from a source approved by the State of Nevada Division of Environmental Protection, Bureau of Safe Drinking Water and meets all applicable NRS 445A requirements.

8~~14~~.6.1.1 The potable water supply may be located on the property offering SCRV dry camping spaces, or

8~~14~~.6.1.2 The potable water supply may be provided by another SCRV dry camping facility, RV Park, or campground with potable water hookups. There must be a written inter-facility agreement to permit the guests of the subject SCRV dry camping facility to use the ~~off-site~~off-site potable water supply.

8~~14~~.6.2 A new water supply intended to serve the SCRV dry camping facility must be approved by the Health Authority prior to operation as a potable water source.

8~~14~~.6.3 The potable water system supply station must be maintained in a clean and sanitary manner.

8~~14~~.6.4 The water supply station ~~shall~~ must provide hoses to fill SCRV water tanks. These hoses must be maintained in a clean and sanitary manner. ~~The~~ A hose can be disconnected and stored in a sanitary place or it can remain attached to the faucet and be rolled up on a hose reel positioned off the ground. The hose ~~shall~~ must not be allowed to lie ~~up~~on the ground when not in use.

8~~14~~.6.5 The hose/faucet connection must have an operational backflow or back siphonage prevention device installed.

8~~14~~.7 Sewage disposal

8~~14~~.7.1 All liquid wastes from service buildings must be discharged into a ~~public~~ sanitary sewer~~. or ISDS approved by the Health Authority or State of Nevada Division of Environmental Protection. These wastes must be disposed of in accordance with NAC 444.750 to 444.8396, inclusive.~~

8~~14~~.7.2 An approved sanitary station must be provided and toilet wastes from the retention tanks of SCRVs must be discharged through it to a ~~public~~sanitary sewer ~~or ISDS~~.

8~~14~~.7.3 Sewage disposal sanitary stations must be maintained in good working order. Visual inspections must be made by staff to ensure that no failure occurs.

8~~14~~.7.4 Any hose or pipe used to empty the SCRV's waste holding tank must be provided with a standard fitting to assure a watertight connection with the sanitary station. Each connection on both the SCRV and the sanitary station must be closed when not in use.

8~~14~~.7.5 Sanitary stations must be maintained free of litter, debris, and raw sewage. Should an incident occur where raw sewage is released from the SCRV or backs up from the sewer connection, it shall be addressed by implementing the SCRV dry camping facility's Biohazard Event ~~Cleanup~~ Response Plan. ***An example is provided in Appendix ~~I~~A: Biohazard Event Response Plan for Public Areas.***

8~~14~~.8 Solid waste disposal

Each SCRV dry camping facility must have solid waste containers (e.g., dumpsters, trash cans) of sufficient number and size to store all the solid waste in a manner that does not exceed the waste containers' capacities until it is removed. The criteria given for solid waste containers in Section 3.16 of these Regulations~~, entitled Solid Waste Disposal~~, apply to the SCRV dry camping facility as well as the public accommodation facility.

8~~14~~.9 Outdoor areas

The public accommodation facility providing SCRV dry camping facility parking spaces and service buildings is responsible for maintaining the premises. All outdoor areas including, but not limited to, walkways, landscaped areas, storage areas, service buildings, and undeveloped grounds must have sufficient drainage to prevent water from collecting and stagnating in pools, and be kept clean and free of any health hazards.

8~~14~~.10 Signage

~~The SCRV dry camping facility may display signs providing direction to guests. The following types of signs are recommended to be posted in areas where guests enter the property, and should be easily readable at a distance from the driveway or entrance:~~

8~~14~~.10.1 The SCRV dry camping facility must display signs identifying the location of~~A sign directing SCRVs intending to dry camp to the appropriate area.~~

~~14.10.2 Signs directing all other SCRVs, RVs, large trucks, and trailers to the appropriate large-vehicle parking area and average-sized vehicles to their designated parking areas.~~

~~14.10.3 A sign identifying the location of~~:

8~~14~~.10.3.1 Potable water supply.

8~~14~~.10.3.2 ~~-~~Sewage disposal sanitary station.

8~~14~~.10.3.3 Solid waste disposal containers.

~~**14.10.4 The SCRV dry camping spaces are recommended to be clearly marked in a manner that makes them easy to locate.**~~

~~**14.10.5 An alternative to signage such as a map directing individuals to the needed services would be allowed.**~~

8~~14~~.11 The Management Plan

8~~14~~.11.1 The Management Plan document

As part of applying for an SCRV dry camping facility Health Permit, prior to beginning operation, each SCRV dry camping facility shall have a written Management Plan that addresses the operational and administrative policies and procedures that the SCRV dry camping facility plans to implement on its property. Each Management Plan should include narrative descriptions and/or site map(s) of the following items:

8~~14~~.11.1.1 Basic facility information such as facility name, address, and contact information.

~~14~~8.11.1.2 A site map of the SCRV dry camping facility parking area(s). Note the dry camping parking area(s) in relation to an ~~easily-located~~easily located landmark on the public accommodation facility grounds, such as the hotel/casino itself. On the site map, mark:

8~~14~~.11.1.2.1 ~~—~~The size of all of the areas of the SCRV dry camping facility.

8~~14~~.11.1.2.2 ~~-~~The layout of the parking area.

8~~14~~.11.1.2.3 ~~-~~The layout of the spaces.

8~~14~~.11.1.2.4 ~~-~~The number of spaces available.

8~~14~~.11.1.2.5 The location of the potable water supply if it is on property. When water is supplied from off property (as part of an inter~~-~~facility agreement with another facility) include directions to go from the current facility to the facility with the water supply. Also provide an abridged site map showing the location of the water supply on the property of the facility with which the supply agreement has been made.

8~~14~~.11.1.2.6 The location of the sewage system and sanitary station if they are on property. If they are provided off property (as part of an inter-facility agreement with another facility) include directions to go from the current facility to the facility with the sanitary station. Also provide an abridged site map showing the location of the sanitary station on the property of the facility with which the disposal agreement has been made.

8~~14~~.11.1.2.7 -The location of solid waste disposal facilities, including the proposed number of waste disposal stations.

8~~14~~.11.1.2.8 The location of backup public restrooms.

8~~14~~.11.1.2.9 Any available signage locations.

8~~14~~.11.1.3 Include narrative information in the Management Plan such as:

8~~14~~.11.1.3.1 Information that supports the critical items listed above that are marked on the site map. Examples include a written description of each of the items, such as backup bathrooms (e.g., located in service building or located in casino) and language used on any signs.

8~~14~~.11.1.3.2 Information regarding any contingency plans the facility might have to accommodate guest overflow or seasonal changes to the size and layout of the dry camping parking area.

8~~14~~.11.1.3.3 The language used in the inter-facility agreements. Actual copies of the agreements can be attached as part of the management plan submission.

8~~14~~.11.1.3.4 Plans for visually surveying parking lots and the SCRV dry camping spaces for health and safety hazards at regular intervals by Security or other facility-assigned staff.

8~~14~~.11.1.3.5 Methods for documenting areas requiring cleanup or other attention during the parking lot/camping space survey. Facility-assigned staff should document any issues, note the necessary corrective action(s) to be taken, and then contact the appropriate department within the facility to complete the work.

8~~14~~.11.1.3.6 Information regarding the public accommodation facility's own guest check-in, registration, and checkout policies for the SCRV dry camping facility.

8~~14~~.11.1.3.7 Information regarding rules of conduct and responsibilities assigned to the guests.

8~~14~~.11.1.3.8 A description of the content of pamphlets, maps, and other informational items provided to the guests.

8~~14~~.11.1.3.9 Security's location, contact information, duties, and interface with other property departments such as maintenance and management.

8~~14~~.11.1.3.10 Information on the SCRV dry camping facility's administrative policies regarding the circumstances under which the facility would want to contact the Health Authority for assistance (e.g., guests illegally disposing of liquid or solid waste in a manner inconsistent

with these Regulations or the facility's Management Plan), including contact information for the Health Authority.

8~~14~~.11.1.3.11 Any other information unique to this SCRV dry camping facility.

8~~14~~.11.1.3.12 Responsibilities and plans for the upgrade of or changes to this Management Plan document.

8~~14~~.11.2 Management Plan submission

The Management Plan shall be submitted to the Health Authority for review prior to implementation. During the review process, the Health Authority shall make required and recommended changes to the Management Plan. After approval, the Health Authority and the responsible person shall mutually agree upon an implementation schedule and dates by which any noted corrective actions must be taken.

8~~14~~.11.3 Management Plan revision review

Should any changes to the Management Plan become necessary that would significantly alter the nature of the SCRV dry camping facility's operation, then those changes must be provided to the Health Authority for review and approval prior to their implementation.

~~BED AND BREAKFAST FACILITIES~~

~~8.1 Bed and breakfast commercial kitchen exemption requirements~~

~~A bed and breakfast commercial home which does not exceed a capacity of ten (10) persons or five (5) guest rooms, may be exempted from the commercial kitchen provisions of both NRS 446, Food Establishments, and the Southern Nevada Health District Regulations 1996 Governing the Sanitation of Food Establishments, if, in the opinion of the Health Authority, no imminent hazard to the public health is likely to result or occur.~~

~~8.2 Restricted food establishment Health Permit~~

~~A restricted food establishment Health Permit will be issued pursuant to section 8.1 only if the preparation and service of food is restricted to the following food items requiring limited preparation:~~

~~8.2.1 Eggs, hot cakes, toast, French toast, waffles, rolls, hash browns, bacon, sausage, ham, cheese, fresh fruit and juices or commercially canned fruit and fruit juices, breakfast beverages, cold and hot cereals, prepackaged ready-to-eat foods, and other food items authorized in writing by the Health Authority. All potentially hazardous food~~

~~prepared in a bed and breakfast facility operating with a restricted Health Permit must be prepared fresh with no foods held over to another day.~~

~~8.2.2 A bed and breakfast facility which has a kitchen that fully complies with the provisions of NRS 446, and the Health Authority's current version of Clark County Health District Regulations Governing the Sanitation of Food Establishments may prepare and serve foods other than those listed on the restricted menu.~~

~~8.3 Food storage and preparation equipment~~

~~Food storage and preparation equipment in a bed and breakfast facility which has been issued a restricted food establishment Health Permit must be located and installed in a way that prevents contamination of food and facilitates cleaning.~~

~~8.4 Non-commercial equipment acceptability conditions~~

~~Non-commercial equipment designed for use in a private home, such as cooking units, refrigerators, dishwashers, cabinets, hoods and utensils are acceptable only if they are effective, do not cause a health problem for the public, and are maintained clean and in good repair.~~

~~8.5 Fresh food preparation required daily~~

~~All food prepared in a bed and breakfast facility operating with a restricted Health Permit must be prepared fresh with no foods held over to another day. A guidance document is provided in Appendix O.~~

Section 9 – ~~HEALTH PERMITS~~Health Permits

9.1 Health Permit required

9.1.1 No person may operate a public accommodation facility without a valid permit from the Health Authority~~All public accommodation facilities must have a current and valid Health Permit issued by the Health Authority in order to operate~~.

9.2 Health Permit posted

The current Health Permit must be posted conspicuously behind the front service counter in the lobby at a location clearly visible to the public at the time of check-in ~~designated by the Health Authority~~.

9.3 Applications for and issuance of Health Permits to operate

9.3.1 Prior to commencing the operation of any public accommodation facility, the responsible person or persons, business entity, or agent must make written application for a Health Permit on forms provided by the Health Authority, pay all applicable fees, and receive written approval from the Health Authority to operate.

9.3.2 When making application for a Health Permit to operate a public accommodation facility, the following information and items must be brought to the Health Authority for review and/or approval:

9.3.2.1 The name, location and mailing address of the public accommodation facility;

9.3.2.2 The applicant's full name, mailing address, and signature;

9.3.2.3 A statement indicating whether the applicant is a natural person, firm or corporation, and:

9.3.2.3.1 If the applicant is a natural person, the name and mailing address shall be provided.

9.3.2.3.2 If the applicant is a firm or partnership, the name(s) and mailing address(es) of the managing partner(s) shall be provided.

9.3.2.3.3 If the applicant is a corporation, the names and mailing addresses of the corporate officers shall be provided.

9.3.2.3.4 If the applicant is a limited liability company, the name(s) and mailing address(es) of the manager(s) shall be provided.

9.3.2.4 The name and signature of the responsible person of the public accommodation facility ~~and signature~~;

9.3.2.5 Proof of ownership, ~~or~~ lease agreement, or operating agreement for the property and buildings on which the public accommodation facility will be built.

9.3.2.6 A complete set of construction plans including all schedules, e.g., floor plans, elevations, electrical schematics, etc.

~~**9.3.3 Health Permits shall be issued by the Health Authority to public accommodation facilities found to be in compliance with these Regulations. Health Permits shall be subject to review and renewal annually.**~~

9.3.3~~4~~ Any food establishment or any swimming pool/spa operating at the same address or on the same property as a public accommodation facility must have a separate food establishment or swimming pool/spa Health Permit issued by the Health Authority, respectively.

9.3.4~~5~~ A Health Permit issued pursuant to these Regulations is not transferable from person to person or from location to location.

9.4 Health Permit issuance

Upon receipt of a completed Health Permit application, construction plans, and all applicable fees, the Health Authority shall acknowledge receipt of the plans ~~within 48 hours~~ and then review the submitted application and plans in a timeframe agreed upon by the Health Authority and the public accommodation facility. The Health Authority shall make an inspection of the public accommodation facility to determine compliance with the provisions of NRS 447~~, and~~ NAC 447, ~~Public Accommodations;~~ and these Regulations. The Health Authority shall issue a permit to operate when applicable requirements are met.

9.5 Health Permit fee schedule

Pursuant to NRS 439.360(5), and under the authority of NRS 439.410(3), the District Board of Health adopts by reference, the current Environmental Health ~~Health Permit~~ Fee Schedule ~~as it applies to public accommodation facilities and any other associated facilities or establishments requiring Health Permits~~.

~~9.6 Penalties~~

~~Pursuant to NRS 447.210, every proprietor, owner, manager, lessee or other responsible person in charge of any public accommodation facility who fails to comply with NRS and/or NAC 447 or these Regulations, whether through the acts of himself, his agent or employees, is guilty of a misdemeanor. Every day that any public accommodation facility is in violation of NRS and/or NAC 447 or these Regulations constitutes a separate offense.~~

Section 10 –

~~PLAN REVIEW AND SUBMISSION AND APPROVAL DATE~~Plan Review and Submission and Approval

10.1 Regulation of new construction and renovation of a public accommodation facility

The construction of new public accommodation facilities and remodeling of existing public accommodation facilities must~~shall~~ be in accordance with all ~~pertinent state~~applicable laws, ~~rules~~ ordinances, codes and regulations ~~of the state board of health or Health Authority, and the editions used by the agency of jurisdiction of the Uniform Building Code and the Uniform Plumbing Code and such other codes as the state board of health may designate. Appendix P provides a listing of other federal, state, and local laws, regulations, and codes that may apply~~.

10.2 Plans for construction and remodeling

At least thirty days prior to beginning construction or remodeling of a public accommodation facility, the responsible person must submit construction plans with all schedules; e.g., floor plans, elevations, electrical schematics, etc., to the Health Authority for review and approval.

10.3 Health Authority review timeline

10.3.1 Plans for construction and remodeling of a public accommodation facility which are submitted to the Health Authority must be reviewed within a reasonable time frame unless the applicant and the Health Authority agree upon a specific time period ~~agreed upon in advance with the submitting public accommodation facility's management~~.

10.3.2 Construction or remodeling of a public accommodation facility may not begin until authorized by the Health Authority.

10.4 Exemption of existing facilities and equipment from design construction requirements

~~If any facility or equipment being used by the responsible person or his or her designee of a public accommodation facility one year from the implementation date of these Regulations does not meet the requirements for design and construction established in this section, the operator is exempted from those requirements and may continue to use the facility or equipment if~~Equipment in use and compliant at the time these Regulations are revised will be considered compliant so long as it is in good repair, is capable of being cleaned and maintained in a sanitary condition, and does not create a health hazard, safety hazard, or nuisance condition.

Section 11 -
~~INSPECTIONS~~Inspections

11.1 Agent of Health Authority identification

An agent of the Health Authority shall wear and show the responsible person ~~his or her~~their Health Authority photo-identification card upon entering a public accommodation facility to make an inspection or other official visit pursuant to NRS 447.200 and these Regulations. Such an inspection or official visit may be made as often as the Health Authority determines is necessary to ensure compliance with NRS and NAC 447, applicable law and these Regulations.

11.2 Responsible person must provide immediate access to Health Authority

Upon showing the required photo-identification to the responsible party, the Health Authority ~~shall~~ must be provided immediate access to the public accommodation facility to perform an inspection or other official work. Any unreasonable denial of access by an owner or operator to guest rooms or other areas of the public accommodation facility for inspection after the Health Authority has properly identified himself may result in an immediate suspension of the Health Permit to operate the public accommodation facility. The public accommodation facility ~~Closure~~ Order may state that the Health Permit is suspended and all renting of guest rooms must be discontinued immediately. Any responsible person to whom such an order is issued shall comply with it immediately.

11.3 Unlawful to interfere with Health Authority

It is unlawful for any person to interfere with the Health Authority in the performance of ~~his or her~~their duties, pursuant to NRS 199.300.

11.4 Health Authority must provide written report

11.4.1 Upon completion of the visit to the public accommodation facility, the Health Authority representative shall prepare a written report describing any findings. The report must set forth any deficiencies discovered during the inspection.

11.4.2 Deficiencies may be present that do not constitute a substantial threat to public health and safety. Corrective actions for these types of deficiencies shall be noted on the inspection report and be assigned a specified period of time within which the indicated corrections must be completed.

11.4.3 A copy of the completed report must be furnished to the owner, operator, or responsible person of the public accommodation facility upon completion of the inspection.

~~**11.4.4** A copy of the completed report must also be retained by the Health Authority for the records of the facility.~~

11.5 Failure to correct a deficiency

11.5.1 Failure of the responsible person to correct a deficiency within the period specified in the written report is a violation of these Regulations.

11.5.2 Violations that constitute a substantial threat to public health and safety and their remedies are addressed in Section ~~1~~2 of these Regulations.

11.6 Annual inspection

Public accommodation facilities shall be inspected at least once each year.

Section 12 -
~~ENFORCEMENT~~Enforcement

12.1 ~~Cease and Desist Orders~~Corrective Action and Closure Orders

When the Health Authority determines that a violation of these regulations has occurred or that a substantial threat to health and safety exists at a public accommodation facility, the Health Authority may take the following actions~~If any violation or combination of violations noted on the inspection report constitutes a substantial threat to health and safety, then the following actions may be taken by the Health Authority~~:

12.1.1 ~~If the violation is located in any part of the public accommodation facility other than a guest room, then a Cease and Desist Order shall be issued by the Health Authority describing the violation, its location within the public accommodation facility, the corrective action necessary to remedy the situation in a manner that protects public health and safety, and a time frame within which the corrective action must be completed.~~The Health Authority may order a public accommodation facility to correct a violation within a specified time frame and may order further corrective action, at the public accommodation facility's expense, to protect health and safety. Corrective actions may include without limitation, lockout and tagout of equipment, testing or assessment by qualified individuals, development of procedures, or any other action intended to prevent health and safety. The Health Authority may inspect a public accommodation at any time to verify compliance with an order.

12.1.2 ~~**If the violation is located within a guest room or multiple guest rooms operated by the public accommodation facility, then a Guest Room Closure Order can be issued. Guest rooms which have been ordered closed by the Health Authority may not be rented, leased, or otherwise occupied until cleared by the Health Authority following a reinspection.**~~

~~12.1.3 When all guest rooms within a public accommodation facility are closed, then the facility may be issued a public accommodation facility Closure Order. This Order requires that all activities related to the facility's operation must cease until the substantial health hazards noted on the Order are corrected and a satisfactory reinspection has occurred.~~ In addition, the Health Authority may order a public accommodation facility to close a portion of the public accommodation facility, including guest rooms, when the Health Authority determines that a violation or condition impacting the public accommodation facility constitutes a substantial threat to health and safety. Any area which has been ordered closed by the Health Authority must not be rented, leased, or otherwise occupied until approved in writing by the Health Authority following a reinspection.

12.2 Reinspection protocol for ~~Cease and Desist~~Corrective Action Orders and Closure Orders

12.2.1 The Health Authority may require ~~A~~a public accommodation facility ~~which has any guest room or other area (such as a laundry room, chemical storage area, equipment room, or dish washing area) closed due to a substantial health hazard must pay a reinspection fee and closure fee prior to requesting a~~to pay applicable fees, including without limitation,

verified complaint fees, reinspection fees, and closure fees, prior to conducting a reopening inspection of the guest room(s) or area(s) in question (see the current edition of the Southern Nevada Health District Environmental Health Fee Schedule).

12.2.2 Once the public accommodation facility pays the applicable~~reinspection~~ fees and closure fee and requests a~~the~~ reinspection, the Health Authority shall reinspect within three business days of the request, or at some other time ~~make~~ mutually agreed upon ~~arrangements with the responsible person to reinspect, within 72 hours of the receipt of the request.~~between the public accommodation facility and the Health Authority.

12.3 Health Permit suspension

12.3.1 When conditions at the public accommodation are so severe as to constitute a substantial threat to public health and safety throughout the majority of the property or when the responsible person fails to remedy deficiencies previously addressed in an inspection report or Order~~, Cease and Desist Order, or Closure Order,~~, the Health Authority may suspend the public accommodation's Health Permit.

12.3.2 ~~Any public accommodation facility which operates without a valid Health Permit as part of its facility a food establishment, swimming pool, spa, or potable water supply system, such as a water well, is in substantial noncompliance of these Regulations and is subject to immediate public accommodation facility Health Permit suspension or revocation.~~The Health Authority may suspend a public accommodation facility's health permit when the public accommodation facility causes or allows a food establishment, swimming pool, spa, or potable water supply system, such as a water well, to operate within the public accommodation facility without a required Health Permit.

12.3.3 The Health Authority may ~~also~~ suspend the Health Permit of a public accommodation facility if the public accommodation facility:

12.3.3.1 Does not have a valid Health Permit, license, or other authorization required by applicable government agencies.

12.3.3.2 Rents, leases, lets or otherwise allows~~lets~~ a room which has been closed by the Health Authority to be occupied.

12.3.3.3 Knowingly causes or allows illegal activity which could cause potential illness, injury, or death of guests or employees to occur at the public accommodation facility~~, which may cause potential illness, injury, or death of guests or employees~~.

12.4 Procedure for request of Health Permit reinstatement

12.4.1 When a public accommodation facility Health Permit has been suspended, a responsible person representing the facility may make application for a reinspection, which may result in the reinstatement of the Health Permit.

12.4.2 The applicant must provide to the Health Authority a written request for reinspection and reinstatement within ten ~~(10)~~ calendar days of the initial suspension of the Health Permit.

12.4.3 Following a timely review of the application, the Health Authority shall make a reinspection of the public accommodation facility.

12.4.4 The Health Authority shall determine if the conditions have been corrected, which caused the threat to public health and resulted in the suspension of the Health Permit.

12.4.5 Unless the Health Authority is pursuing permanent revocation of the Health Permit, if the conditions have been corrected and the applicant is complying with the requirements of these~~is~~ Regulations, the Health Permit shall be reinstated.

12.5 Health Permit revocation

The Health Authority may permanently revoke a public accommodation facility's Health Permit ~~under certain conditions including, but not limited~~due to~~,~~ repeated or willful noncompliance with the requirements of these Regulations. The public accommodation facility must cease all operations upon receipt of a Notice of Revocation and pending a hearing pursuant to an exercised right of appeal.

12.6 Appeal ~~r~~Rights

Upon written petition submitted to the Health Authority within five ~~(5)~~ business days after receipt of a Notice of Suspension or Revocation of a public accommodation facility Health Permit, the recipient of the written Notice may exercise their~~his~~ right of appeal and must then be afforded a hearing as soon as possible, and in any event in not more than ~~ten (10) business~~thirty days from the receipt of the petition by the Health Authority. ~~Hearings shall be conducted by a Health Authority Hearing Officer and in accordance with the following:~~

12.7 Hearings

12.7.1 All hearings provided for in this Section must be conducted in accordance with the Nevada Administrative Procedure Act and NRS 233B

12.7.2 All hearings will be conducted by a Hearing officer selected by the Health Authority's legal counsel.

17.7.2.1 The Hearing Officer must not be an employee of the State or any political subdivision of the State, or of any entity which is permitted or regulated pursuant to these Regulations.

17.7.2.2 The Hearing Officer will be an independent contractor paid in accordance with a fee schedule approved by the Southern Nevada District Board of Health.

12.7.3 Based upon the record of the hearing, the Hearing Officer will make a finding and may sustain, modify, or rescind any official notice or order considered in the hearing.

12.7.4 A written order specifying the Hearing Officer's decision will be furnished to the owner or other responsible party by the Health Authority.

12.7.5 Nothing herein contained must be construed as denying the rights of appeal to the courts after administrative remedies as herein above have been exhausted.

~~12.6.1 Any party may be represented by counsel.~~

~~12.6.2 Opportunity shall be afforded all parties to respond and present evidence and argument on all issues involved.~~

~~12.6.3 Each party may call and examine witnesses, introduce exhibits, crossexamine of opposing witnesses on any matter relevant to the issues whether or not the matter was covered in the direct examination, impeach any witness, regardless of which party first called him to testify, and rebut the evidence against the party itself.~~

~~12.6.4 Every witness shall declare, by oath or affirmation, that he will testify truthfully. Unless limited by a specific statute, the Hearing Officer may administer oaths or affirmations to witnesses appearing before him in the hearing.~~

~~12.6.5 Irrelevant, immaterial or unduly repetitious evidence must be excluded. Evidence may be admitted, except where precluded by statute, if it is of a type commonly relied upon by reasonable and prudent persons in the conduct of their affairs. Effect shall be given to the rules of privilege recognized by law. Objections to evidentiary offers may be made and shall be noted in the record. Subject these requirements, when a hearing will be expedited and the interest of the parties will not be prejudiced substantially, any part of the evidence may be received in written form.~~

~~12.6.6 The Hearing Officer may issue subpoenas to compel attendance of any person at the hearing, and require the production of books, records and other documents material to a hearing.~~

~~12.6.7 The Hearing Officer may inquire of any witness following any segment of testimony.~~

~~12.6.8 Members of the public may testify in cases before the Hearing Officer.~~

~~12.6.9 All testimony shall be recorded verbatim, by human or electronic means. Any party requesting a transcript of any oral proceeding, or any part thereof, shall pay the cost thereof.~~

~~12.6.10 The decision of the Hearing Officer must be reduced to writing and shall be final ten (10) days after mailing to by certified mail, return receipt requested or personal service upon each party.~~

~~12.6.11 Any party aggrieved by a decision of the Hearing Officer may seek judicial review of the decision of the Hearing Officer, in accordance with the provisions of NRS 233B.130(2), and NRS 233B.131 through 233B.150, inclusive.~~

12.8~~7~~ Health Authority additional legal remedy

Whenever the responsible person, operator, or owner fails to comply with the provisions of these Regulations in a timely manner, relief may also be sought through a court of competent jurisdiction.

Section 13 -
MISCELLANEOUS

13.1 Severability clause

Should any section, paragraph, sentence, phrase, or provision of these Regulations be held invalid for any reason, the remainder of these Regulations shall not be affected.

13.2 -Effective date

13.2.1 These Regulations were adopted at a duly noticed public hearing April 27, 2006.

13.2.2 These Regulations became effective on June 16, 2006 upon approval by the Nevada State Board of Health.

13.2.3 ~~**These Regulations were amended to include Section 14, Adjunct Provisions for SCRV Dry Camping at Public Accommodation Facilities and were adopted at a duly noticed public hearing July 27, 2006.**~~

~~13.2.4~~ The amendments to these Regulations became effective on August 11, 2006 upon approval by the Nevada State Board of Health.

~~Section~~

Attachment F

Regulations Workshop Notifications

October 2, 2025

Dear Public Accommodation Operator:

We are informing you of a proposed update to the existing SNHD Regulations Governing the Health and Safety of Public Accommodation Facilities. The Regulations have not been updated since their development in 2006 and our goal is to simplify and clarify the existing language, as well as make a small number of needed changes.

A copy of the draft regulations, as well as a red-line document, a list of major changes, and other supporting documents can be found at https://www.southernnevadahealthdistrict.org/permits-and-regulations/public-accommodations/

You may submit written comments regarding the proposed regulation changes by e-mailing pa@snhd.org or submitting written comments **no later than November 22, 2025**.

Additionally, two public workshops to discuss the proposed changes will be held in person or via Teams on **October 22, 2025, at 9:00 a.m. and November 4, 2025, at 1:00 p.m.** in the Red Rock conference room at the main Public Health Center, 280 S. Decatur Blvd, Las Vegas, NV 89107.

Teams Information
In order to attend virtually you must register prior to the workshop you'd like to attend:
October 22nd Workshop
https://events.teams.microsoft.com/event/a4697ad9-6602-4138-bd2d-92cd3922577f@1f318e99-9fb1-41b3-8c10-d0cab0e9f859
November 4th Workshop
https://events.teams.microsoft.com/event/10279444-0b78-4bdf-9aa5-0b5464eaaf0c@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

We look forward to your participation through this regulatory update process.

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lezlie.young@hiltonllv.com
libohao256@gmail.com
lindsey.simspon@aimbridge.com
Recipient address rejected: Access denied
Lisa.Asdikian@hgv.com
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lsabatini@alexispark.com
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PE 3000 E-mail List

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mbolanos@alexispark.com
mcerovina@mgmresorts.com
mchan@mgmresorts.com
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mgallac@tahitivillage.com
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Michael.Britt@redrockresorts.com
michael.ellis@hgv.com
michael.rogers2@hilton.com
Michele_Cooper@wgresorts.com
Michelle.Flater@wynnlasvegas.com
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mike.bartels@theaquarius.com
miranda.bertelson@goldenent.com
mkirsh@tharaldson.com
MLee2@caesars.com
mmora@elementlasvegas.com
MPaquette@caesars.com
Mramos1@caesars.com
mroberts2@caesars.com
mtorres@westinvegas.com
MVernaza@NHMHotels.com
mwalker@bellagioresort.com
mwallace@mgmresorts.com
nancy.montoya@plazahotelcasino.com
natasha.dennis@hilton.com
Natasha.dennis@hilton.com
nathan.weare@marriott.com
Nathan.weare@marriott.com
nick.amato@hilton.com
nicole.fergone@goldenent.com
nicole.heiman@hgv.com
nkakavand@caesarspalace.com
normanK@southpointcasino.com
northlasvegas@myplacehotels.com
northlasvegas@myplacehotels.com
olivia.hermosillo@stratospherehotel.com
oliviajimenez@boydgaming.com
omar.gonzales@eurekamesquite.com
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oscaramador@lvplatinum.com
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PE 3001 E Mail List

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PE 3001 E Mail List

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info@bouldercitychamber.com
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Attachment G

Posting Verifications

PUBLIC NOTICE

NOTICE OF INTENT TO ADOPT CHANGES TO THE REGULATIONS GOVERNING THE SANITATION AND SAFETY OF PUBLIC ACCOMMODATION FACILITIES IS HEREBY GIVEN. The Southern Nevada Health District proposes updating the regulations to simplify and clarify existing language, as well as making other needed changes.

Members of the public may submit written comments regarding the proposed regulation changes by e-mailing pa@snhd.org or submitting written comments no later than November 22, 2025, for consideration prior to the PUBLIC HEARING. Additionally, public comments may be provided during a WORKSHOP and PUBLIC HEARING, details of which are provided below.

Prior to the PUBLIC HEARING, there will be two WORKSHOPS for the public to present their views regarding the proposed 2025 Public Accommodation Facilities Regulations on Wednesday, October 22, 2025, at 9:00 a.m. and Tuesday, November 4, 2025, at 1:00 p.m., in-person at the SNHD Public Health Center, 280 South Decatur Boulevard, Las Vegas, in the Red Rock Conference Room. Virtual attendees need to register prior to the workshop at:
(October 22nd Workshop) https://events.teams.microsoft.com/event/a4697ad9-6602-4138-bd2d-92cd3922577f@1f318e99-9fb1-41b3-8c10-d0cab0e9f859
(November 4th Workshop) https://events.teams.microsoft.com/event/10279444-0b78-4bdf-9aa5-0b5464eaaf0c@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

A PUBLIC HEARING to review and approve the proposed 2025 Public Accommodation Facilities Regulations will be held before the Board of Health (BOH) on Thursday, January 22, 2026, at 9:00 a.m. in the Red Rock Conference Room at the SNHD Public Health Center located at 280 South Decatur Boulevard, Las Vegas, Nevada and virtually at the same date and time.

Copies of the business impact survey, proposed 2025 Public Accommodation Facilities Regulations, list of major changes, and other supporting documents are available for review at 280 South Decatur Boulevard and on the SNHD website at https://www.southernnevadahealthdistrict.org/permist-and-regulations/public-accommodations/. Questions may be directed to SNHD's Environmental Health Division at (702) 759-1633 or to pa@snhd.org.

-S-
Chris Saxton, MPH-EH, REHS
Director of Environmental Health

October 2, 2025
Date

NOTE: If these items are not presented for Public Hearing at the SNHD BOH meeting scheduled for January 22, 2026, at 9:00 a.m., they will be presented for Public Hearing at the SNHD BOH meeting scheduled for February 26, 2026, at 9:00 a.m. at the same location noted above.

CERTIFICATE OF POSTING

OPEN MEETING NOTICE
NRS 241.020(3)(b)

I certify that I posted the business impact survey notice for the meetings identified below ***more than three working days prior to the meeting*** in accordance with NRS 241.020 (3)(b):

SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Wednesday, October 22, 2025, 9:00 a.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Clark County Government Center

Address of Location: 500 South Grand Central Parkway

City, State, ZIP: Las Vegas, NV 89155

Date/Time of Posting: OCTOBER 15, 2025 3:00 pm

Printed Name: MARCIE WHELAN

Signature:

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

SNHD
Southern Nevada Health District

CERTIFICATE OF POSTING

OPEN MEETING NOTICE
NRS 241.020(3)(b)

I certify that I posted the business impact survey notice for the meetings identified below ***more than three working days prior to the meeting*** in accordance with NRS 241.020 (3)(b):

SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Wednesday, October 22, 2025, 9:00 a.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Boulder City, City Hall

Address of Location: 401 California Avenue

City, State, ZIP: Boulder City, NV 89005

Date/Time of Posting: 10/14/2025 9:07 AM

Printed Name: Lori Weakland

Signature: Lori Weakland

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

SNHD
Southern Nevada Health District

CERTIFICATE OF POSTING

OPEN MEETING NOTICE
NRS 241.020(3)(b)

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SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Wednesday, October 22, 2025, 9:00 a.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Las Vegas City Hall

Address of Location: 495 South Main Street

City, State, ZIP: Las Vegas, NV 89101

Date/Time of Posting: 10/14/2025 2:15 pm

Printed Name: Sara Mays

Signature:

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

SNHD
Southern Nevada Health District

CERTIFICATE OF POSTING

OPEN MEETING NOTICE
NRS 241.020(3)(b)

I certify that I posted the business impact survey notice for the meetings identified below ***more than three working days prior to the meeting*** in accordance with NRS 241.020 (3)(b):

SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Wednesday, October 22, 2025, 9:00 a.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Mesquite City Hall

Address of Location: 10 East Mesquite Boulevard

City, State, ZIP: Mesquite, NV 89027

Date/Time of Posting: 10/14/25 12:05

Printed Name: PAOLA ZARATE

Signature: [signature]

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

Southern Nevada Health District

CERTIFICATE OF POSTING

OPEN MEETING NOTICE
NRS 241.020(3)(b)

I certify that I posted the business impact survey notice for the meetings identified below ***more than three working days prior to the meeting*** in accordance with NRS 241.020 (3)(b):

SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Wednesday, October 22, 2025, 9:00 a.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Clark County Community Resource Center

Address of Location: 55 Civic Way

City, State, ZIP: Laughlin, NV 89029

Date/Time of Posting: 10/15/2025 8am

Printed Name: Tina Cisk

Signature:

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

Southern Nevada Health District

CERTIFICATE OF POSTING

OPEN MEETING NOTICE
NRS 241.020(3)(b)

I certify that I posted the business impact survey notice for the meetings identified below ***more than three working days prior to the meeting*** in accordance with NRS 241.020 (3)(b):

SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Wednesday, October 22, 2025, 9:00 a.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Southern Nevada Health District

Address of Location: 280 S Decatur

City, State, ZIP: Las Vegas, NV 89107

Date/Time of Posting: Oct. 14, 2025

Printed Name: Carol Cottam

Signature: Carol S Cottam

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

Public Notice

Public Body

Southern Nevada Health District

Status

All

Draft

Scheduled

Rescheduled

Revised

Results for Southern Nevada Health District

Notice	Date	Status	Type
Education Committee (notice/edit/178447)	10/1/2025	Scheduled	Meeting
Drug Device and Protocol Committee (notice/edit/178448)	10/1/2025	Scheduled	Meeting
Medical Advisory Board (notice/edit/178449)	10/1/2025	Scheduled	Meeting
Solid Waste Management Authority Hearing Officer Administrative Hearing (notice/edit/178788)	10/7/2025	Scheduled	Hearing
SNCHC Chief Executive Officer Annual Review Committee (notice/edit/178732)	10/8/2025	Scheduled	Meeting
Public Health Advisory Board (notice/edit/178931)	10/13/2025	Scheduled	Meeting
Public Accommodation Regulation-Workshop (notice/edit/178946)	10/22/2025	Scheduled	Workshop

Post New Notice (/notice/Create)

LAS VEGAS REVIEW-JOURNAL

Publication Name:
Las Vegas Review Journal

Publication URL:
www.reviewjournal.com/

Publication City and State:
Las Vegas, NV

Publication County:
Clark

Notice Popular Keyword Category:

Notice Keywords:

Notice Authentication Number:
202510060944056640252
410580737

Notice URL:

Back

Notice Publish Date:
Sunday, October 05, 2025

Notice Content

PUBLIC NOTICE NOTICE OF INTENT TO ADOPT CHANGES TO THE REGULATIONS GOVERNING THE SANITATION AND SAFETY OF PUBLIC ACCOMMODATION FACILITIES IS HEREBY GIVEN. The Southern Nevada Health District proposes updating the regulations to simplify and clarify existing language, as well as making other needed changes. Members of the public may submit written comments regarding the proposed regulation changes by e-mailing pa@snhd.org or submitting written comments no later than November 22, 2025, for consideration prior to the PUBLIC HEARING. Additionally, public comments may be provided during a WORKSHOP and PUBLIC HEARING, details of which are provided below. Prior to the PUBLIC HEARING, there will be two WORKSHOPS for the public to present their views regarding the proposed 2025 Public Accommodation Facilities Regulations on Wednesday, October 22, 2025, at 9:00 a.m. and Tuesday, November 4, 2025, at 1:00 p.m., in-person at the SNHD Public Health Center, 280 South Decatur Boulevard, Las Vegas, in the Red Rock Conference Room. Virtual attendees need to register prior to the workshop at: (October 22nd Workshop) https://events.teams.microsoft.com/event/a4697ad9-6602-4138-bd2d-92cd3922577f@1f318e99-9fb1-41b3-8c10-d0cab0e9f859: (November 4th Workshop) https://events.teams.microsoft.com/event/10279444-0b78-4bdf-9aa5-0b5464eaaf0c@1f318e99-9fb1-41b3-8c10-d0cab0e9f859 A PUBLIC HEARING to review and approve the proposed 2025 Public Accommodation Facilities Regulations will be held before the Board of Health (BOH) on Thursday, January 22, 2026, at 9:00 a.m. in the Red Rock Conference Room at the SNHD Public Health Center located at 280 South Decatur Boulevard, Las Vegas, Nevada and virtually at the same date and time. Copies of the business impact survey, proposed 2025 Public Accommodation Facilities Regulations, list of major changes, and other supporting documents are available for review at 280 South Decatur Boulevard and on the SNHD website at https://www.southernnevadahealthdistrict.org/permist-and-regulations/public-accommodations/. Questions may be directed to SNHD's Environmental Health Division at (702) 759-1633 or to pa@snhd.org. -S- 10/02/2025 Chris Saxton, MPH-EH, REHS Director of Environmental Health NOTE: If these items are not presented for Public Hearing at the SNHD BOH meeting scheduled for January 22, 2026, at 9:00 a.m., they will be presented for Public Hearing at the SNHD BOH meeting scheduled for February 26, 2026, at 9:00 a.m. at the same location noted above. PUB: Oct. 5, 2025 LV Review-Journal

Back

Public Notices

Public Notice: NOTICE OF INTENT TO ADOPT CHANGES TO THE REGULATIONS GOVERNING THE SANITATION AND SAFETY OF PUBLIC ACCOMMODATION FACILITIES IS HEREBY GIVEN. The Southern Nevada Health District proposes updating the regulations to simplify and clarify existing language, as well as making other needed changes.

Agenda

Public Notice

Public Notice: Nevada Revised Statutes (NRS) 241.020 requires that written notice of all hearings of the Southern Nevada Health District Board of Health's Solid Waste Management Authority Hearing Officer be given at least three working days before the hearings. The notice shall include the time, place, location, and agenda of the hearing. Individuals may request notice, but a request for notice lapses six months after it is made. The Southern Nevada District Board of Health informs each requestor of this fact by this notation on the copy of the notice mailed to them.

Agenda

Request for Proposals (RFP) 26RFP001 Security Guard.

Public Accommodations Hotel/Motel, RV/MHP/SCRV

Public Accommodation Regulation Revision Information:

The Southern Nevada Health District is proposing updates to the existing REGULATIONS GOVERNING THE HEALTH AND SAFETY OF PUBLIC ACCOMMODATION FACILITIES. These regulations have not been revised since their original adoption in 2006. The proposed updates are intended to simplify and clarify existing language and to incorporate a limited number of needed changes.

Draft documents are available for review below:

- **Summary of Changes**
- **Proposed PA Regulations with Red Line of edits**
- **Proposed PA Regulations – Clean Version**
- **Appendix A**

- **Appendix B**
- **Appendix C**
- **Business Impact Survey Results**
- **Public Notice**
- **Workshop Agenda-October 22, 2025**

We welcome your feedback on the proposed updates. Written comments may be submitted by email to **pa@snhd.org** no later than November 22, 2025.

Two public workshops will also be held in person and via Microsoft Teams:

- **Tuesday, October 22, 2025, at 9 a.m.**
- **Tuesday, November 4, 2025, at 1 p.m.**

Workshops will take place in the **Red Rock Conference Room** at the Southern Nevada Health District Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107.

Hotel/Motel

Hotels, motels, resorts, hostels, bed & breakfast facilities, transient rooming or lodging houses, and other buildings or structure kept as, used as, maintained as, or held out to the public to be, a place where sleeping or rooming accommodations are furnished to the transient public, require permitting and compliance with **NRS 447** and the **Regulations Governing the Health and Safety of Public Accommodation Facilities**.

New, Addition or Remodel:
As provided in **Section 3.1**, any person who begins the construction or extensive remodeling of a public accommodation facility that requires a building permit must submit the plans to the appropriate Health Authority for review and approval. At least 30 days prior to beginning construction or remodeling of a public accommodation facility, the responsible person must

CERTIFICATE OF POSTING

OPEN MEETING NOTICE
NRS 241.020(3)(b)

I certify that I posted the business impact survey notice for the meetings identified below *more than three working days prior to the meeting* in accordance with NRS 241.020 (3)(b):

SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Tuesday, November 4, 2025, 1:00 p.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Clark County Government Center

Address of Location: 500 South Grand Central Parkway

City, State, ZIP: Las Vegas, NV 89155

Date/Time of Posting: October 27, 2025 @ 9:11 am

Printed Name: Shawnna Andersen

Signature: Shawnna Andersen

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

SNHD
Southern Nevada Health District

CERTIFICATE OF POSTING

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SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Tuesday, November 4, 2025, 1:00 p.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Boulder City, City Hall

Address of Location: 401 California Avenue

City, State, ZIP: Boulder City, NV 89005

Date/Time of Posting: 10/27 8:31 Am

Printed Name: Lori Weakland

Signature: Lori Weakland

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

Southern Nevada Health District

CERTIFICATE OF POSTING

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SOUTHERN NEVADA HEALTH DISTRICT
PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Tuesday, November 4, 2025, 1:00 p.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Las Vegas City Hall

Address of Location: 495 South Main Street

City, State, ZIP: Las Vegas, NV 89101

Date/Time of Posting: 9am

Printed Name: Sara Mays

Signature:

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

SNHD
Southern Nevada Health District

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PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Tuesday, November 4, 2025, 1:00 p.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Mesquite City Hall

Address of Location: 10 East Mesquite Boulevard

City, State, ZIP: Mesquite, NV 89027

Date/Time of Posting: 10/27/25 8:30 AM

Printed Name: PAOLA ZARATE

Signature: Paola Zarate

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

SNHD
Southern Nevada Health District

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PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Tuesday, November 4, 2025, 1:00 p.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: North Las Vegas City Hall

Address of Location: 2250 North Las Vegas Boulevard

City, State, ZIP: North Las Vegas, NV 89030

Date/Time of Posting: 10/27/2025 @ 2:16 pm

Printed Name: Gladys Bermudez

Signature:

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

Southern Nevada Health District

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PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

Tuesday, November 4, 2025, 1:00 p.m.
SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Clark County Community Resource Center

Address of Location: 55 Civic Way

City, State, ZIP: Laughlin, NV 89029

Date/Time of Posting: 10/27/2025 10:50am

Printed Name: Tina Gish

Signature:

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Thank you.

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PROPOSED 2025 PUBLIC ACCOMMODATIONS REGULATIONS

Taking place

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SNHD Public Health Center
280 South Decatur Blvd, Las Vegas

Virtual and/or in the Red Rock Conference Room

Name of Location: Southern Nevada Health District

Address of Location: 280 S Decatur

City, State, ZIP: Las Vegas, NV 89107

Date/Time of Posting: Oct. 28, 2025 7:00 a.m.

Printed Name: Carol Cottam

Signature: Carol S Cottam

Please return this certificate via EMAIL to:
Environmental Health, Southern Nevada Health District
pa@snhd.org

Public Notices

Public Notice: NOTICE OF INTENT TO ADOPT CHANGES TO THE REGULATIONS GOVERNING THE SANITATION AND SAFETY OF PUBLIC ACCOMMODATION FACILITIES IS HEREBY GIVEN. The Southern Nevada Health District proposes updating the regulations to simplify and clarify existing language, as well as making other needed changes.

Agenda

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Nevada Public Notice Website

Government

State

City

County

K-12

Higher Education

Special Districts

Entity

Southern Nevada Regional Planning Coalition

Southern Nevada Water Authority - IRPAC

Southern Nevada Water Authority - SNWA

Springs Preserve Board of Trustees

Stagecoach General Improvement District

State Grazing Board District N-3

Sun Valley General Improvement District

Public Body

Southern Nevada Health District

Results for Southern Nevada Health District

Results are limited to the last 7 days and for all dates in the future.

Notice	Date Posted	Event Date	Time	Status	Type
SNCHC Governing Board (https://www.southernnevadahealthdistrict.org/meetings/october-21-2025-230-p-m/)	10/15/2025	10/21/2025	2:30 PM	Scheduled	Meeting
Public Accommodation Regulation-Workshop (https://www.southernnevadahealthdistrict.org/news-info/public-notices/)	10/7/2025	10/22/2025	9:00 AM	Scheduled	Workshop
Southern Nevada District Board of Health (https://www.southernnevadahealthdistrict.org/meetings/october-23-2025-900-a-m/)	10/16/2025	10/23/2025	9:00 AM	Scheduled	Meeting
Regulations-2025 Public Accommodations Revision (https://www.southernnevadahealthdistrict.org/news-info/public-notices/)	10/28/2025	11/4/2025	1:00 PM	Scheduled	Workshop

Upcoming Meetings

10/28/2025 07:45 AM Development Services Center Advisory Committee (https://henderson.hylandclc

10/28/2025 08:30 AM LV Wash Coordination Committee (https://www.lvwash.org/about-the-wash/who

10/28/2025 08:30 AM Elko Convention and Visitors Authority (https://exploreelko.com/about/meetings-

Attachment H

Workshops

PUBLIC WORKSHOP AGENDA
PROPOSED 2025
PUBLIC ACCOMMODATION FACILITIES REGULATIONS

Southern Nevada Health District Workshop, Virtual and In-Person
Wednesday, October 22, 2025 – 9:00 a.m.

Red Rock Conference Room, 280 S. Decatur Blvd., Las Vegas, NV
or

Virtual-Microsoft Teams Registration
https://events.teams.microsoft.com/event/a4697ad9-6602-4138-bd2d-92cd3922577f@1f318e99-9fb1-41b3-8c10-d0cab0e9f859

Supporting Documentation available at:
southernnevadahealthdistrict.org/permits-and-regulations/public-accommodations/

I.	**Introductory Remarks**	Vivek Raman, Environmental Health Supervisor Introduction of SNHD Staff
II.	**Review of Changes by Chapter Document**	Vivek Raman, Environmental Health Supervisor
III.	**Public Comments**	Participants can step up to the speaker's podium; clearly state your name and organization. Spell your last name for the record. Comments will be limited to five minutes per speaker.
IV.	**Summary & Final SNHD Comments**	Vivek Raman, Environmental Health Supervisor
V.	**Adjournment**	Vivek Raman, Environmental Health Supervisor

THIS AGENDA HAS BEEN POSTED IN THE MAIN LOBBY OF THE FOLLOWING LOCATIONS: 1) CLARK COUNTY GOVERNMENT CENTER, 500 S. Grand Central Parkway, Las Vegas, NV; 2) LAS VEGAS CITY HALL, 495 S. Main Street, Las Vegas, NV; 3) NORTH LAS VEGAS CITY HALL, 2250 N. Las Vegas Boulevard, North Las Vegas, NV; 4) HENDERSON CITY HALL, 200 Water Street, Henderson, NV; 5) BOULDER CITY, CITY HALL, 401 California Avenue, Boulder City, NV; 6) MESQUITE CITY HALL, 10 E. Mesquite Boulevard, Mesquite, NV; 7) SOUTHERN NEVADA HEALTH DISTRICT, 280 S. Decatur Boulevard, Las Vegas, NV; and 8) CLARK COUNTY COMMUNITY RESOURCE CENTER, 55 Civic Way, Laughlin, NV.

This Agenda is also available on the Southern Nevada Health District Internet website at https://www.southernnevadahealthdistrict.org/news-info/public-notices/ and on the Nevada Public Notice website at https://notice.nv.gov. For copies of agenda material, please contact Carol Cottam at (702) 759-0619.
In addition, handouts will be available at the workshop.

NOTE: Disabled members of the public who require special accommodations or assistance at the meetings are requested to notify Carol Cottam, Senior Administrative Assistant at the Southern Nevada Health District by calling (702) 759-1633.

MEETING	Public Accommodation Facilities Regulations	DATE	October 22, 2025
FACILITATOR	Vivek Raman	TIME	9:00 a.m.
LOCATION	Red Rock Conference Room		

Southern Nevada Health District

NO.	NAME & ADDRESS (PLEASE PRINT)	PROGRAM/AGENCY/ AFFILIATION	EMAIL	PHONE	SIGNATURE
1.	BEGAY, Christopher	SNHD/EH	begayc@snhd.org	702-759-1633	
2.	CATALINE, John	SNHD/EH	cataline@snhd.org	702-759-1633	
3.	CHOI, Andrew	SNHD/EH	choi@snhd.org	702-759-1633	
4.	COTTAM, Carol	SNHD/EH	cottam@snhd.org	702-759-1633	CSC
5.	DE HAAN, Christian	SNHD/EH	dehaan@snhd.org	702-759-1633	
6.	FRANCESCHINI, Joe	SNHD/EH	franceschini@snhd.org	702-759-1633	
7.	GOLDSTEIN, Daniel	SNHD/EH	goldstein@snhd.org	702-759-1633	
8.	NORTHAM, Brian	SNHD/EH	northam@snhd.org	702-759-1633	
9.	RAMAN, Vivek	SNHD/EH	raman@snhd.org	702-759-1633	
10.	Cadena, Nancy	SNHD/EH	cadena@snhd.org	702 7591188	
11.	Dave Sheehan	OOC			
12.	~~Valentin Angulo Lopez~~	~~Impact~~			
13.					
14.					

MEETING	Public Accommodation Facilities Regulations	DATE	October 22, 2025
FACILITATOR	Vivek Raman	TIME	9:00 a.m.
LOCATION	Red Rock Conference Room		

Southern Nevada Health District

NO.	NAME & ADDRESS (PLEASE PRINT)	PROGRAM/AGENCY/ AFFILIATION	EMAIL	PHONE	SIGNATURE
1.	Vincent Angel	Impact	va@impactinspection.com	702-419-2398	
2.	Cara Evangelista	"	Cara@impactinspection		
3.	Brisa Stephanie	"			
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					

PUBLIC

PUBLIC WORKSHOP MINUTES

PROPOSED 2025
PUBLIC ACCOMMODATION FACILITIES REGULATIONS

Southern Nevada Health District Workshop
Virtual and In-Person
Wednesday, October 22, 2025 – 9:00 a.m.
Red Rock Conference Room, 280 S. Decatur Blvd., Las Vegas, NV

I. Introductory Remarks

Vivek Raman opened the workshop at 9:00 a.m. by introducing himself as the Environmental Health Supervisor for Southern Nevada Health District's (SNHD) Environmental Health (EH) Public Accommodations program.

Mr. Raman asked that all attendees please turn off, or silence, their cell phones.

Mr. Raman welcomed all attendees and explained that the purpose of this public workshop is to collect public comments on the Proposed 2025 Public Accommodation Facilities Regulations.

Mr. Raman announced that he would be conducting this workshop, and since this is a public meeting, it is required that we record all the proceedings and enter all the comments that we receive into the record.

Copies of the Agenda and Public Notice are available at the table near the entrance. Please sign in on the sign-in sheet if you haven't already.

Mr. Raman then had the Southern Nevada Health District staff introduce themselves:
Christian De Haan, Senior Environmental Health Specialist
Carol Cottam, Administrative Assistant
Nancy Cadena, Administrative Specialist
Brian Northam, Manager, Environmental Health

II. Summary of Major Changes

Mr. Raman gave a summary of the major changes to the regulations.

The current regulations were adopted in 2006 and have not been updated since.

The purpose of this revision is to clarify and simplify the regulatory requirements, add a few important safety and sanitation items not addressed in the original document, and address areas with a high frequency of violations to reduce room closures and associated fees.

The Business Impact Survey (BIS) was conducted earlier in the year and presented to the Board of Health on September 25, 2025; the BIS was approved moving onto this next step. Since then, some adjustments to the language have been made, based on feedback provided through the BIS process and by the Board.

At this point we will review the Major Changes by Chapter document. Attendees will then be able to provide feedback specifically on the proposed regulatory language.

Section 1-General Provisions: unnecessary and unused definitions were removed from the document and a few key definitions were added; the public accommodations facility definition was modified; by adding that facilities running 30 days stay or longer can be exempt from public accommodations regulations; residential short-term rentals are exempt from the public accommodation's regulations were added; the unnecessary appendices were also removed with one added as noted in the table of contents.
Section 2-Substantial Hazards to Public Health and Safety: no changes were made
Section 3-Facilities and Equipment: updated plan review requirements; language regarding installation of ground fault circuit interrupter was added; disinfection of recirculation system of whirlpool tubs; prohibited reuse of cellulose sponges; and added language about backflow prevention on hose bibs.
Section 4-General Sanitation: added language regarding protection of mattresses from contamination with waterproof barriers. This is one change that we made after the business impact survey was conducted, we changed the requirement from encasements to just a barrier.
Section 5- Pest Control: unnecessary and unused language was removed and the section was slightly restructured; Section 5.41 was updated to reduce the time frame that facilities must retain pest control records from two years to one year.
Section 6-Employees: language was added to specify hand washing should be conducted in between handling dirty and clean linen; employee restrooms must have mounted soap, paper towel dispensers, and hot and cold running water; staff that collect ice from accessible ice machines do not need health cards.
Section 7-Food Service and Food Service Facilities: added language to clarify that coffee may be provided in guest lobby without a health permit. However, if no three-compartment sink is available, then all coffee cups and other items must be disposable.
Section 8-SCRV Dry Camping at Public Accommodation Facilities: this section was originally the Bed and Breakfast section, it was removed and restructured to have the SCRV in this section; changed the signage posting from recommendation to requirement (water, sewage disposal, solid waste disposal).
Section 9-Health Permits: no major changes.
Section 10-Plan Review and Submission and Approval Date: Plan Review requirements were outlined in more detail.
Section 11–Inspections: no major changes.
Section 12–Enforcement: changed the appeal time frame for any revocation hearing from 10 business days to 30 business days just to give operators more time to prepare their rebuttal; the hearing officer section was also updated to mirror other regulations.
Section 13–Miscellaneous: this section was moved to Section 8.

III. Public Comments

Mr. Raman announced that we will now have Public Comments. Comments will be limited to five minutes, and written data can be submitted to the administrative assistant, Carol Cottam.

Mr. Raman stated that if attendees in the room wish to make comments, please step up to the microphone, clearly state your name and your business along with your comment. Please spell your last name. Comments must be made into the microphone, or they may not be audible.

Attendees online who wish to comment, will need to use the "Raise Hand" button. Then the administrative assistant will unmute you when it is your turn to speak.

Public Comments
Cara Evangelista, Impact-Has more questions than comments. First questions is in Regards to handwashing in the laundry area. With the new regs employees will be required to wash hands in between handling dirty and clean laundry. Will facilities be required to install new hand washing sinks even if they already have sinks?
Mr. Raman responded that most facilities already have sinks in the laundry areas. With the new regs staff will be required to use the sinks in between handling dirty and clean laundry.

Can we or other sanitarians or even industry call if they have questions about changes to the regulations?
Mr. Raman responded that yes anyone can call with questions.

Ms. Evangelista also asked what changes were made to the inspection form.
Mr. Raman replied that there will be no major changes to inspection forms until after the regulations have been approved by the Board. The inspection process will remain the same. The big change is that inspectors will be looking to see if mattresses have a protective barrier on them, with the changes to the regulations we're hoping to reduce the number of violations that are given.

Ms. Evangelista was concerned that some facilities may incur a large cost at one time to comply with the change.
Mr. Raman explained that many facilities already use barriers on the mattresses and with not requiring encasements the cost shouldn't be too great. There will be time frame given to allow facilities to comply. The cost factor was addressed in the BIS process.

Ms. Evangelista asked if large installations or construction requirements have changed with the proposed regulations.
Mr. Raman responded that there have been no changes the requirement have just been outlined out. We've worked with our Plan Review department to get their input and guidance.

Ms. Evangelista wanted to know if the Health District works with industry if there is a large fee that is incurred.

Mr. Raman replied yes, the Health District will work with industry. A lot of these changes are common sense in how they were updated. For example, hose bibs and backflow-not all spickets need a bib just the ones that have actual hoses attached to them, in docking area for example. The Health District is always willing to work with industry.

Ms. Evangelista asked about the requirement for hot water in customer bathrooms and will the Health District close the bathroom if there is no hot water?
Vivek explained that having hot water in a bathroom has always been a requirement and that we always work with engineering to fix problems before shutting an area down.

Christian De Haan replied to Ms. Evangelista's earlier questions about the public that couldn't attend today's workshop that they are more than welcome to come on the workshop on November 4th.

Ms. Evangelista was concerned that some hotels didn't receive notice.

Brian Northam replied that the workshop was noticed in the paper as well as our website, it was posted at all main jurisdictional buildings and emailed or mailed to industry.

Carol Cottam also replied that after the meeting we can check the distribution list to verify who's on it.

Greg Dreyer, Cosmopolitan asked about the wall mounted hand soap dispenser in the back of house, currently they are using automatic dispensers.
Vivek explained that change was made from a wall mounted dispenser to a mounted soap dispenser-regardless of where it is, as long as it doesn't move. Bottles tend to disappear.

Brisa Stephani, Impact also has a question about the mounted soap dispensers. If the dispenser is empty and the facility hasn't had time to refill it or even they are waiting on a shipment it is acceptable to put a disposal soap dispenser out temporarily?
Mr. Raman explained that it's at the discretion of the inspector. Of course the inspector will work with hotel staff and have a conversation with the operator.

Ms. Evangalista asked about employee training records and if a new type of documentation is required, Regulations Section 6.2.1.
Mr. Raman replied that we just want to make sure the employee knows how to clean up biohazard and is trained in accordance with OSHA. He also commented that it's good practice to keep training records.

Julietta Perkins wanted to know if coffee is provided in the lobby with disposable cups, does this also apply to sugar and syrups.
Mr. Raman explained that yes, the best way to prevent contamination is single serve. Without a means to wash, rinse, and sanitize everything should be single serve

Mr. Northam asked if there were any more comments. And reiterated that the comment period is open until November 22, 2025. There will also be another opportunity to make comments at the November 4, 2025, workshop.
No other comments were made.

IV. Summary and Final SNHD Comments

Mr. Raman informed attendees that the completed Business Impact Survey, Proposed 2025 Public Accommodation Regulations, a list of major changes, and other supporting documents are available for review on the SNHD website at https://www.southernnevadahealthdistrict.org/permist-and-regulations/public-accommodations/. Questions may be directed to SNHD's Environmental Health Division at (702) 759-1633 or to pa@snhd.org.

The next step in the process will be a second workshop on November 4th at 2 pm on Teams as well as in person at the **Red Rock Conference Room** at the Southern Nevada Health District Main Public Health Center, 280 S. Decatur Blvd.

Mr. Raman told attendees that we welcome any feedback on the proposed updates and that written comments may be submitted by email to pa@snhd.org no later than November 22, 2025.

We anticipate presenting the final update of the PA Regulations to SNHD's Board of Health at the January 2026 meeting.

V. Adjournment

Mr. Raman thanked all attending for their participation and since there are no further comments, adjourned the workshop at 9:29 a.m.

Carol S Cottam

Carol Cottam, Sr. Administrative Assistant
Environmental Health, Public Accommodations

PUBLIC WORKSHOP AGENDA
PROPOSED 2025
PUBLIC ACCOMMODATION FACILITIES REGULATIONS

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Supporting Documentation available at:
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IV.	**Summary & Final SNHD Comments**	Christian De Haan, Senior Environmental Health Specialist
V.	**Adjournment**	Christian De Haan, Senior Environmental Health Specialist

THIS AGENDA HAS BEEN POSTED IN THE MAIN LOBBY OF THE FOLLOWING LOCATIONS: 1) CLARK COUNTY GOVERNMENT CENTER, 500 S. Grand Central Parkway, Las Vegas, NV; 2) LAS VEGAS CITY HALL, 495 S. Main Street, Las Vegas, NV; 3) NORTH LAS VEGAS CITY HALL, 2250 N. Las Vegas Boulevard, North Las Vegas, NV; 4) HENDERSON CITY HALL, 200 Water Street, Henderson, NV; 5) BOULDER CITY, CITY HALL, 401 California Avenue, Boulder City, NV; 6) MESQUITE CITY HALL, 10 E. Mesquite Boulevard, Mesquite, NV; 7) SOUTHERN NEVADA HEALTH DISTRICT, 280 S. Decatur Boulevard, Las Vegas, NV; and 8) CLARK COUNTY COMMUNITY RESOURCE CENTER, 55 Civic Way, Laughlin, NV.

This Agenda is also available on the Southern Nevada Health District Internet website at https://www.southernnevadahealthdistrict.org/news-info/public-notices/ and on the Nevada Public Notice website at https://notice.nv.gov. For copies of agenda material, please contact Carol Cottam at (702) 759-0619. In addition, handouts will be available at the workshop.

NOTE: Disabled members of the public who require special accommodations or assistance at the meetings are requested to notify Carol Cottam, Senior Administrative Assistant at the Southern Nevada Health District by calling (702) 759-1633.

MEETING	Public Accommodation Facilities Regulations	DATE	November 4, 2025
FACILITATOR	Christian De Haan	TIME	1:00 p.m.
LOCATION	Red Rock Conference Room		

Southern Nevada Health District

NO.	NAME & ADDRESS (PLEASE PRINT)	PROGRAM/AGENCY/ AFFILIATION	EMAIL	PHONE	SIGNATURE
1.	BEGAY, Christopher	SNHD/EH	begayc@snhd.org	702-759-1633	
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11.					
12.					
13.					
14.					

SNHD
Southern Nevada Health District

PUBLIC WORKSHOP MINUTES

PROPOSED 2025
PUBLIC ACCOMMODATION FACILITIES REGULATIONS

Southern Nevada Health District Workshop
Virtual and In-Person
Tuesday, November 4, 2025 – 1:00 p.m.
Red Rock Conference Room, 280 S. Decatur Blvd., Las Vegas, NV

I. Introductory Remarks

Christian De Haan opened the workshop at 1:00 p.m. by introducing himself as the Senior Environmental Health Specialist for SNHD's Environmental Health Public Accommodations program.

Mr. De Haan asked that all attending to please turn off, or silence, your cell phones.

Mr. De Haan welcomed all attendees and explained that the purpose of this workshop is to collect public comments on the Proposed 2025 Public Accommodation Facilities Regulations.

Mr. De Haan announced that he would be conducting the workshop, and since this is a public meeting, it is required that we record all the proceedings and enter all the comments that we receive into the record.

Copies of the Agenda and Public Notice are available at the table near the entrance. Please sign in on the sign-in sheet if you haven't already.

Mr. De Hann then had the Southern Nevada Health District staff introduce themselves:
Carol Cottam, Sr. Administrative Assistant, EH Public Accommodations
Nancy Cadena, Administrative Specialist, Environmental Health
Brian Northam, Manager, Environmental Health, Public Accommodations.

II. Summary of Major Changes

Mr. De Haan explained that the current regulations were adopted in 2006 and have not been updated since and that the purpose of this revision is to clarify and simplify the regulatory requirements, add a few important safety and sanitation items not addressed in the original document, and address areas with a high frequency of violations to reduce room closures and associated fees.

The Business Impact Survey (BIS) was conducted earlier in the year and presented to the Board of Health on September 25, 2025. Some adjustments were made to the language based on feedback provided through the BIS process and the Board approved moving onto this next step.

At this point we will review the Major Changes by Chapter document. Attendees will then be able to provide feedback specifically on the proposed regulatory language.

Section 1-General Provisions: unnecessary and unused definitions were removed from the document and a few key definitions were added; the public accommodations facility definition was modified; by adding that facilities running 30 days stay or longer can be exempt from public accommodations regulations; residential short-term rentals are exempt from the public accommodation's regulations were added; the unnecessary appendices were also removed with one added as noted in the table of contents.
Section 2-Substantial Hazards to Public Health and Safety: no changes were made
Section 3-Facilities and Equipment: plan review requirements in the original regulations were located in multiple areas. Now they're consolidated into Section 3. Language was added regarding installation of GFCI protection, the disinfection and recirculation systems, Whirlpool tubs, prohibition of cellulose sponges and backflow protection required on hose bibs.
Section 4-General Sanitation: added language regarding protection of mattresses from contamination with waterproof barriers. We changed the requirement from encasements to just a barrier.
Section 5- Pest Control: unnecessary and unused language was removed and the section was slightly restructured; Section 5.41 was updated to reduce the time frame that facilities must retain pest control records from two years to one year.
Section 6-Employees: language was added to specify hand washing should be conducted in between handling dirty and clean linen; employee restrooms must have mounted soap, paper towel dispensers, and hot and cold running water; staff that collect ice from accessible ice machines do not need health cards.
Section 7-Food Service and Food Service Facilities: added language to clarify that coffee may be provided in guest lobby without a health permit. However, if no three-compartment sink is available, then all coffee cups and other items must be disposable.
Section 8-SCRV Dry Camping at Public Accommodation Facilities: this section was originally the Bed and Breakfast section, it was removed and restructured to have the SCRV in this section; changed the signage posting from recommendation to requirement (water, sewage disposal, solid waste disposal).
Section 9-Health Permits: no major changes.
Section 10-Plan Review and Submission and Approval Date: Plan Review requirements were outlined in more detail.
Section 11–Inspections: no major changes.
Section 12–Enforcement: changed the appeal time frame for any revocation hearing from 10 business days to 30 business days just to give operators more time to prepare their rebuttal; the hearing officer section was also updated to mirror other regulations.
Section 13–Miscellaneous: this section was moved to Section 8.

III. Public Comments

Mr. De Haan announced that comments will be limited to five minutes, and written data can be submitted to the administrative assistant

Mr. De Haan asked if attendees in the room wish to make comments, please step-up to the microphone to clearly state your name and your business with your comment. Please spell your last name. Comments must be made into the microphone, or they may not be audible.

Attendees online who wish to comment, will need to use the "Raise Hand" button. Then the administrative assistant will unmute you when it is your turn to speak.

No comments made.

IV. Summary and Final SNHD Comments

Mr. De Haan stated that the completed Business Impact Survey, proposed 2025 Public Accommodation Regulations, a list of major changes, and other supporting documents are available for review at 280 South Decatur Boulevard and on the SNHD website at https://www.southernnevadahealthdistrict.org/permist-and-regulations/public-accommodations/. Questions may be directed to SNHD's Environmental Health Division at (702) 759-1633 or to pa@snhd.org.

Mr. De Haan informed attendees that we welcome your feedback on the proposed updates and written comments may be submitted by email to pa@snhd.org no later than November 22, 2025.

We anticipate presenting the final update of the PA Regulations to SNHD's Board of Health at the January 2026 meeting.

V. Adjournment

Mr. De Haan thanked all those participating and since there were no further comments, adjourned the workshop at 1:16 p.m.

Carol S Cottam

Carol Cottam, Sr. Administrative Assistant
Environmental Health, Public Accommodations

Attachment I

BOH Presentation



Proposed 2025 Public Accommodation Regulations

BOARD OF HEALTH PRESENTATION

JANUARY 22, 2026

Purpose of the 2025 Public Accommodation (PA) Regulations Update

- First adopted in 2006 and have not been updated.
- To make regulatory requirements clearer and more concise for PA operators.
- To address areas with a high frequency of violations to reduce room closures and associated fees.

Regulated PA Establishments:

- Hotels – 219 permits
  - > 150,000 rooms
- Motels – 84 permits
- Hostels – 2 permits
- Self-Contained Recreational Vehicle Dry Camping – 7 permits

Ways Comments Were Collected

- Business Impact Statement 12/19/24 – 2/25/25
  - Notified Operators, Required Postings, Website
  - BIS Workshop
  - Meeting with industry members
  - Presented to PHAB 7/25 and BOH 9/25

- Public Comment 10/2/25 – 11/22/2025
  - Notified Operators, Required Postings, Website
  - Two Public Workshops
  - Received Resort Association comments



Business Impact Statement – Feedback

Requirement Proposed	Response
Waterproof mattress encasement required on all mattresses.	Waterproof mattress pads or other barriers are acceptable; doesn't apply to pull-out sofa or roll-in beds.
Ground Fault Circuit Interrupters (GFCI) are required for specific electrical outlets.	Facilities are to follow the latest approved NEC for the local jurisdiction. Facilities built before 1971 must come into compliance if updating their electrical systems.
Hose bibs must have a backflow prevention device installed.	Specified that only hose bibs with a hose attached are required have a backflow prevention device, as those without a hose are protected by an air gap.
Employee restrooms must have wall-mounted soap and paper towel dispensers.	Changed to "mounted" dispenser to include counter- and sink-mounted dispensers.
Outlined Plan Review Requirements	Section 3.1 was consolidated into Section 10 on Plan Review.

Public Comment – Feedback

Comment Received	Response
3.10.4 - Nothing shall require a PA to perform housekeeping services when a guest has declined.	**None** – It is critical all hotel rooms are cleaned and sanitized at minimum once per week, examples being Norovirus prevention and facilities renting to long-term tenants where rooms are not cleaned.
3.9.3 - **60°F – 90°F** range is cost prohibitive and current temperature range of **68°F and 80°F** should be maintained	Staff agrees to suggestion of narrowing the temperature range to **68°F and 80°F.** Current Regulation used both ranges and we wanted to be consistent.
10.1.1 – SNHD requiring a facility doing construction or extensive remodeling that requires a building permit to notify SNHD. This is burdensome.	**None** - This language currently exists in the regulation (3.1) and was consolidated into Section 10 – Plan review. Permittees are not required to submit applications which do not pertain to areas of oversight with these regulations.
Request for an 18 – 24 month implementation.	Regulations will become effective July 1, 2026. Staff will educate operators and not document updated Regulation violations until January 1, 2028

Changes Cont.



Modified the definition of a public accommodation facility to include an exemption for facilities that only allow long-term (30+ day) stays.



Removed unnecessary appendices (from 21 to 3)

Biohazard Plan, Pest Control Logs, Sewage Remediation



Reduced the timeframe to retain pest control records from two years to one year.



Added language specifying handwashing should be conducted in between handling dirty and clean linen.



Staff that collect ice from publicly accessible ice machines do not need health cards.

Changes Cont.



Coffee may be provided in a guest lobby without a health permit. If there is no 3-compartment sink, tableware must be disposable.



Removed the section for bed and breakfast facilities.



For SCRVs, changed from recommendation to requirement for the posting of three signs (water, sewage disposal, and solid waste disposal).



Changed permit revocation appeal timeframe from 10 business days to thirty (30) calendar days.



Updated the Hearing Officer section to standardize with other SNHD regulations.

Benefits of PA Update

- Simplification
- Consistency
- Enhanced Safety and Sanitation
- Fewer Room Closures and Accompanying Fees

Staff Recommendations for BOH:

- Approve the Public Accommodation Regulation updates as posted.

OR

- Approve the 2025 Public Accommodation Regulation updates with:
  - Using the more stringent option ambient room temperature of **68°F and 80°F** (Section 3.9.3).
  - EH will not issue updated regulatory requirement violations on existing facilities until January 1, 2028.
  - Update from 2025 to 2026 Public Accommodation Regulations.



Questions

Short-Term Rentals (STRs)

Short-Term Rentals :

A permanent residential unit (house) or room within a residence that is commercially available to rent for 30 days or less.

General Information:

Average length of stay = 4-5 days

NRS 268:

Authority for cities and towns to regulate and tax short-term rentals.

Clark County STR Programs:

Using NRS 268, Unincorporated Clark County, City of Las Vegas, City of North Las Vegas, and City of Henderson have created programs regulating STRs, including licensing, safety and nuisance prevention requirements.

Short-Term Rentals by Jurisdictions

	Clark County	Las Vegas	North Las Vegas	Henderson
Licensed STRs	225	264	217	274
Annual Fees	$750 / $1,500 $150 inspection	$500	$900	$848
Inspection Frequency	Initial	Initial	Reactive Only	Annual
Complaint Investigations (Illegal, etc.)	Yes	Yes	Yes	Yes

- Illegal STR response is significant with Unincorporated Clark County estimating over 7,000 unlicensed STRs.

SNHD Short-Term Rental Updates

- Accompanied City of Las Vegas Code Enforcement and Fire on an initial inspection.
  - Inspection focus – Safety
    - Ground Fault Circuit Interrupters (GFCI), Smoke Alarms, Fire Extinguishers, Evacuation Procedures, Backyard Pool

- EH has drafted a Short-Term Rental Recommendations document.
  - Jurisdictional contact information for complaints
  - Info on how to determine the STR's jurisdiction
  - Sanitation and Safety recommendations
  - This information can be posted to the SNHD website.

- EH has six field staff for the hotel/motel inspections, mobile home park/RV park inspections, and mosquito disease surveillance.
  - SNHD willing to be available as a consult for the jurisdictions.
  - Larger scope of involvement would require additional funding and staff.

SNHD SINGLE AUDIT

June 30, 2025

Overview

- The Single Audit report included in this packet has the same results as the draft presented by Mr. Josh Findlay from Forvis Mazars at the November BOH meeting.
- The final OMB compliance supplement has since been issued and resulted in no changes to the draft previously presented.
- The Single Audit report has an unmodified or "clean" opinion (no findings).
- The Single Audit report (draft) is included in the packet along with the finalized and signed financial statement audit report previously accepted by the BOH.
- Total federal expenditures included in the Schedule of Expenditures of Federal Awards is $45,423,500.
- Mr. Findlay's presentation in November covered the required communications from the auditors.

Audit Scope and Results

1 Financial Statement Opinions

- Unmodified “Clean” Opinions

2 Report on Internal Control Over Financial Reporting and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards* – Independent Auditor’s Report

- No reportable findings

3 Report on Compliance for Each Major Federal Program; Report on Internal Control over Compliance; and Report on Schedule of Expenditures of Federal Awards Required by Uniform Guidance

- No reportable findings

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Audit Scope and Results (Continued)
Single Audit

Major Federal Programs for FY2025

Major Program	Federal Assistance Listing Number	Expenditures
Opioid STR	93.788	$2,488,200
National Bioterrorism Hospital Preparedness Program	93.889	$1,420,070
HIV Prevention Activities Health Department Based	93.940	$3,831,244
Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	93.967	$6,818,216

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Southern Nevada Health District

Independent Auditor's Report, Financial Statements, and Supplementary Information

June 30, 2025

Southern Nevada Health District
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June 30, 2025

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Financial Section

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Independent Auditor's Report

Board of Health and District Health Officer
Southern Nevada Health District
Las Vegas, Nevada

Opinions

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of the Southern Nevada Health District (Health District), as of and for the year ended June 30, 2025, and the related notes to financial statements, which collectively comprise the Health District's basic financial statements as listed in the table of contents.

In our opinion, the accompanying financial statements referred to above present fairly, in all material respects, the respective financial position of the governmental activities, each major fund, and the aggregate remaining fund information of the Health District, as of June 30, 2025, and the respective changes in financial position, and, where applicable, cash flows thereof for the year then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinions

We conducted our audit in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Health District, and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinions.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for 12 months beyond the financial statement date, including any currently known information that may raise substantial doubt shortly thereafter.

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinions. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Health District's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

Required Supplementary Information

Accounting principles generally accepted in the United States of America require that the management's discussion and analysis, budgetary comparison, and pension and other postemployment benefit information as listed in the table of contents be presented to supplement the basic financial statements. Such information is the responsibility of management and, although not a part of the basic financial statements, is required by the Governmental Accounting Standards Board who considers it to be an essential part of financial reporting for placing the basic financial statements in an appropriate operational, economic, or historical context. We have applied certain limited procedures to the required supplementary information in accordance with GAAS, which consisted of inquiries of management about the methods of preparing the information and comparing the information for consistency with management's responses to our inquiries, the basic financial statements, and other knowledge we obtained during our audit of the basic financial statements. We do not express an opinion or provide any assurance on the information because the limited procedures do not provide us with sufficient evidence to express an opinion or provide any assurance.

Supplementary Information

Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the Health District's basic financial statements. The budget to actual comparisons, as listed in the table of contents, are presented for purposes of additional analysis and are not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the basic financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the budget to actual comparisons are fairly stated, in all material respects, in relation to the basic financial statements as a whole.

Forvis Mazars, LLP

Dallas, Texas
November 21, 2025

As members of the Southern Nevada Health District's management, we offer the readers of the financial statements of Southern Nevada Health District (Health District) this narrative overview and analysis of the financial activities of the Health District for the fiscal year ended June 30, 2025. This narrative is designed to:

- Provide an overview of the Health District's financial condition and results of operations
- Assist readers in identifying significant financial activities and trends
- Explain significant changes from the prior fiscal year and ability to address future priorities

Financial Highlights

The Health District's liabilities and deferred inflows of resources exceeded its assets and deferred outflows of resources at the close of the most recent fiscal year by $35,249,505. Unrestricted net position could be used to meet the government's ongoing obligations to citizens and creditors, if it were a positive number.

The Health District's total net position (deficit) improved by $1,507,485 primarily due to an increase in property tax revenue and increases in charges for services offset with an increase in related expenditures as well as a decrease in pandemic-related operating grants and related expenditures.

The Health District's total revenue increased by $9,634,646. This was primarily driven by increases in charges for services, regulatory fees, and property tax revenues offset with a decrease in pandemic-related grants. Expenses increased by $2,004,746 primarily due to increase in personnel costs including both salaries and benefits.

Overview of the Financial Statements

The discussion and analysis provided herein is intended to serve as an introduction to the Health District's basic financial statements. The Health District's basic financial statements consist of three components:

- Government-wide financial statements
- Fund financial statements
- Notes to financial statements

This report also includes both required supplementary information and supplementary information intended to furnish additional detail to support the basic financial statements themselves.

Government-Wide Financial Statements

The *government-wide financial statements* are designed to provide readers with a broad overview of the Health District's finances, in a manner similar to a private-sector business.

The *statement of net position* presents financial information on all of the Health District's assets, deferred outflows, liabilities and deferred inflows. The difference between these elements is reported as net position. Over time, increases or decreases in net position may serve as a useful indicator of whether the financial position of the Health District is improving or deteriorating.

The *statement of activities* presents information showing how the Health District's net position changed during the most recent fiscal year. All changes in net position are reported as soon as the underlying event giving rise to the change occurs, regardless of the timing of related cash flows. Thus, revenues and expenses are reported for some items that will only result in cash flows in future fiscal periods (*e.g.*, earned but unused vacation leave).

Both of the government-wide financial statements distinguish functions of the Health District that are principally supported by taxes and intergovernmental revenues (*governmental activities*) from other functions that are intended to recover all or a significant portion of their costs through user fees and charges (*business-type activities*). There were no business-type activities in 2025. The governmental activities of the Health District are comprised of the following functions:

Clinical Services. Includes programs for primary care, communicable diseases, clinical services administration, immunizations, women's health, children's health, refugee health, sexual health program, behavioral health, and other clinical programs.

Environmental Health. Includes programs for environmental health and sanitation, waste management, and other environmental health programs.

Community Health. Includes programs for community health administration, chronic disease prevention and health promotion, epidemiology, food handler education, laboratory services, public health preparedness, emergency medical/trauma services, disease surveillance, vital statistics, and informatics.

Administration. Includes programs for general administration, financial services, legal services, public information, facilities maintenance, information technology, human resources, and business group.

The government-wide financial statements can be found beginning on page 15 of this report.

Fund Financial Statements

A *fund* is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The Health District, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements. All of the funds of the Health District can be divided into three categories:

- Governmental funds
- Proprietary funds
- Fiduciary funds

Governmental funds are used to account for essentially the same functions reported as governmental activities in the government-wide financial statements. However, unlike the government-wide financial statements, governmental fund financial statements focus on *near-term inflows and outflows of spendable resources, as well as on balances of spendable resources* available at the end of the fiscal year. Such information may be useful in assessing the Health District's near-term financing requirements.

Governmental Funds

Because the focus of governmental funds is narrower than that of the government-wide financial statements, it is useful to compare the information presented for *governmental funds* with similar information presented for governmental activities in the government-wide financial statements. By doing so, readers may better understand the long-term impact of the Health District's near-term financing decisions. Both the governmental fund balance sheet and the governmental fund statement of revenues, expenditures, and changes in fund balances provide a reconciliation to facilitate this comparison between *governmental funds* and *governmental activities*.

The Health District maintains four individual governmental funds. Information is presented separately in the governmental fund balance sheet and in the governmental fund statement of revenues, expenditures, and changes in fund balances for the general fund and special revenue fund, both of which are considered to be major funds.

The Health District adopts an annual appropriated budget for its governmental funds. A budgetary comparison statement has been provided for all funds to demonstrate compliance with each budget in either required supplementary information or supplementary information.

The basic governmental fund financial statements can be found beginning on page 18 of this report.

Proprietary Fund

As of June 30, 2025, the Health District only maintains an internal service fund:

An *internal service fund* is used to accumulate and allocate costs internally among various functions. The Health District uses an internal service fund to account for the management of its self-insured workers compensation claims and payment for current non-self-insured workers compensation premiums. The Health District's self-insured workers compensation program became effective on July 1, 2005 after it was approved by the Division of Insurance of the State of Nevada on May 12, 2005 and the Southern Nevada District Board of Health on May 26, 2005. The Health District made the decision in August 2015 to move to a fully funded plan to manage the workers compensation claims. The internal service fund must remain open for future claims from injuries between 2005 and 2015. The internal service fund has been included within the governmental activities in the government-wide financial statements.

Proprietary funds provide the same type of information as the government-wide financial statements, only in more detail. The internal service fund is a single, aggregated presentation in the proprietary fund financial statements. The basic proprietary fund financial statements can be found beginning on page 22 of this report.

Fiduciary Funds

Fiduciary funds are used to account for resources held for the benefit of parties outside of the government. Fiduciary funds are not reported in the government-wide financial statements because the resources of those funds are not available to support the Health District's own programs. The Health District created an Employee Events Fund in July 2015 to manage funds collected by employees to be managed and used by and for employees.

Notes to Financial Statements

The notes provide additional information that is necessary to acquire a full understanding of the data provided in the government-wide and fund financial statements.

The notes to financial statements can be found beginning on page 27 of this report.

Other Information

In addition to the basic financial statements and accompanying notes, this report also presents required supplementary information concerning the Health District's progress in funding its obligation to provide pension and other postemployment benefits (OPEB) to its employees.

Required supplementary information can be found beginning on page 51 of this report.

Government-Wide Overall Financial Analysis

Summary Statement of Net Position

	Governmental Activities	
	2025	**2024**
Assets		
Current and other assets	$ 92,522,446	$ 72,414,910
Net capital, lease, and subscription assets	37,326,755	38,141,386
Total Assets	129,849,201	110,556,296
Deferred Outflows of Resources	82,179,853	73,071,605
Liabilities		
Short-term liabilities	21,201,902	12,555,402
Long-term liabilities	183,979,113	186,744,388
Total Liabilities	205,181,015	199,299,790
Deferred Inflows of Resources	42,097,544	21,085,101
Net Position (Deficit)		
Net investment in capital assets	29,325,954	29,751,622
Restricted	119,425	80,053
Unrestricted (deficit)	(64,694,884)	(66,588,665)
Total Net Position (Deficit)	$ (35,249,505)	$ (36,756,990)

Total unrestricted net position represents negative 187% of total net position of Governmental Activities and is not available to meet the Health District's ongoing obligations to citizens and creditors. The remainder of the Health District's net position reflects its investment in capital, lease, and subscription assets (*e.g.*, land, buildings, equipment, vehicles, infrastructure) and funds restricted for grants and insurance liability reserve. The Health District uses these capital assets to provide a variety of services to citizens. Accordingly, these assets are not available for future spending.

The Health District's total net position (deficit) improved by $1,507,485 primarily due to increased fees for services, increased regulatory revenue, and increased property tax revenues, offset by a decrease in federal grants revenue and an increase in clinical services and environmental health-related expenditures.

The increase for charges for services was due to an overall increase in immunizations and other medical services. The increase in regulatory services was primarily due to increased fees during fiscal year 2025.

The property tax increase was due to a growing local economy and increases in property values.

The decrease in operating grants was mainly due to the termination of pandemic-related grants during fiscal year 2025.

Summary Statement of Changes in Net Position

	Governmental Activities	
	2025	**2024**
Revenues		
Program revenues		
Charges for services	$ 78,438,113	$ 67,347,827
Operating grants and contributions	49,014,470	57,783,029
General revenues		
Property tax allocation	37,651,176	34,088,562
Other income	4,936,348	2,575,284
Unrestricted investment income	3,532,996	2,143,755
Total Revenues	173,573,103	163,938,457
Expenses		
Public health		
Clinical services	72,910,245	61,460,781
Environmental health	33,489,858	31,127,930
Community health	55,376,183	61,936,949
Administration	9,914,726	15,218,402
Interest	374,606	316,810
Total Expenses	172,065,618	170,060,872
Change in Net Position	1,507,485	(6,122,415)
Net Position, Beginning	(36,756,990)	(30,634,575)
Net Position, Ending	$ (35,249,505)	$ (36,756,990)

Governmental Activities

During the current fiscal year, net position for governmental activities improved $1,507,485 from the 2024 fiscal year to an ending balance of negative $35,249,505.

Financial Analysis of Governmental Funds

As noted earlier, the Health District uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

The focus of the Health District's governmental funds is to provide information on near-term inflows, outflows, and balances of spendable resources. Such information is useful in assessing the Health District's financing requirements. In particular, unassigned fund balance may serve as a useful measure of a government's net resources available for discretionary use as they represent the portion of fund balance which has not yet been limited to use for a particular purpose by either an external party, the Health District itself, or a group or individual that has been delegated authority to assign resources for use for particular purposes by the Health District's Board of Health.

At June 30, 2025, the Health District's governmental funds reported combined fund balances of $72,036,301, an increase of $11,308,409 in comparison with the prior year. Approximately 75%, or $54,049,140, of this amount constitutes unassigned fund balance, which is available for spending at the Health District's discretion.

The remainder of governmental fund balance is classified as follows: $4,597,441 is nonspendable; restricted funds of $119,425 is grant-related; $1,000,000 is committed for emergency reserve; $6,786,283 is assigned to capital project improvements; $3,000,000 is assigned for contingency; $2,379,682 is assigned to administrative projects; and $104,330 is assigned to pharmacy projects. The General Fund is the chief operating fund of the Health District. At the end of the current fiscal year, unassigned fund balance of the General Fund was $54,049,140, while the total fund balance is $65,128,565. As a measure of operating liquidity, it may be useful to compare both unassigned fund balance and total fund balance to total combined general fund and special revenue fund expenditures.

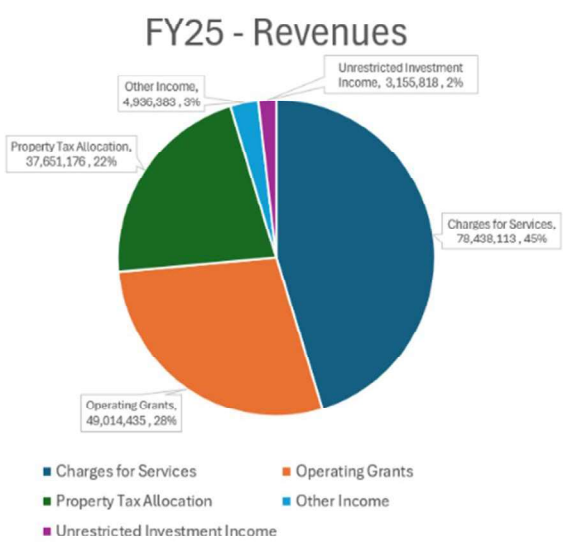
Unassigned fund balance represents approximately 33.8% of total combined general fund and special revenue fund expenditures and transfers, while total governmental fund balance represents approximately 46.0% of the total governmental expenditures and transfers. The Health District's general fund balance increased by $10,255,737 during the current fiscal year, attributable to increased fees for services, increased regulatory revenue, and increased property tax allocation, offsetting with reductions in community health-related expenditures and net administration costs and a reduction in transfers to other funds.

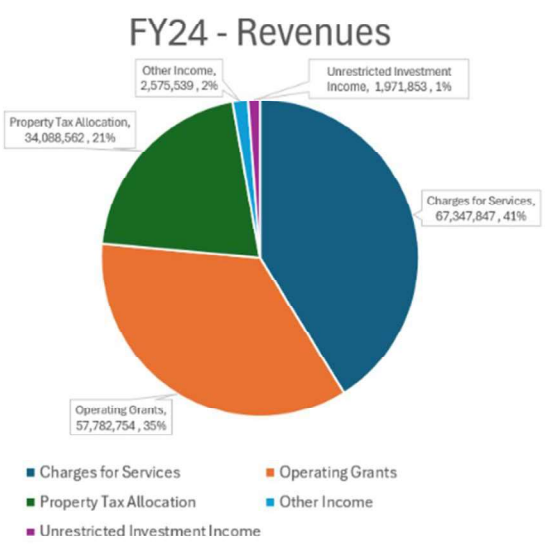
Other governmental funds consist of the Special Revenue Fund, the Bond Reserve Fund (also known as Building Fund), and the Capital Projects Fund. The Special Revenue Fund was created in fiscal year 2016 to account for the grant funds the Health District receives and has a nonspendable fund balance of $2,028 and restricted fund balance of $119,425. The Bond Reserve Fund was approved by the Board of Health on March 27, 2008, so that the Health District will be able to pay bonded debt in the event that Clark County issues bonds on behalf of the Health District in order to fund a new facility replacement for the main campus. On December 16, 2010, the Southern Nevada District Board of Health amended the original purpose of the Bond Reserve Fund to allow the Board of Health to utilize the resources of the debt service fund for any identifiable projects at the discretion of the Board that benefit the public health of Clark County.

The Bond Reserve and Capital Funds have an assigned fund balance of $6,786,283 at the end of the current fiscal year, which increased by $1,013,300 as compared to the prior fiscal year, primarily attributable to a budgeted transfer of $2,000,000 from the General Fund.

Fund Revenues by Source

	2025		2024		Increase (Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
General Fund Revenues						
Charges for services						
Fees for service	$ 46,360,664	37.74%	$ 35,119,778	33.61%	$ 11,240,886	32.01%
Regulatory revenue	28,482,125	23.19%	27,422,167	26.24%	1,059,958	3.87%
Title XIX and other	3,595,324	2.93%	4,805,902	4.60%	(1,210,578)	-25.19%
Total charges for services	78,438,113	63.85%	67,347,847	64.45%	11,090,266	16.47%
Intergovernmental revenues						
Property tax	37,651,176	30.65%	34,088,562	32.62%	3,562,614	10.45%
General receipts						
Contributions and donations	35	0.00%	255	0.00%	(220)	-86.27%
Interest income	3,155,818	2.57%	1,971,853	1.89%	1,183,965	60.04%
Other	3,592,739	2.92%	1,094,229	1.05%	2,498,510	228.34%
Total General Fund Revenues	$122,837,881	100.00%	$104,502,746	100.00%	$ 18,335,135	17.55%
Special Revenue Fund Revenues						
Intergovernmental revenues						
Direct federal grants	$ 18,175,097	36.09%	$ 21,913,784	36.98%	$ (3,738,687)	-17.06%
Indirect federal grants	27,305,731	54.22%	34,797,567	58.72%	(7,491,836)	-21.53%
State funding	3,533,607	7.02%	1,071,403	1.81%	2,462,204	229.81%
Total intergovernmental revenues	49,014,435	97.33%	57,782,754	97.50%	(8,768,319)	-15.17%
Program Contract Services	1,343,609	2.67%	1,481,055	2.50%	(137,446)	-9.28%
Total Special Fund Revenues	$ 50,358,044	100.00%	$ 59,263,809	100.00%	$ (8,905,765)	-15.03%
Combined Special Revenue and General Funds	$173,195,925		$163,766,555		$ 9,429,370	5.76%





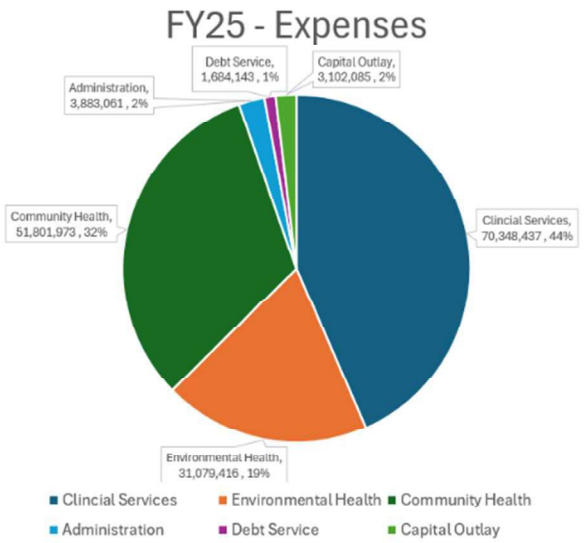
The increase in fees for service, including immunizations and other medical services and regulatory services, is due to increased fees, number of patients, permits, and inspections.

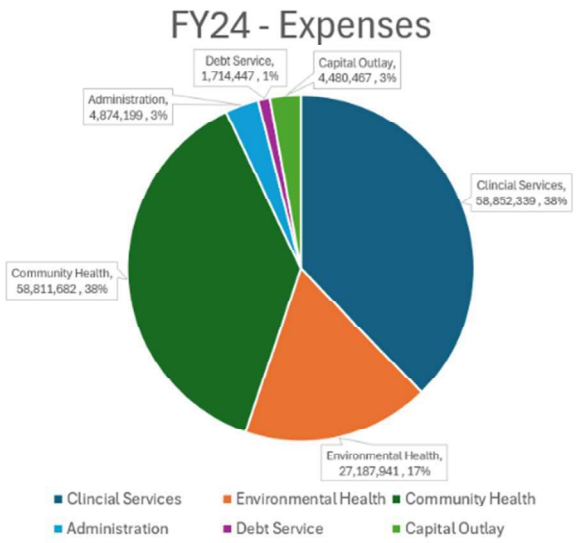
The increase in the property tax allocation of $3,562,614 is due to a growing local economy, increases in property values, and subsequent increased property taxes. There is a 3% property tax cap on increases for primary residence property in the State of Nevada.

The increase in interest income was due to increased fair market value compared to book value and improved earnings rate based on increased balances at year-end from investments.

The decrease in intergovernmental grant revenues was primarily due to a decrease in grants received and related eligible expenditures in clinical services and community health services areas. These grants were primarily COVID-19-related.

	2025		2024		Increase (Decrease)	
	Amount	Percent	Amount	Percent	Amount	Percent
General Fund Expenditures						
Current						
Public health						
Clinical services	$ 56,454,440	52.85%	$ 43,768,571	47.77%	$ 12,685,869	28.98%
Environmental health	29,376,372	27.50%	24,218,749	26.43%	5,157,623	21.30%
Community health services	16,903,125	15.82%	16,430,847	17.93%	472,278	2.87%
Administration	851,186	0.80%	3,016,484	3.29%	(2,165,298)	-71.78%
Debt service						
Principal	1,309,537	1.23%	1,397,637	1.53%	(88,100)	-6.30%
Interest	374,606	0.35%	316,810	0.35%	57,796	18.24%
Capital outlay						
Public health	1,543,923	1.45%	2,470,015	2.70%	(926,092)	-37.49%
Total General Fund Expenditures	$106,813,189	100.00%	$ 91,619,113	100.00%	$ 15,194,076	16.58%
Special Revenue Fund Expenditures						
Current						
Public health						
Clinical services	$ 13,893,997	25.22%	$ 15,083,768	23.46%	$ (1,189,771)	-7.89%
Environmental health	1,703,044	3.10%	2,969,192	4.61%	(1,266,148)	-42.64%
Community health services	34,898,848	63.35%	42,380,835	65.91%	(7,481,987)	-17.65%
Administration	3,031,875	5.50%	1,857,715	2.89%	1,174,160	63.20%
Capital outlay						
Public health	1,558,162	2.83%	2,010,452	3.13%	(452,290)	-22.50%
Total Special Revenue Fund Expenditures	$ 55,085,926	100.00%	64,301,962	100.00%	$ (9,216,036)	-14.33%
Combined Special Revenue and General Funds	$161,899,115		$155,921,075		$ 5,978,040	3.83%





The increase in general fund expenditures was primarily due to an increase in personnel expenses for services provided and operating costs for supplies in relation to the increase in fees for service and an increase in personnel expenses related to inspections and permit issuance in relation to the increase in regulatory services.

The decrease in special revenue fund expenditures was primarily due to a decrease in grants received and expended in clinical services, environmental health, and community health services areas.

General Fund Budget Highlights

Final Budget Compared to Actual Results

Current budget procedure allows funds to be moved within programs and departments. Revenues are underbudgeted amounts by $4,881,731. This is attributable to higher than expected medical and immunization fee activity and investment earnings. Expenditures fell short of budgeted amounts by $5,059,481 primarily due to lower than expected services and supplies expense for standard operations.

Detailed information of budgeted revenue and expenditures and actual revenue and expenditures is included in the Supplementary Information on page 51 of the Financial Report.

Capital, Lease, and Subscription Assets

As of June 30, 2025, the Health District's net investment in capital, lease, and subscription assets for its governmental activities was $37,326,755. This investment in capital assets includes land, buildings and improvements, and vehicles and equipment. The net decrease in capital assets for the current fiscal year was approximately $814,631, or 2%, primarily due to an increase in construction in progress, right-to-use leased building, subscription IT assets, and furniture, offset by retirement and depreciation and amortization on existing assets.

	Balance June 30, 2024	Increases	Decreases	Transfers	Balance June 30, 2025
Governmental activities	$ 38,141,386	$ 4,117,157	$ (4,931,788)	$ -	$ 37,326,755

The Health District disposed capital assets by $397,383. This was primarily due to obsolete furniture, fixtures, and equipment.

Additional detailed information on the Health District's capital assets can be found in Note 4 of this report.

Long-Term Debt

At the end of the current fiscal year, the Health District has no outstanding debt other than lease liabilities and subscription liabilities.

Economic Factors and Next Year's Budgets and Rates

The Health District's financial position improved during fiscal year 2024-2025. The national public health emergency put in place at the start of the pandemic expired on May 11, 2023. Grant revenue provided for the pandemic response has begun to expire and is expected to continue to be reduced as remaining projects and deliverables for the existing grants are completed.

Although created as an independent governmental entity pursuant to Nevada Revised Statute (NRS) 439.361, the Health District has no taxing authority and relies on revenue from fees and other governmental sources in order to operate. Funding for all capital improvements must be derived from operating revenue unless capital grant funds or other allocated funding is awarded.

Currently, the Health District is faced with the need to maintain a reserve to respond effectively to public health emergencies. The Board of Health continued its previous approval of $1,000,000 of fund balance to be used if needed for that purpose. The amount is included as committed fund balance in the financial statements.

The Health District is confronted with inflationary factors affecting the cost of equipment; clinical, laboratory, and pharmaceutical supplies; and other services. As of June 30, 2025, the Consumer Price Index has increased 2.7% over the past 12 months as an average annual percentage indicating these costs may continue to grow in the immediate future. Bargaining unit negotiation increases scheduled for budget year 2025-2026 will result in significant increased labor costs going forward. In addition, benefit costs will be higher due to increased retirement contributions on increased salaries and increased group insurance costs in budget year 2025-2026.

The Health District will continue to pursue not only proportional allocation of federal pass-through dollars through the State but also direct funding from the federal government. Clark County has 70% of Nevada's population and is 4.7 times the population of Washoe County in Northern Nevada. The additional federal support will enable the Health District to better address the needs of residents requiring services. Senate Bill 118 was approved during the State of Nevada 2023 Legislative Session. Section 9.2 of the bill made an appropriation to the Division of Public and Behavioral Health of the Department of Health and Human Services for allocation to specified entities for the improvement of public health. The Health District received an allocation of $10,950,000 to be utilized over fiscal year 2024-2025 and fiscal year 2025-2026. During fiscal year 2025, $1.9 million of the $10.95 million was expended with the remainder to be expended in fiscal year 2026 on projects to support identified public health priorities. In August 2025, the Health District also received an allocation of $10,786,480 to be utilized over the fiscal year 2025-2026 and fiscal year 2026-2027 in installments of $5,393,240, respectively.

Property tax revenue is anticipated to increase by approximately 10% for the 2025-2026 budget year. Fees for services for clinical services continue to grow as services expand. Regulatory revenue, environmental health licenses, and permit revenues are anticipated to increase as fees are adjusted and regulated activities with national and international venues occur in the community. The increase for the 2025-2026 budget year is anticipated to be approximately 1% for charges for services, licenses, and permits.

At present, the Health District has the financial resources and capacity to maintain current service levels. As pandemic relief funding expires or terminates, the Health District will need to ensure operational viability by closely monitoring revenues and expenditures in addition to making operational adjustments and pursuing additional funding sources.

Request for Information

These financial statements are designed to provide a general overview to all parties who are interested in the Southern Nevada Health District's finances. Questions concerning any of the information provided in this report or requests for additional financial information should be addressed to:

Southern Nevada Health District
Attention: Chief Financial Officer
280 S. Decatur Blvd.
P.O. Box 3902
Las Vegas, NV 89127

This entire report is available online at: http://www.southernnevadahealthdistrict.org.

Basic Financial Statements

Southern Nevada Health District
Statement of Net Position
June 30, 2025

	Primary Government
	Governmental Activities
ASSETS	
Cash, cash equivalents, and investments	$ 72,798,826
Grants receivable	8,873,290
Accounts receivable, net	6,236,667
Interest receivable	374,112
Other receivables	451,242
Prepaid items	1,203,132
Inventories	2,585,177
Capital assets, not depreciated	
Land	3,447,236
Construction in progress	3,061,594
Capital, lease, and subscription assets, net of accumulated depreciation and amortization	
Buildings	15,179,196
Improvements other than buildings	2,076,471
Furniture, fixtures, and equipment	5,094,867
Lease assets	6,589,301
Subscription assets	1,504,871
Vehicles	373,219
Total Assets	129,849,201
DEFERRED OUTFLOWS OF RESOURCES	
Deferred amounts related to pensions	59,549,437
Deferred amounts related to OPEB	22,630,416
Total Deferred Outflows of Resources	82,179,853

	Primary Government
	Governmental Activities
LIABILITIES	
Accounts payable	$ 3,898,279
Accrued expenses	2,432,660
Workers compensation self-insurance claims	43,586
Unearned revenue	14,827,377
Long-term liabilities, due within one year	
Compensated absences	5,827,425
Lease liabilities	1,042,365
Subscription liabilities	251,416
Long-term liabilities, due in more than one year	
Compensated absences	7,592,924
Lease liabilities	6,159,579
Subscription liabilities	237,649
Net pension liability	127,620,524
Total OPEB liability	35,247,231
Total Liabilities	205,181,015
DEFERRED INFLOWS OF RESOURCES	
Deferred amounts related to pensions	18,818,672
Deferred amounts related to OPEB	23,278,872
Total Deferred Inflows of Resources	42,097,544
NET POSITION (DEFICIT)	
Net investment in capital assets	29,325,954
Restricted	119,425
Unrestricted (deficit)	(64,694,884)
Total Net Position (Deficit)	$ (35,249,505)

Southern Nevada Health District
Statement of Activities
For the Fiscal Year Ended June 30, 2025

Functions/Programs	Expenses	Program Revenues: Charges for Services	Program Revenues: Operating Grants and Contributions	Net (Expenses) Revenues and Changes in Net Position Primary Government: Governmental Activities
Primary Government				
Governmental activities				
Public health				
Clinical services	$ 72,910,245	$ 41,698,049	$ 12,479,441	$ (18,732,755)
Environmental health	33,489,858	28,093,516	1,558,720	(3,837,622)
Community health	55,376,183	5,799,366	31,758,403	(17,818,414)
Administration	9,914,726	2,847,182	3,217,906	(3,849,638)
Interest	374,606	-	-	(374,606)
Total governmental activities	172,065,618	78,438,113	49,014,470	(44,613,035)
Total Function/Program	$ 172,065,618	$ 78,438,113	$ 49,014,470	$ (44,613,035)
General Revenues				
Property tax allocation				$ 37,651,176
Other income				4,936,348
Unrestricted investment income				3,532,996
Total General Revenues and Transfers				46,120,520
Change in Net Position (Deficit)				1,507,485
Net Position (Deficit), Beginning of Year				(36,756,990)
Net Position (Deficit), End of Year				$ (35,249,505)

Southern Nevada Health District
Governmental Funds – Balance Sheet
June 30, 2025

	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
ASSETS				
Cash, cash equivalents, and investments	$ 64,801,125	$ -	$ 7,885,466	$ 72,686,591
Grants receivable	-	8,873,290	-	8,873,290
Accounts receivable, net	6,236,667	-	-	6,236,667
Other receivables	450,972	270	-	451,242
Interest receivables	333,279	-	40,770	374,049
Due from other funds	8,738,622	9,395,920	-	18,134,542
Inventories	2,585,177	-	-	2,585,177
Prepaid items	2,010,236	2,028	-	2,012,264
Total Assets	$ 85,156,078	$ 18,271,508	$ 7,926,236	$ 111,353,822
LIABILITIES				
Accounts payable	$ 2,994,800	$ 593,688	$ 309,791	$ 3,898,279
Accrued expenses	2,432,659	-	-	2,432,659
Workers compensation self-insurance claims	23,586	-	-	23,586
Unearned revenue	5,534,065	9,293,312	-	14,827,377
Due to other funds	9,042,403	8,263,055	830,162	18,135,620
Total Liabilities	20,027,513	18,150,055	1,139,953	39,317,521
FUND BALANCES				
Nonspendable				
Inventories	2,585,177	-	-	2,585,177
Prepaid items	2,010,236	2,028	-	2,012,264
Restricted for				
Grants	-	119,425	-	119,425
Committed for				
Emergency reserve	1,000,000	-	-	1,000,000
Assigned for				
Capital improvements	-	-	6,786,283	6,786,283
Contingency	3,000,000	-	-	3,000,000
Administration	2,379,682	-	-	2,379,682
Pharmacy	104,330	-	-	104,330
Unassigned	54,049,140	-	-	54,049,140
Total Fund Balances	65,128,565	121,453	6,786,283	72,036,301
Total Liabilities and Fund Balances	$ 85,156,078	$ 18,271,508	$ 7,926,236	$ 111,353,822

Southern Nevada Health District
Reconciliation of the Balance Sheet – Governmental Funds to the Statement of Net Position – Governmental Activities
June 30, 2025

Total Fund Balance – Governmental Funds	$	72,036,301
Amounts reported for governmental activities in the statement of net position are different because:		
Capital, lease, and subscription assets used in governmental activities are not current financial resources and, therefore, are not reported in governmental funds. Capital, lease, and subscription asset balance presented below is net of $809,132 of prepaid subscription assets already reported in the governmental funds.		
Capital, lease, and subscription assets, net of accumulated depreciation and amortization		36,517,623
Long-term liabilities and related deferred inflows and outflows of resources are not due in payable in the current period or are not current financial resources and, therefore, are not reported in the funds. A summary of these items is as follows:		
Postemployment benefits other than pensions		(35,247,231)
Deferred outflows related to postemployment benefits other than pensions		22,630,416
Deferred inflows related to postemployment benefits other than pensions		(23,278,872)
Compensated absences		(13,420,349)
Lease liability		(7,201,944)
Subscription liability		(489,066)
Net pension liability		(127,620,524)
Deferred outflows related to pensions		59,549,437
Deferred inflows related to pensions		(18,818,672)
Internal service funds are used by management to charge the costs of certain activities to individual funds:		
Internal service fund assets and liabilities included in governmental activities in the statement of net position		93,376
Net Position of Governmental Activities	$	(35,249,505)

Southern Nevada Health District
Governmental Funds Statement of Revenues, Expenditures, and Changes in Fund Balances
For the Fiscal Year Ended June 30, 2025

	General Fund	Special Revenue Fund	Other Governmental Funds	Total Governmental Funds
Revenues				
Charges for services				
Fees for service	$ 46,360,664	$ -	$ -	$ 46,360,664
Regulatory revenue	28,482,125	-	-	28,482,125
Title XIX and other	3,595,324	-	-	3,595,324
Intergovernmental revenues				
Property tax	37,651,176	-	-	37,651,176
Direct federal grants	-	18,175,097	-	18,175,097
Indirect federal grants	-	27,305,731	-	27,305,731
State grant funds	-	3,533,607	-	3,533,607
General receipts				
Contributions and donations	35	-	-	35
Interest income	3,155,818	-	375,097	3,530,915
Other	3,592,739	1,343,609	-	4,936,348
Total Revenues	122,837,881	50,358,044	375,097	173,571,022
Expenditures				
Current				
Public health				
Clinical and nursing services	56,454,440	13,893,997	-	70,348,437
Environmental health	29,376,372	1,703,044	-	31,079,416
Community health	16,903,125	34,898,848	-	51,801,973
Administration	851,186	3,031,875	489,261	4,372,322
Total current	103,585,123	53,527,764	489,261	157,602,148
Debt service				
Principal	1,309,537	-	-	1,309,537
Interest	374,606	-	-	374,606
Capital outlay	1,543,923	1,558,162	872,536	3,974,621
Total debt service	3,228,066	1,558,162	872,536	5,658,764
Total Expenditures	106,813,189	55,085,926	1,361,797	163,260,912
Excess (Deficiency) of Revenues Over Expenditures	16,024,692	(4,727,882)	(986,700)	10,310,110
Other Financing Sources (Uses)				
Transfers in	-	4,767,254	2,000,000	6,767,254
Transfers out	(6,767,254)	-	-	(6,767,254)
Leases issued	422,069	-	-	422,069
Subscriptions	576,230	-	-	576,230
Total Other Financing Sources (Uses)	(5,768,955)	4,767,254	2,000,000	998,299
Net Change in Fund Balances	10,255,737	39,372	1,013,300	11,308,409
Fund Balances, Beginning of Year	54,872,828	82,081	5,772,983	60,727,892
Fund Balances, End of Year	$ 65,128,565	$ 121,453	$ 6,786,283	$ 72,036,301

See Notes to Financial Statements

Southern Nevada Health District
Reconciliation of the Statement of Revenues, Expenditures, and Changes in Fund Balances – Governmental Funds to the Statement of Activities – Governmental Activities
For the Fiscal Year Ended June 30, 2025

Net change in fund balances – total governmental funds	$	11,308,409
Amounts reported for governmental activities in the statement of activities are different because:		
Governmental funds report capital outlays as expenditures. However, in the Statement of Activities the cost of those assets is allocated over their estimated useful lives and reported as depreciation or amortization. This is the amount of capital outlay recorded in the current period.		
Expenditures for capital assets, excludes amounts in prepaid assets of $142,536		3,974,621
Less current year depreciation and amortization		(4,534,405)
Disposal of capital assets		(397,383)
The issuance of long-term debt (*e.g.* , lease and subscription liabilities) provides current financial resources to governmental funds, while the repayment of the principal of long-term debt consumes the current financial resources of governmental funds.		
Principal payments on lease and subscription liabilities		1,309,537
Leases issued		(422,069)
Subscriptions		(576,230)
Some expenses reported in the statement of activities (do)/do not require the use of current financial resources and, therefore, (are)/are not reported as expenditures in governmental funds:		
Change in postemployment benefits other than pensions		(6,492,501)
Change in deferred outflows related to postemployment benefits other than pensions		9,425,113
Change in deferred inflows related to postemployment benefits other than pensions		(3,491,032)
Change in compensated absences		(2,028,783)
Change in prepaid subscription assets		293,083
Change in deferred outflows related to pensions		(316,865)
Change in deferred inflows related to pensions		(17,521,411)
Change in net pension liability		10,975,320
Internal service funds are used by management to charge the costs of certain activities to individual funds:		
Internal service fund change in net position included in governmental activities in the statement of activities		2,081
Change in net position of governmental activities	$	1,507,485

Southern Nevada Health District
Statement of Net Position – Proprietary Funds
June 30, 2025

	Governmental Activities
	Insurance Liability Reserve
ASSETS	
Current Assets	
Cash and cash equivalents	$ 12,235
Restricted cash	100,000
Interest receivable	63
Due from other funds	1,078
Total Current Assets	113,376
LIABILITIES	
Current Liabilities	
Workers compensation self-insurance claims	20,000
Total Current Liabilities	20,000
NET POSITION	
Restricted	93,376
Total Net Position	$ 93,376

Southern Nevada Health District
Statement of Revenues, Expenses, and Changes in Net Position – Proprietary Funds
For the Fiscal Year Ended June 30, 2025

	Governmental Activities
	Insurance Liability Reserve
Nonoperating Revenues	
Investment income	$ 2,081
Change in Net Position	2,081
Net Position, Beginning of Year	91,295
Net Position, End of Year	$ 93,376

Southern Nevada Health District
Statement of Cash Flows – Proprietary Funds
For the Fiscal Year Ended June 30, 2025

	Governmental Activities
	Insurance Liability Reserve
Cash Flows From Noncapital and Related Financing Activities	
Repayment of advances received from other funds	$ (989)
Net Cash Used in Noncapital Financing Activities	(989)
Cash Flows From Investing Activities	
Investment income	2,141
Net Cash Provided by Investing Activities	2,141
Change in Cash, Restricted Cash, and Cash Equivalents	1,152
Cash, Restricted Cash, and Cash Equivalents, Beginning of Year	111,083
Cash, Restricted Cash, and Cash Equivalents, End of Year	$ 112,235
Reconciliation of Cash Balances at End of Year	
Unrestricted	$ 12,235
Restricted	100,000
	$ 112,235

Southern Nevada Health District
Statement of Fiduciary Net Position
June 30, 2025

	Custodial Fund
ASSETS	
Cash and cash equivalents	$ 10,673
Total Assets	10,673
LIABILITIES	
Payable to primary government	1,421
Total Liabilities	1,421
NET POSITION	
Restricted for individuals and organizations	9,252
Total Net Position	$ 9,252

Southern Nevada Health District
Statement of Changes in Fiduciary Net Position
June 30, 2025

	Custodial Fund
Additions	
Contributions	$ 8,332
Total Additions	8,332
Deductions	
Services and supplies	7,681
Total Deductions	7,681
Net Increase in Fiduciary Net Position	651
Fiduciary Net Position, Beginning of Year	8,601
Fiduciary Net Position, End of Year	$ 9,252

Note 1. Summary of Significant Accounting Policies

The Reporting Entity

The accompanying financial statements include all of the activities that comprise the financial reporting entity of the Southern Nevada Health District (Health District). The Health District is governed by an 11-member policymaking board (Board of Health) comprised of two representatives each from the Board of County Commissioners and the largest city in Clark County, one elected representative from each of the four remaining jurisdictions in the county, a physician member at-large, one representative of a nongaming business, and one representative of the Association of Gaming Establishments. The Health District represents a unique consolidation of the public health needs of the cities of Boulder City, Las Vegas, North Las Vegas, Henderson, Mesquite, and others within Clark County.

The accounting policies of the Health District conform to generally accepted accounting principles as applicable to governmental entities. The Governmental Accounting Standards Board (GASB) is the accepted standard-setting body for establishing governmental accounting and financial reporting principles.

Basic Financial Statements

The Health District's basic financial statements consist of government-wide financial statements, fund financial statements, and related notes. The government-wide financial statements include a statement of net position and a statement of activities, and the fund financial statements include financial information for the governmental, proprietary, and fiduciary funds. Reconciliations between the governmental funds and the governmental activities are also included.

Government-Wide Financial Statements

The government-wide financial statements are made up of the statement of net position and the statement of activities. These statements include the aggregated financial information of the Health District as a whole, except for fiduciary activity. The effect of interfund activity has been removed from these statements.

The statement of activities demonstrates the degree to which the direct expenses of a given function or program are offset by program revenues. Direct expenses are those that are clearly identifiable with a specific function. Program revenues include: 1) charges to customers or applicants who purchase, use, or directly benefit from goods, services, or privileges provided by a given function, and 2) grants and contributions that are restricted to meeting the operational or capital requirements of a particular function. Other sources of revenue not properly included among program revenues are reported instead as general revenues. This statement provides a net cost or net revenue of specific functions within the Health District. Those functions with a net cost are consequently dependent on general-purpose revenues, such as the property tax allocation from Clark County collected from various jurisdictions, to remain operational.

Fund Financial Statements

The financial accounts of the Health District are organized on a basis of funds, each of which is considered a separate accounting entity. The operations of each fund are accounted for using a separate set of self-balancing accounts comprised of assets, liabilities, fund balance, revenues, and expenditures/expenses. Separate financial statements are provided for governmental funds, proprietary funds, and fiduciary funds, even though the latter are excluded from the government-wide financial statements.

The presentation emphasis in the fund financial statements is on major funds. All governmental funds considered major funds are reported as separate columns in the fund financial statements. All remaining governmental funds are aggregated and reported as other governmental funds in a separate column.

The Health District reports the following major governmental funds:

General Fund. Accounts for all financial resources which are not accounted for in another fund and is the general operating fund of the Health District.

Special Revenue Fund. Accounts for all grant resources that have been restricted for specific programs.

The proprietary fund distinguishes operating revenues and expenses from nonoperating items. Operating revenues and expenses generally result from providing services in connection with the proprietary fund's principal ongoing operations. Operating expenses of the internal service fund include claims and administrative expenses. All revenues and expenses not meeting this definition are reported as nonoperating revenues and expenses.

The Health District reports the following internal service fund:

Insurance Liability Reserve Fund. Accounts for the costs associated with the self-funded workers compensation insurance.

Measurement Focus, Basis of Accounting, and Financial Statement Presentation

The government-wide, proprietary, and fiduciary fund financial statements are reported using the economic resources measurement focus and the accrual basis of accounting. Revenues are recorded when earned and expenses are recorded when a liability is incurred, regardless of the timing of related cash flows. Grants, contributions, and similar items are recognized as revenue as soon as all eligibility requirements imposed by the provider have been met.

Governmental fund financial statements are reported using the current financial resources measurement focus and the modified accrual basis of accounting. Revenues are recognized as soon as they are both measurable and available. Revenues are considered "measurable" when in the hands of the intermediary collecting governments and are considered to be available when they are collectible within the current period or soon enough thereafter (within 60 days) to pay liabilities of the current period. For this purpose, the Health District considers property tax revenues to be available if they are collected within 60 days of the current fiscal year-end. The major revenue sources of the Health District include the property tax allocation from Clark County collected from various jurisdictions, regulatory revenue, fees for service, and other intergovernmental revenues from state and federal sources, which have been treated as susceptible to accrual as well as other revenue sources. In general, expenditures are recorded when liabilities are incurred, as under accrual accounting. The exception to this rule is that principal and interest on debt service, as well as liabilities related to compensated absences, postemployment benefits, and claims and judgments, are recorded when payment is due.

Cash and Cash Equivalents

The Health District considers short-term, highly liquid investments that are both readily convertible to cash and have original maturity dates of three months or less to be cash equivalents. This includes all of the Health District's cash and cash equivalents held by the Clark County Treasurer, which are combined with other Clark County funds in a general investment pool. As the Health District maintains the right to complete access to its funds held in the investment pool, these invested funds are presented as cash equivalents in the accompanying basic financial statements.

Accounts Receivable

Accounts receivable from patients for services rendered are reduced by the amount of such billings deemed by management to be ultimately uncollectible. The Health District utilizes historical experience for determining the estimated allowance for uncollectible accounts. Under this methodology, historical data is utilized to determine the historical bad debt percentages and applied prospectively to new billings.

Interfund Receivables and Payables

During the course of operations, numerous transactions occur between individual funds for goods provided or services rendered. The resulting payables and receivables outstanding at year-end, if any, are referred to as due to or due from other funds. Transactions that constitute reimbursements to a fund for expenditures or expenses initially made from it that are properly applicable to another fund are recorded as expenditures or expenses in the reimbursing fund and as reductions of expenditures or expenses in the fund that is reimbursed.

Inventories

Inventories are stated at the lower of cost or market. Cost is determined on an average cost basis. Governmental fund inventories are accounted for under the consumption method where the costs are recorded as expenditures when the inventory item is used rather than when purchased.

Additionally, the Health District receives medical vaccines from the State of Nevada (State) for use in the Health District's clinics, which are not included in the Health District's inventory since these vaccines remain the property of the State until they are administered. At June 30, 2025, the estimated value of such vaccines in the Health District's possession was $1,334,478.

Prepaid Items

Certain payments to vendors reflect costs applicable to future periods and are recorded as prepaid items in both the government-wide and fund financial statements. In the fund financial statements, prepaid items are recorded as expenditures when consumed rather than when purchased.

Capital, Lease, and Subscription Assets

Capital, lease, and subscription assets, which include property, plant, and equipment, are reported in the government-wide financial statements. The Health District considers assets with an initial individual cost of more than $5,000 and an estimated useful life in excess of one year to be capital assets. Purchased or constructed capital assets are recorded at historical cost or estimated historical cost and updated for additions and retirements during the year. Donated capital assets, if any, are valued at their acquisition value as of the date of donation.

The cost of normal maintenance and repairs that do not significantly increase the functionality of the assets or materially extend the assets' lives is not capitalized. Major outlays for capital assets and improvements are capitalized as the projects are constructed.

Right-to-use leased assets are recognized at the lease commencement date and represent the Health District's right to use an underlying asset for the lease term. Right-to-use leased assets are measured at the initial value of the lease liability plus any payments made to the lessor before commencement of the lease term, less any lease incentives received from the lessor at or before the commencement of the lease term, plus any initial direct costs necessary to place the lease asset into service. Right-to-use leased assets are amortized over the shorter of the lease term or useful lives of the underlying asset using the straight-line method.

Subscription assets are initially recorded at the initial measurement of the subscription liability, plus subscription payments made at or before the commencement of the subscription-based information technology arrangement (SBITA) term, less any SBITA vendor incentives received from the SBITA vendor at or before the commencement of the SBITA term, plus capitalizable initial implementation costs. Subscription assets are amortized on a straight-line basis over the shorter of the SBITA term or the useful life of the underlying IT asset.

Depreciation and amortization are computed using the straight-line method over the following estimated useful lives:

Buildings	30 to 50 years
Improvements other than buildings	5 to 25 years
Furniture, fixtures, and equipment	3 to 20 years
Vehicles	6 years

Compensated Absences

It is the Health District's policy to permit employees to accumulate earned but unused vacation and sick pay benefits, which are collectively referred to as compensated absences. The Health District's policy is that leave earned in the prior period is used before leave earned in current periods.

Vacation benefits earned by employees are calculated based on years of full-time service as follows:

Years of Service	Vacation Benefits
Less than 1	10
1 to 8	15
8 to 13	18
More than 13	20

The vacation pay benefits for any employee not used during the calendar year may be carried over to the next calendar year but are not permitted to exceed twice the vacation pay benefits the employee earned per year. The employee forfeits any excess leave.

An employee is entitled to sick pay benefits accrued at one day for each month of full-time service. After 120 months of full-time service, an employee is entitled to 1.25 days of sick pay benefits for each month of full-time service. There is no limit on the amount of sick pay benefits that can be accumulated.

Upon termination:

- A bargaining employee hired before July 1, 2014 with at least three years of service will receive 100% of the sick pay benefits accrual for the first 800 hours, 50% of the accrued hours between 801 hours through 1,600 hours, and 25% of the accrued hours greater than 1,600.
- A bargaining employee hired after June 30, 2014 with four years of service will receive 100% of the sick pay benefits accrual for up to 800 hours.
- A non-bargaining employee hired prior to June 30, 2014 will receive 100% of sick leave benefits accrual for the first 800 hours, 50% of the accrued hours between 801 hours through 1,600 hours, and 25% of the accrued hours greater than 1,600.
- A non-bargaining employee hired after June 30, 2014 with a minimum of one year of service will receive 100% of the sick pay benefits accrual for up to 800 hours.

Upon death of an employee, the estate will receive a lump sum payment for all sick pay benefits accrued.

Vacation and sick pay benefits are accrued when incurred in the government-wide financial statements. A liability for these amounts is reported in governmental funds only if the liability is due and payable, for example, as a result of employee resignations, terminations, and retirements. The liability for compensated absences is funded from currently budgeted payroll accounts from the general fund.

Lease Liabilities

The Health District is a lessee for noncancellable leases for office, clinical, and warehouse space. The Health District recognizes a lease liability and an intangible right-to-use lease asset (lease asset) in the government-wide financial statements. The Health District recognizes lease liabilities with an initial, individual value of $5,000 or more.

At the commencement of a lease, the Health District initially measures the lease liability at the present value of payments expected to be made during the lease term. Subsequently, the lease liability is reduced by the principal portion of lease payments made.

The lease asset is initially measured as the initial amount of the lease liability, adjusted for lease payments made at or before the lease commencement date, plus certain initial direct costs. Subsequently, the lease asset is amortized on a straight-line basis over its useful life or term of lease, whichever is shorter.

Key estimates and judgments related to leases include how the Health District determines (1) the discount rate it uses to discount the expected lease payments to present value, (2) lease term, and (3) lease payments.

- The Health District uses the interest rate charged by the lessor as the discount rate. When the interest rate charged by the lessor is not provided, the Health District generally uses its estimated incremental borrowing rate as the discount rate for leases.
- The lease term includes the noncancellable period of the lease. Lease payments included in the measurement of the lease liability are composed of fixed payments and purchase option price that the Health District is reasonably certain to exercise.

The Health District monitors changes in circumstances that would require a remeasurement of its lease and will remeasure the lease asset and liability if certain changes occur that are expected to significantly affect the amount of the lease liability.

Lease assets are reported with other capital assets and lease liabilities are reported with long-term liabilities on the statement of net position.

Postemployment Benefits Other Than Pensions (OPEB)

The Health District recognizes OPEB amounts for all benefits provided through the plans which include the total OPEB liability, deferred outflows of resources, deferred inflows of resources, and OPEB expense.

The Health District uses the same basis used by Public Employees' Benefits Plan (PEBP) and Retiree Health Program Plan (RHPP) for reporting the total OPEB liability, OPEB-related deferred outflows and inflows of resources, and OPEB expense. For this purpose, benefit payments are recognized by the Health District when due and payable in accordance with the benefit terms.

Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

The Health District uses the same basis used in the Public Employees' Retirement System of Nevada's (PERS) ACFR for reporting its proportionate share of the PERS collective net pension liability, deferred outflows and inflows of resources related to pensions, and pension expense, including information regarding PERS fiduciary net position and related additions to/deductions from. Benefit payments (including refunds of employee contributions) are recognized by PERS when due and payable in accordance with the benefit terms. PERS investments are reported at fair value.

Deferred Inflows and Outflows of Resources

Deferred outflows of resources represent a consumption of net assets that applies to a future period(s) and so will not be recognized as an outflow of resources (expense/expenditure) until then. Deferred outflows for the changes in assumptions and differences between expected and actual experience and actual pension contributions and the Health District's proportionate share of pension contributions are deferred and amortized over the average expected remaining service life of all employees that are provided with pension benefits. Deferred outflows for pension contributions made by the Health District subsequent to the pension plan's actuarial measurement date are deferred for one year. Deferred outflows for the difference between actual and expected experience and changes in assumptions in the net pension liability and total OPEB liability are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits. Deferred outflows for OPEB contributions made by the Health District subsequent to the OPEB plan's actuarial measurement date are deferred for one year.

Deferred inflows of resources represent an acquisition of net assets that applies to a future period(s) and so will not be recognized as an inflow of resources (revenue) until that time. The government-wide statement of net position also reports: 1) the net difference between projected and actual earnings on pension plan investments are deferred and amortized over five years, and 2) difference between actual and expected experience and changes in assumptions to the total OPEB liability which are deferred and amortized over the average expected remaining service life of all employees that are provided with health benefits.

Fund Balance and Net Position Classifications

In the government-wide statements, equity is classified as net position and displayed in three components:

Net Investment in Capital Assets. This is the component of net position that represents capital assets net of accumulated depreciation and amortization and reduced by outstanding balances of long-term debt (lease liabilities and subscription liabilities) that are attributable to the acquisition, construction, or improvement of those assets.

Restricted. This component of net position reports the constraints placed on the use of assets by either external parties and/or enabling legislation.

Unrestricted. All other net position that does not meet the definition of net investment in capital assets and restricted net position.

In the fund financial statements, proprietary fund equity is classified the same as in the government-wide statements. Governmental fund balances are classified as follows:

Nonspendable. Includes amounts that cannot be spent because they are either (a) not in spendable form or (b) legally or contractually required to be maintained intact. This classification includes inventories and prepaid items.

Restricted. Similar to restricted net position discussed above, includes constraints placed on the use of resources that are either externally imposed by grantors, contributors, or other governments or are imposed by law (through constitutional provisions or enabling legislation).

Committed. Includes amounts that can only be used for a specific purpose due to a formal resolution approved by the Board of Health, which is the Health District's highest level of decision-making authority. Those constraints remain binding unless removed or changed in the same manner employed to previously commit those resources.

Assigned. Includes amounts that are constrained by the Health District's intent to be used for specific purposes but do not meet the criteria to be classified as restricted or committed. The Board of Health has set forth by resolution authority to assign fund balance amounts to the District Health Officer. Constraints imposed on the use of assigned amounts can be removed without formal resolution by the Board of Health.

Unassigned. This is the residual classification of fund balance in the general fund, which has not been reported in any other classification. The general fund is the only fund that can report a positive unassigned fund balance. Other governmental funds might report a negative unassigned fund balance as a result of overspending an amount which has been restricted, committed, or assigned for specific purposes.

The Health District considers restricted amounts to have been spent when expenditures are incurred for purposes for which both restricted and unrestricted fund balance is available. Committed amounts are considered to have been spent when expenditures are incurred for purposes for which amounts in any of the unrestricted fund balance classifications could be used.

It is the Health District's policy to expend restricted resources first and use unrestricted resources when the restricted resources have been depleted. It is also the Health District's policy to maintain a minimum unassigned fund balance in the general fund of 16.6% of general fund expenditures (the general fund reserve).

The general fund reserve will be maintained to provide the Health District with sufficient working capital and a comfortable margin of safety to support one-time costs in the event of either a natural disaster or any other unforeseen emergency (as declared by the Board of Health), unforeseen declines in revenue, and/or large, unexpected expenditures/expenses. These circumstances are not expected to occur routinely, and the general fund reserve is not to be used to support recurring operating expenditures/expenses.

Use of Estimates

The preparation of these financial statements includes estimates and assumptions made by management that affect the reported amounts. Actual results could differ from those estimates.

Accounting Pronouncements Adopted in Fiscal Year 2025

The Health District adopted GASB Statement No. 101, *Compensated Absences*, for the year ended June 30, 2025. The new accounting guidance updates the recognition and measurement guidance for compensated absences under a unified model. Specifically, the new standard clarifies that a liability should be recorded for compensated absences that are more likely than not to be paid or otherwise settled. Additionally, it amends certain existing disclosure requirements. The adoption of GASB 101 had no impact on the Health District's beginning of year net position.

The Health District adopted GASB Statement No. 102, *Certain Risk Disclosures,* for the year ended June 30, 2025. The new accounting guidance requires governments to disclose information about certain concentrations or constraints that could affect services provided or the ability to meet obligations as they come due. The adoption of GASB 102 had no impact on the Health District's beginning of year net position.

Future Financial Reporting Requirements

GASB has issued the following potentially significant statements which the Health District has not yet adopted and which require adoption subsequent to June 30, 2025. The Health District will evaluate the potential impact on the Health District's net position.

Statement No.	Title	Adoption Required
103	*Financial Reporting Model Improvements*	June 30, 2026
104	*Disclosure of Certain Capital Assets*	June 30, 2026

Note 2. Stewardship and Accountability

Budgets and Budgetary Accounting

Nevada Revised Statutes (NRS) require that local governments legally adopt budgets for all funds except fiduciary funds. The annual budgets for all funds are adopted on a basis consistent with accounting principles generally accepted in the United States. Budget augmentations made during the year ended June 30, 2025 were as prescribed by law.

The budget approval process is summarized as follows:

At the March Board of Health meeting, management of the Health District submits a final budget for the fiscal year commencing the following July. The operating budget includes proposed expenditures/expenses and the means of financing them.

Upon approval by the Board of Health, the final budget is submitted to Clark County where it is included in Clark County's public hearing held in May.

The Health District's budget is then filed with the State of Nevada, Department of Taxation by Clark County.

NRS allows appropriations to be transferred within or among any functions or programs within a fund without an increase in total appropriations. If it becomes necessary during the course of the year to change any of the departmental budgets, transfers are initiated by department heads and approved by the appropriate administrator. Transfers within program or function classifications can be made with appropriate administrator approval. The Board of Health is advised of transfers between funds, and function classifications and the transfers are recorded in the official Board of Health minutes.

At June 30, 2025, indirect cost amounts between the clinical and nursing services, environmental health, and community health programs and the administration program in the general fund have been eliminated in accordance with accounting principles generally accepted in the United States.

Encumbrance accounting, under which purchase orders, contracts, and other commitments for the expenditure of resources are recorded to reserve that portion of the applicable appropriation, is utilized in the governmental funds.

Per NRS 354.626, actual expenditures may not exceed budgetary appropriations of the public health function of the general fund, or total appropriations of the internal service fund, special revenue fund or the individual capital projects funds. The sum of operating and nonoperating expenses in the internal service fund may not exceed total appropriations.

Note 3. Cash and Cash Equivalents

Deposits

The Health District's deposit policies are governed by the NRS. Deposits are carried at cost, which approximates market value. and are maintained with insured banks in Nevada. At June 30, 2025, the carrying amount of the Health District's deposits was $0 as all amounts were swept into the Clark County Investment Pool at the end of the day.

Clark County Investment Pool

The Health District participates in Clark County's investment pool. At June 30, 2025, all rated investments in the Clark County investment pool were in compliance with the rating criteria listed below. Pooled funds are invested according to the NRS which are limited to the following (the Health District has no investment policy that would further limit Clark County's investment choices):

- Obligations of the U.S. Treasury and U.S. agencies in which the maturity dates do not extend more than 10 years from the date of purchase.
- Negotiable and non-negotiable certificates of deposit issued by commercial banks or insured savings and loan associations, except certificates that are not within limits of insurance provided by the Federal Deposit Insurance Corporation (FDIC), unless those certificates are collateralized as is required for uninsured deposits, not to exceed 5-year maturity from date of purchase with rating service of "A-1" by Standard & Poor's, "P-1" by Moody's, or "F-1" by Fitch equivalent or better. If negotiable certificate of deposit is issued for longer than one year, issuing entity shall have a long-term rating of "A" category or equivalent or better.
- Negotiable notes or short-term negotiable bonds issued by other local governments of the State of Nevada.
- Notes, bonds, and other unconditional obligations issued by corporations organized and operating in the United States. The obligations must be purchased from a registered broker/dealer. At the time of purchase, the obligations must have a remaining term to maturity of no more than five years, be rated by a nationally recognized rating service as "A" or its equivalent or better, and cannot exceed 25% of the investment portfolio.
- Commercial paper issued by a corporation organized and operating in the United States or by a depository institution licensed by the United States or any state and operating in the United States, having a "P-1" rating or equivalent, not to exceed 270 days' maturity and 20% of the total investments.
- Obligations of state and local governments if the interest on the obligation is tax exempt and the obligation is rated "A" or equivalent or better.
- Forward delivery agreements executed with a bank or financial institution rated "A" or equivalent.
- Supranational obligations of the International Bank for Reconstruction and Development, the International Finance Corporation, or the Inter-American Development Bank that are rated "Aa" or equivalent or better, not to exceed five years maturity or 15% of the total investment.
- Bankers' acceptances eligible for rediscount with Federal Reserve Banks, not to exceed 180 days' maturity and does not exceed 20% of the portfolio.
- Collateralized mortgage obligations that are rated "AAA" or its equivalent not to exceed 20% of the portfolio.
- Repurchase agreements that are collateralized at 102% of the repurchase price and do not exceed 90 days' maturity. Securities used for collateral must meet the criteria listed above.
- Money market mutual funds which are rated "AAA" or its equivalent and invest only in securities issued by the federal government, U.S. agencies, or repurchase agreements fully collateralized by such securities not to exceed five years' maturity and does not exceed 20% of the portfolio.
- Asset-backed securities that are rated AAA or its equivalent, not to exceed 20% of the portfolio.
- Investment contracts for bond proceeds only, issuance for $10,000,000 or more, and collateralized at a market value of at least 102% by obligations of the U.S. Treasury or agencies of the federal government.
- The State of Nevada's Local Government Investment Pool.

Custodial credit risk is the risk that in the event a financial institution or counterparty fails, the Health District would not be able to recover the value of its deposits and investments. The Clark County Investment Policy states that securities purchased by Clark County shall be delivered against payment (delivery vs. payment) and held in a custodial safekeeping account with the trust department of a third-party bank insured by the FDIC and designated by the Clark County Treasurer for this purpose in accordance with NRS 355.172. A custody agreement between the bank and Clark County is required before execution of any transactions; Clark County's public deposits are in participating depositories of the Nevada Collateral Pool (Pool).

The Pool, which is administered by the State of Nevada, Office of the State Treasurer, is set up as a single financial institution collateral pool that requires each participating depository to collateralize with eligible collateral those ledger deposits not within the limits of insurance provided by an instrumentality of the United States through NRS 356.133 (*i.e.*, in excess of the FDIC levels). The collateral is pledged in the name of the Pool, and the market value of the collateral must be at least 102% of the uninsured ledger balances of the public money held by the depository in accordance with NRS 356.360.

Interest rate risk is defined as the risk that changes in interest rates will adversely affect the fair value of an investment. Through its investment policy, Clark County (as the external investment pool operator) manages interest rate risk by limiting the average weighted duration of the investment pool portfolio to less than 2.5 years. Duration is a measure of the present value of a fixed income's cash flows and is used to estimate the sensitivity of a security's price to interest rate changes.

Concentration of credit risk is the risk of loss attributed to the magnitude of a government's investment in a single issuer. At June 30, 2025, all of the Health District's investments held by the Clark County Treasurer are invested in authorized investments in accordance with NRS 350.659, 355.165, 355.171, and 356.120. The limitations on amounts invested are covered on the aforementioned type of security.

As of June 30, 2025, the carrying amount and market value of the Health District's investments in the Clark County Investment Pool was $72,702,633.

Combined Cash and Cash Equivalents

The Health District's cash and cash equivalents were as follows at June 30, 2025:

Cash on hand	$ 6,866
Restricted cash	100,000
Clark County Investment Pool	72,702,633
Total cash and cash equivalents	$ 72,809,499

The Health District's cash and cash equivalents were presented in the District's financial statements as follows at June 30, 2025:

Governmental funds	$ 72,686,591
Proprietary fund	112,235
Custodial funds	10,673
Total cash and cash equivalents	$ 72,809,499

Note 4. Capital, Lease, and Subscription Assets

Changes in capital, lease, and subscription assets were as follows for the year ended June 30, 2025:

	Balance June 30, 2024	Additions	Retirements	Transfers	Balance June 30, 2025
Governmental Activities					
Capital assets not being depreciated/amortized					
Construction in progress	$ 2,781,056	$ 709,457	$ -	$ (428,919)	$ 3,061,594
Land	3,447,236	-	-	-	3,447,236
Total capital assets not being depreciated	6,228,292	709,457	-	(428,919)	6,508,830
Capital, leased, and subscription assets being depreciated/amortized					
Buildings	21,050,944	866,613	-	17,320	21,934,877
Improvements other than buildings	6,293,486	124,549	(29,577)	-	6,388,458
Furniture, fixtures, and equipment	18,437,555	1,259,714	(1,482,465)	411,599	18,626,403
Right-to-use leased building	8,710,946	282,787	(94,083)	-	8,899,650
Right-to-use leased equipment	715,346	139,282	-	-	854,628
Subscription IT asset	2,502,309	706,835	(207,582)	-	3,001,562
Vehicles	1,686,103	27,920	(299,843)	-	1,414,180
Totals capital, lease, and subscription assets being depreciated/amortized	59,396,689	3,407,700	(2,113,550)	428,919	61,119,758
Accumulated depreciation/amortization					
Buildings	(6,030,711)	(724,970)	-	-	(6,755,681)
Improvements other than buildings	(3,975,589)	(365,975)	29,577	-	(4,311,987)
Furniture, fixtures, and equipment	(13,094,838)	(1,527,915)	1,091,217	-	(13,531,536)
Right-to-use leased building	(1,650,121)	(929,602)	3,871	-	(2,575,852)
Right-to-use leased equipment	(477,368)	(193,853)	82,096	-	(589,125)
Subscription IT asset	(1,074,870)	(629,403)	207,582	-	(1,496,691)
Vehicles	(1,180,098)	(162,687)	301,824	-	(1,040,961)
Total accumulated depreciation/amortization	(27,483,595)	(4,534,405)	1,716,167	-	(30,301,833)
Total capital, leased, and subscription assets being depreciated/amortized, net	31,913,094	(1,126,705)	(397,383)	428,919	30,817,925
Total Governmental Activities	$ 38,141,386	$ (417,248)	$ (397,383)	$ -	$ 37,326,755

Depreciation and amortization expense was charged to the following functions and programs for the year ended June 30, 2025:

Governmental activities	
Clinical services	$ 111,425
Environmental health	73,606
Community health	997,520
Administration	3,351,854
Total depreciation and amortization expense – governmental activities	$ 4,534,405

Note 5. Interfund Balances and Transfers

Interfund balances are as follows at June 30, 2025:

Receivable Fund	Payable Fund	Amount
General Fund	Special Revenue Fund	$ 8,263,055
General Fund	Other governmental funds	475,567
Special Revenue Fund	General Fund	9,042,403
Special Revenue Fund	Other governmental funds	353,517
Insurance Reserve	Other governmental funds	1,078
		$ 18,135,620

These balances result from the time lag between the dates that: (1) interfund goods and services are provided or reimbursable expenditures occur, (2) transactions are recorded in the accounting system, and (3) payments between funds are made.

Interfund transfers consisted of the following for the year ended June 30, 2025:

Transfers Out of Fund	Transfers In to Fund	Amount
General Fund	Special Revenue Fund	$ 4,767,254
General Fund	Other governmental funds	2,000,000
		$ 6,767,254

Transfers were used to: (1) move revenues from the fund that statute or budget requires to collect them to the fund that statute or budget requires to expend them, and (2) use unrestricted revenues collected in the general fund to finance various programs accounted for in special revenue fund and finance the administrative cost allocation to special revenue fund, in accordance with budgetary authorization.

Note 6. Changes in Long-Term Liabilities

Long-term liabilities activity was as follows for the year ended June 30, 2025:

	Balance June 30, 2024	Increases	Decreases	Balance June 30, 2025	Due Within One Year
Governmental Activities					
Compensated absences	$ 11,391,566	$ 2,028,783	$ -	$ 13,420,349	$ 5,827,425
Lease liability	7,700,584	422,069	(920,709)	7,201,944	1,042,365
Subscription liability	301,664	576,230	(388,828)	489,066	251,416
Total Long-Term Liabilities	$ 19,393,814	$ 3,027,082	$ (1,309,537)	$ 21,111,359	$ 7,121,206

Changes in compensated absences balances are reflected net. Lease and subscription liabilities typically have been liquidated by the fund where employees earned and accrued the amounts.

Lessee Activities

The Health District has entered into multiple leases for office, clinical, warehouse space, and medical and office equipment. The Health District is required to make principal and interest payments on these spaces. These lease agreements have terms expiring through March 2037. The lease liability was valued using discount rates between 3.25% and 8.50%. This rate was determined using the U.S. Prime Rates applicable for each lease based on the lease period and date of initiation.

Remaining principal and interest payments on leases are as follows:

For the Year Ending June 30,	Principal	Interest
2026	$ 1,042,365	$ 288,326
2027	917,692	238,304
2028	740,741	193,597
2029	685,253	152,369
2030	444,667	125,741
2031–2035	2,360,158	391,682
2036–2037	1,011,068	33,255
	$ 7,201,944	$ 1,423,274

Subscription Liabilities

The Health District has various SBITAs, the terms of which expire in various years through 2028. The subscription liability was valued using discount rates between 3.25% and 8.50%. This rate was determined using the U.S. Prime Rates applicable for each subscription agreement based on the subscription period and date of initiation.

Remaining principal and interest payments on subscription liabilities are as follows:

For the Year Ending June 30,	Principal	Interest
2026	$ 251,416	$ 28,722
2027	217,748	11,582
2028	19,902	780
	$ 489,066	$ 41,084

Note 7. Risk Management

The Health District, like any governmental entity, is exposed to various risks of loss related to torts; theft of, damage to, and destruction of assets; errors and omissions; and natural disasters.

Effective July 1, 2024, the Health District is no longer with Nevada Public Agency Insurance Pool (POOL) & Public Agency Compensation Trust (PACT) and obtained coverage via the commercial insurance private market.

The Health District obtained private insurance coverage via an insurance broker and maintains multiple policies. The types of coverage, carriers, corresponding deductibles, and aggregates are as follows:

Coverage Type	Carrier	Deductible	Aggregate
Cyber	Corvus	$ 25,000	$ 2 million
EPLI	Markel	$ 50,000	$ 1 million
General liability	Vantage	$ 25,000	$ 3 million
Professional liability	Vantage	$ 25,000	$ 3 million
Auto	Chubb	$ 3,000	$ 1 million
Commercial property	Chubb	$ 25,000	$ 73,477,044: equivalent to total property values
Workers Compensation	RAS	$ –	None
FQHC	HRSA	$ –	None

The Health District pays premiums based on payroll costs to Risk Administrative Services, Inc. (RAS) for its workers compensation insurance coverage.

The Health District's Community Health Center is Federal Torts Claims Act (FTCA) "deemed" as a federal contractor wherein the federal government represents us in medical malpractice cases. The Health District also carries supplemental medical professional liability coverage, covering the Public Health and Preventive Care (P&PC) division and any malpractice matters not covered by Health Resources and Services Administration. There were no claims for medical malpractice in the past three fiscal years.

Litigation

Various legal claims have arisen against the Health District during the normal course of operations. According to the Health District's legal counsel, there were no outstanding matters at this time with a material impact and, therefore, no provision for loss has been made in the financial statements in connection therewith.

The Health District does not accrue for estimated future legal and defense costs, if any, to be incurred in connection with outstanding or threatened litigation and other disputed matters but rather records such as period costs when the services are rendered.

Note 8. Contingencies

Government Grants

Support funded by grants is recognized as the Health District meets the conditions prescribed by the grant agreement, performs the contracted services, or incurs outlays eligible for reimbursement under the grant agreements. Grant activities and outlays are subject to audit and acceptance by the granting agency and, as a result of such audit, adjustments could be required.

Note 9. Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

The Health District's employees are covered by the Public Employees' Retirement System of Nevada, which was established by the Nevada Legislature in 1947, effective July 1, 1948, and is governed by the Public Employees Retirement Board (PERS Board) whose seven members are appointed by the governor. The Health District does not exercise any control over PERS.

PERS is a cost-sharing, multiple-employer, defined benefit public employees' retirement system which includes both regular and police/fire members. PERS is administered to provide a reasonable base income to qualified employees who have been employed by a public employer and whose earnings capacities have been removed or substantially impaired by age or disability.

Benefits, as required by NRS, are determined by the number of years of accredited service at time of retirement and the member's highest average compensation in any 36 consecutive months with special provisions for members entering the system on or after January 1, 2010 and July 1, 2015. Benefit payments to which participants or their beneficiaries may be entitled under the plan include pension benefits, disability benefits, and survivor benefits.

Monthly benefit allowances for members are computed as 2.5% of average compensation for each accredited year of service prior to July 1, 2001. For service earned on or after July 1, 2001, this multiplier is 2.67% of average compensation. For members entering PERS on or after January 1, 2010, there is a 2.5% service time factor and for regular members entering PERS on or after July 1, 2015, there is a 2.25% factor. PERS offers several alternatives to the unmodified service retirement allowance which, in general, allow the retired employee to accept a reduced service retirement allowance payable monthly during their lifetime and various optional monthly payments to a named beneficiary after their death.

Post-retirement increases are provided by authority of NRS 286.571 - .579, which for members entering the system before January 1, 2010, is equal to the lesser of:

1. 2% per year following the third anniversary of the commencement of benefits, 3% per year following the sixth anniversary, 3.5% per year following the ninth anniversary, 4% per year following the twelfth anniversary, and 5% per year following the fourteenth anniversary, or

2. The average percentage increase in the Consumer Price Index (or other PERS Board-approved index) for the three preceding years.

In any event, a member's benefit must be increased by the percentages in paragraph 1, above, if the benefit of a member has not been increased at a rate greater than or equal to the average of the Consumer Price Index (All Items) (or other PERS Board-approved index) for the period between retirement and the date of increase.

For members entering PERS with an effective date of membership on or after January 1, 2010 and before July 1, 2015, the post-retirement increases are the same as above, except that the increases do not exceed 4% per year.

For members entering PERS after July 1, 2015, the post-retirement increases are 2% per year following the third anniversary of the commencement of benefits, 2.5% per year following the sixth anniversary, the lesser of 3% or the CPI for the preceding calendar year following the ninth anniversary.

Regular members entering PERS prior to January 1, 2010 are eligible for retirement at age 65 with five years of service, age 60 with 10 years of service, or any age with 30 years of service. Regular members entering PERS on or after January 1, 2010 are eligible for retirement at age 65 with five years of service, age 62 with 10 years of service, or any age with 30 years of service. Regular members entering PERS on or after July 1, 2015 are eligible for retirement at age 65 with five years of service, age 62 with 10 years of service, age 55 with 30 years of service, or any age with 33 1/3 years of service.

The normal ceiling limitation on the monthly benefit allowances is 75% of average compensation. However, a member who has an effective date of membership before July 1, 1985 is entitled to a benefit of up to 90% of average compensation. Both regular and police/fire members become fully vested as to benefits upon completion of five years of service.

The authority for establishing and amending the obligation to make contributions and member contribution rates rests with NRS. New hires in agencies which did not elect the employer-pay contribution (EPC) plan prior to July 1, 1983 have the option of selecting one of two alternative contribution plans. Contributions are shared equally by employer and employee in which employees can take a reduced salary and have contributions made by the employer or can make contributions by a payroll deduction matched by the employer.

The PERS basic funding policy provides for periodic contributions at a level pattern of cost as a percentage of salary throughout an employee's working lifetime in order to accumulate sufficient assets to pay benefits when due.

PERS receives an actuarial valuation on an annual basis for determining the prospective funding contribution rates required to fund the system on an actuarial reserve basis. Contributions actually made are in accordance with the required rates established by NRS. These statutory rates are periodically updated pursuant to NRS 286.421 and 286.450. The actuarial funding method used is the entry age normal cost method. It is intended to meet the funding objective and result in a relatively level long-term contributions requirement as a percentage of salary.

For the measurement year ended June 30, 2024, the Health District's required contribution rates for regular members was 33.50% EPC. The Health District's portion of contributions was $11,221,725 for the fiscal year ended June 30, 2025.

PERS collective net pension liability was measured as of June 30, 2024, and the total pension liability used to calculate the net pension liability was determined by an actuarial valuation as of that date. For this purpose, certain actuarial valuation assumptions are stipulated by the GASB and may vary from those used to determine the prospective funding contribution rates.

The total PERS pension liability was determined using the following economic actuarial assumptions (based on the results of an Experience Study dated September 10, 2021, applied to all periods included in the measurement).

Inflation	2.50%
Productivity pay increase	0.50%
Investment rate of return	7.25%, net of pension plan investment expense, including inflation
Actuarial cost method	Entry age normal and level percentage of payroll
Projected salary increases	Regular: 4.20% to 9.10%, depending on service Police/Fire: 4.60% to 14.50%, depending on service Rates include inflation and productivity increases
Other assumptions	Same as those used in the June 30, 2024 funding actuarial valuation
Rationale for assumptions	The information and analysis used in selecting each assumption that has a significant effect on this actuarial valuation is shown in the Actuarial Experience Study dated September 10, 2021.

PERS' policies which determine the investment portfolio target asset allocation are established by the PERS Board. The asset allocation is reviewed annually and is designed to meet the future risk and return needs of PERS. The following was the PERS Board-adopted policy target asset allocation as of June 30, 2024:

Asset Class	Target Allocation	Long-Term Expected Real Rate of Return (Arithmetic)
Large cap U.S. equity	42%	6.65%
Developed international equity	18%	7.18%
U.S. fixed income	28%	0.91%
Real estate	6%	5.25%
Private equity	6%	12.40%
Total	100%	

The discount rate used to measure the total pension liability was 7.25% as of June 30, 2024. The projection of cash flows used to determine the discount rate assumed that employee and employer contributions will be made at the rate specified by NRS. Based on that assumption, PERS' fiduciary net position at June 30, 2024 was projected to be available to make all projected future benefit payments of current active and inactive employees. Therefore, the long-term expected rate of return on pension plan investments (7.25%) was applied to all periods of projected benefit payments to determine the total pension liability as of June 30, 2024.

The Health District's proportionate share of the net pension liability is calculated using a discount rate of 7.25%. The following shows the sensitivity of the valuation of the Health District's proportionate share of the net pension liability assuming the discount rate was either 1% lower or 1% higher at June 30, 2025:

	1% Decrease (6.25%)	Current Discount Rate (7.25%)	1% Increase (8.25%)
Net pension liability	$ 205,229,551	$ 127,620,524	$ 63,592,570

Detailed information about PERS' fiduciary net position is available in the PERS ACFR, which is available on the PERS website, www.nvpers.org under publications.

The Health District's proportionate share of the collective net pension liability was $127,620,524, which represents 0.70634% of the collective net pension liability, which is a decrease from the previous year's proportionate share of 0.75931%. Contributions for employer pay dates within the fiscal year ending June 30, 2024 were used as the basis for determining each employer's proportionate share.

For the period ended June 30, 2025, the Health District's pension expense was $18,057,232 and its reported deferred outflows and inflows of resources related to pensions were as follows as of June 30, 2025:

	Deferred Outflows of Resources	Deferred Inflows of Resources
Differences between expected and actual experience	$ 27,074,239	$ -
Net difference between projected and actual earnings on investments	-	12,572,266
Changes in proportion and differences between actual contributions and proportionate share of contributions	13,018,596	6,246,406
Change in assumptions	8,234,877	-
Contributions subsequent to the measurement date	11,221,725	-
Total	$ 59,549,437	$ 18,818,672

Deferred outflows of resources related to pensions resulting from contributions subsequent to the measurement date totaling $11,221,725 will be recognized as a reduction of the net pension liability for the year ending June 30, 2026. Other amounts reported as deferred outflows and inflows of resources related to pensions will be recognized in pension expense as follows:

For the Year Ending June 30,	
2026	$ 3,333,455
2027	16,148,088
2028	1,206,949
2029	(17,883)
2030	2,066,274
Thereafter	6,772,157
Total	$ 29,509,040

Note 10. Postemployment Benefits Other Than Pensions

General Information About the Other Postemployment Benefit Plans

Plan Description: The Health District subsidizes eligible retirees' contributions to the Public Employees' Benefits Plan (PEBP), a non-trust, agent multiple-employer defined benefit postemployment healthcare plan administered by the State of Nevada. NRS 287.041 assigns the authority to establish and amend benefit provisions to the PEBP nine-member board of trustees. The plan is now closed to future retirees; however, district employees who previously met the eligibility requirement for retirement within the Nevada Public Employee Retirement System had the option upon retirement to enroll in coverage under the PEBP with a subsidy provided by the Health District as determined by their number of years of service. The PEBP issues a publicly available financial report that includes financial statements and required supplementary information.

That report may be obtained by writing to Public Employee's Benefits Program, 901 S. Stewart Street, Suite 1001, Carson City, NV, 89701, by calling (775) 684-7000, or by accessing the website at www.pebp.state.nv.us/informed/financial.htm.

Plan Description: The Retiree Health Program Plan (RHPP) is a non-trust, single-employer defined benefit postemployment healthcare plan administered by Clark County, Nevada. Retirees may choose between Clark County Self-Funded Group Medical and Dental Benefits Plan (Self-Funded Plan) and an Exclusive Provider Organization (EPO) plan.

Benefits Provided

PEBP provides medical, dental, prescription drug, Medicare Part B, and life insurance coverage to eligible retirees and their spouses. Benefits are provided through a third-party insurer.

As of November 1, 2008, PEBP was closed to any new participants.

RHPP provides medical, dental, prescription drug, and life insurance coverage to eligible active and retired employees and beneficiaries. Benefit provisions are established and amended through negotiations between the respective unions and the Health District.

Employees Covered by Benefit Terms

The following employees were covered by the benefit terms at June 30, 2024:

	PEBP	RHPP	Total All Plans
Inactive employees or beneficiaries currently receiving benefits	63	69	132
Active members	-	789	789
Total	63	858	921

Total OPEB Liability

The Health District's total OPEB liability of $35,247,231 was measured as of June 30, 2024 and was determined by an actuarial valuation as of that date.

Actuarial assumptions and other inputs: The total OPEB liability for all plans as of June 30, 2025 was determined using the following actuarial assumptions and other inputs, applied to all periods included in the measurement, unless otherwise specified:

Discount Rate	3.93%
Pre-Medicare Trend Rate	Select: 7.75%, Ultimate 4.0%
Post-Medicare Trend Rate	Select: 6.75%, Ultimate 4.0%
Mortality	Pub-2010 headcount weighted mortality table, projected generationally using scale MP-2021, applied on a gender-specific and job class basis (teacher, safety, or general, as applicable)
Termination Tables	2023 NPERS Actuarial Valuation
Healthcare cost trend rates	The healthcare cost trend assumptions are used to project the cost of healthcare in future years. The following annual trends are applied on a select and ultimate basis. Select trends are reduced 0.30% each year for nine years, and 0.10% thereafter until reaching the ultimate trend rate.

Expense Type	Select	Ultimate
Pre-Medicare Medical and Rx Benefits	7.75%	4.00%
Medical Benefits	6.75%	4.00%
Dental	4.00%	4.00%
Stop Loss Fees	7.75%	4.00%
Administrative Fees	4.00%	4.00%

Changes in the Total OPEB Liability

	PEBP	RHPP	Total OPEB Liability
Balance at June 30, 2024	$ 3,278,995	$ 25,475,735	$ 28,754,730
Changes for the year			
Service cost	-	1,683,367	1,683,367
Interest	116,670	987,832	1,104,502
Differences between expected and actual experience	(1,118,180)	11,183,547	10,065,367
Changes of assumptions	114,060	(6,119,288)	(6,005,228)
Benefit payments	(165,108)	(190,399)	(355,507)
Net changes	(1,052,558)	7,545,059	6,492,501
Balance at June 30, 2025	$ 2,226,437	$ 33,020,794	$ 35,247,231

Changes in Assumptions and Experience

Certain key assumptions were changed as part of the actuary's updated study. Those changes are summarized below:

- The discount rate was updated from 3.65% as of June 30, 2023 to 3.93% as of June 30, 2024 (the actuarial measurement date).
- The trend rates were updated to an initial rate of 7.75% (6.75% for Post-65) grading down to an ultimate rate of 4.00%. The Select trend rates are updated to reflect the higher than anticipated rising healthcare costs environment.
- The termination and retirement rates were updated to the rates from the Nevada PERS Actuarial Valuation report as of June 30, 2023.
- The salary scale was updated from 3.0% to 3.5% based on the wage growth assumption from the 2023 NVPERS.

Sensitivity of the total OPEB liability to changes in the discount rate. The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using a discount rate that is 1-percentage-point lower (2.93%) or 1-percentage point higher (4.93%) than the current discount rate:

	1% Decrease Rate (2.93%)	Discount Rate (3.93%)	1% Increase Rate (4.93%)
PEBP	$ 2,471,000	$ 2,226,437	$ 2,019,000
RHPP	39,770,000	33,020,794	27,737,000
Total OPEB liability	$ 42,241,000	$ 35,247,231	$ 29,756,000

Sensitivity of the total OPEB liability to changes in the healthcare cost trend rates. The following presents the total OPEB liability of the Health District, as well as what the Health District's total OPEB liability would be if it were calculated using healthcare cost trend rates that are 1-percentage-point lower (or 1-percentage-point higher the current healthcare cost trend rates:

	1% Decrease	Trend Rates	1% Increase
PEBP	$ 2,029,000	$ 2,226,437	$ 2,454,000
RHPP	27,274,000	33,020,794	40,561,000
Total OPEB liability	$ 29,303,000	$ 35,247,231	$ 43,015,000

OPEB Expense and Deferred Outflows of Resources and Deferred Inflows of Resources Related to OPEB

For the year ended June 30, 2025, the Health District recognized OPEB expense of $992,926. The breakdown by plan is as follows:

	PEBP	RHPP	Total All Plans
OPEB Expense (Income)	$ (887,450)	$ 1,880,376	$ 992,926

The Health District reported deferred outflows of resources and deferred inflows of resources related to OPEB from the following sources at June 30, 2025:

	Deferred Outflows of Resources	Deferred Inflows of Resources
PEBP		
Contributions made in fiscal year ending 2025 after July 1, 2024, measurement date	$ 160,000	$ -
Total PEBP	160,000	-
RHPP		
Differences between expected and actual experience	20,769,733	4,010,196
Changes of assumptions or other inputs	1,208,683	19,268,676
Contributions made in fiscal year ending 2025 after July 1, 2024, measurement date	492,000	-
Total RHPP	22,470,416	23,278,872
All plans		
Differences between expected and actual economic experience	20,769,733	4,010,196
Changes in actuarial assumptions	1,208,683	19,268,676
Contributions made in fiscal year ending 2025 after July 1, 2024, measurement date	652,000	-
Total all plans	$ 22,630,416	$ 23,278,872

The amount of $652,000 reported as deferred outflows of resources related to OPEB from Health District contributions subsequent to the measurement date will be recognized as a reduction of the OPEB liability in the year ended June 30, 2026. Other amounts reported as deferred outflows of resources and deferred inflows of resources related to OPEB will be recognized in OPEB expense as follows:

For the Year Ending June 30,	RHPP
2026	$ (515,786)
2027	(433,124)
2028	(418,181)
2029	(418,181)
2030	(418,181)
Thereafter	902,997
Total	$ (1,300,456)

Note 11. 457(b) and 401(a) Retirement Plans

The Health District offers all employees an opportunity to participate in two deferred compensation plans that have been established in accordance with Internal Revenue Code Section 457 and 401. These plans are 457(b) or 401(a) plans, and both are administered by Empower Retirement, LLC. The plans' provisions and contribution requirements are established and may be amended by the plan administrator. Empower Trust Company, LLC is the trustee of the Empower Retirement, LLC plans. Employees may enroll in the 457(b) plan and/or change their contribution amounts at any time. The 401(a) plan enrollment is limited to Executives that have elected to participate in the 401(a) plan. The Health District does not contribute to the 457(b) plan and provides discretionary contributions to the 401(a) plan.

Note 12. Encumbrances

The Health District utilizes encumbrance accounting in its governmental funds. Encumbrances are recognized as a valid and proper charge against a budget appropriation in the year in which a purchase order, contract, or other commitment is issued. In general, unencumbered appropriations lapse at year-end. Open encumbrances at fiscal year-end are included in restricted, committed, or assigned fund balance, as appropriate. Significant encumbrances included in governmental fund balances are as follows:

	Assigned Fund Balance
General Fund	$ 2,484,012

General Fund

$1,565,757 of the total encumbrance balance was assigned to purchase clinical health services. $206,239 of the total encumbrance balance was assigned to purchase community health services. $4,625 of the total encumbrance balance was assigned to purchase environmental health services. $603,061 of the total encumbrance balance was assigned to purchase administrative services. $104,330 of the total encumbrance balance was assigned to purchase pharmacy services.

Required Supplementary Information

Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget to Actual – General Fund
For the Fiscal Year Ended June 30, 2025

	Budgeted Amounts			Variance With Final Budget – Increase (Decrease)
	Original	Final	Actual	
Revenues				
Fees for service	$ 36,215,729	$ 42,365,912	$ 46,360,664	$ 3,994,752
Other	1,899,388	2,782,373	3,592,774	810,401
Property tax	37,651,176	37,651,176	37,651,176	-
Regulatory revenue	27,881,249	29,623,788	28,482,125	(1,141,663)
Title XIX and other	3,638,963	3,560,001	3,595,324	35,323
Investment earnings	669,772	1,972,900	3,155,818	1,182,918
Total Revenues	107,956,277	117,956,150	122,837,881	4,881,731
Expenditures				
Public health				
Clinical and nursing services				
Salaries and wages	11,052,142	11,459,832	11,462,609	(2,777)
Employee benefits	5,056,511	5,119,842	5,035,366	84,476
Services and supplies	37,568,826	43,912,423	39,965,633	3,946,790
Capital outlay	63,000	16,000	16,000	-
Total clinical and nursing services	53,740,479	60,508,097	56,479,608	4,028,489
Environmental health				
Salaries and wages	14,995,597	16,695,381	16,329,690	365,691
Employee benefits	6,801,895	7,379,622	7,246,047	133,575
Services and supplies	6,282,928	6,511,191	5,800,623	710,568
Capital outlay	2,000	2,000	-	2,000
Total environmental health	28,082,420	30,588,194	29,376,360	1,211,834
Community health				
Salaries and wages	8,855,927	7,934,884	7,861,936	72,948
Employee benefits	4,059,651	3,607,017	3,519,733	87,284
Services and supplies	7,597,417	6,789,347	5,704,429	1,084,918
Capital outlay	410,800	435,000	362,176	72,824
Total community health	20,923,795	18,766,248	17,448,274	1,317,974
Administration				
Salaries and wages	12,275,808	13,855,522	13,926,820	(71,298)
Employee benefits	5,827,830	6,561,853	6,896,250	(334,397)
Services and supplies	(19,277,382)	(18,702,989)	(18,479,870)	(223,119)
Capital outlay	213,000	295,745	1,165,747	(870,002)
Total administration	(960,744)	2,010,131	3,508,947	(1,498,816)
Total Expenditures	101,785,950	111,872,670	106,813,189	5,059,481
Excess of Revenues Over Expenditures	6,170,327	6,083,480	16,024,692	9,941,212
Other Financing Sources (Uses)				
Transfers out	(10,530,735)	(12,125,913)	(6,767,254)	5,358,659
Leases issued	-	-	422,069	422,069
Subscriptions	-	-	576,230	576,230
Total Other Financing Sources (Uses)	(10,530,735)	(12,125,913)	(5,768,955)	6,356,958
Net Change in Fund Balance	(4,360,408)	(6,042,433)	10,255,737	16,298,170
Fund Balance, Beginning of Year	45,827,732	54,872,828	54,872,828	-
Fund Balance, End of Year	$ 41,467,324	$ 48,830,395	$ 65,128,565	$ 16,298,170

See Notes to Required Supplementary Information

Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance
Budget to Actual – Special Revenue Fund
For the Fiscal Year Ended June 30, 2025

	Budgeted Amounts			Variance With Final Budget – Increase (Decrease)
	Original	Final	Actual	
Revenues				
Direct federal grants	$ 14,359,394	$ 20,303,558	$ 18,175,097	$ (2,128,461)
Indirect federal grants	31,949,804	29,604,235	27,305,731	(2,298,504)
State grant funds	6,954,077	4,051,551	3,533,607	(517,944)
Other	10,887,091	1,415,546	1,343,609	(71,937)
Total Revenues	64,150,366	55,374,890	50,358,044	(5,016,846)
Expenditures				
Public health				
Clinical and nursing services				
Salaries and wages	7,106,200	6,776,094	6,516,398	259,696
Employee benefits	3,273,981	3,069,422	2,961,580	107,842
Services and supplies	5,188,099	5,680,923	4,416,019	1,264,904
Capital outlay	935,607	967,989	599,833	368,156
Total clinical and nursing services	16,503,887	16,494,428	14,493,830	2,000,598
Environmental health				
Salaries and wages	1,169,929	897,768	871,782	25,986
Employee benefits	540,509	409,733	398,354	11,379
Services and supplies	495,826	521,160	432,908	88,252
Total environmental health	2,206,264	1,828,661	1,703,044	125,617
Community health				
Salaries and wages	10,909,617	11,006,468	10,923,453	83,015
Employee benefits	5,018,113	4,972,112	4,928,872	43,240
Services and supplies	19,875,922	23,120,841	19,046,523	4,074,318
Capital outlay	1,191,996	454,748	434,421	20,327
Total community health	36,995,648	39,554,169	35,333,269	4,220,900
Administration				
Salaries and wages	1,364,500	1,283,224	1,316,230	(33,006)
Employee benefits	629,808	557,460	553,359	4,101
Services and supplies	3,229,189	1,447,861	1,162,286	285,575
Capital outlay	8,751,805	1,335,000	523,908	811,092
Total administration	13,975,302	4,623,545	3,555,783	1,067,762
Total Expenditures	69,681,101	62,500,803	55,085,926	7,414,877
Deficiency of Revenues Over Expenditures	(5,530,735)	(7,125,913)	(4,727,882)	2,398,031
Other Financing Sources				
Transfers in	5,530,735	7,125,913	4,767,254	(2,358,659)
Total Other Financing Sources	5,530,735	7,125,913	4,767,254	(2,358,659)
Net Change in Fund Balance	-	-	39,372	39,372
Fund Balance, Beginning of Year	105,306	82,081	82,081	-
Fund Balance, End of Year	$ 105,306	$ 82,081	$ 121,453	$ 39,372

See Notes to Required Supplementary Information

Southern Nevada Health District
Schedules of Changes in the Total OPEB Liability and Related Ratios[1]
For the Fiscal Year Ended June 30, 2025

PEBP	2018	2019	2020	2021	2022	2023	2024	2025
A. Total OPEB Liability								
Interest (on the total OPEB liability)	$ 136,641	$ 158,929	$ 142,210	$ 132,809	$ 104,479	$ 101,093	$ 115,735	$ 116,670
Difference between expected and actual experience	(2,407)	(935)	-	240,495	-	(719,219)	-	(1,118,180)
Changes of assumptions	(408,034)	(582,796)	196,172	770,760	51,775	(575,624)	6,884	114,060
Benefit payments	(201,454)	(210,183)	(213,733)	(223,274)	(198,836)	(208,349)	(225,925)	(165,108)
Net Change in Total OPEB Liability	(475,254)	(634,985)	124,649	920,790	(42,582)	(1,402,099)	(103,306)	(1,052,558)
Total OPEB Liability – Beginning	4,891,782	4,416,528	3,781,543	3,906,192	4,826,982	4,784,400	3,382,301	3,278,995
Total OPEB Liability – Ending	$ 4,416,528	$ 3,781,543	$ 3,906,192	$ 4,826,982	$ 4,784,400	$ 3,382,301	$ 3,278,995	$ 2,226,437
Covered Payroll	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Total OPEB Liability as a Percentage of Covered Payroll	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

[1] Fiscal year 2018 is the first year of implementation; therefore, only eight years are shown. As it becomes available this schedule will ultimately present information for the 10 most recent fiscal years.

Southern Nevada Health District
Schedules of Changes in the Total OPEB Liability and Related Ratios[2]
For the Fiscal Year Ended June 30, 2025

RHPP	2018	2019	2020	2021	2022	2023	2024	2025
A. Total OPEB liability								
Service cost	$ 2,037,506	$ 1,984,184	$ 865,693	$ 1,035,479	$ 1,570,297	$ 2,053,521	$ 1,772,849	$ 1,683,367
Interest (on the total OPEB liability)	753,304	922,521	675,421	696,006	546,330	590,543	894,861	987,832
Difference between expected and actual experience	26,065	(8,138,337)	-	2,485,316	-	11,098,817	-	11,183,547
Changes of assumptions	(3,119,749)	(1,686,349)	1,204,893	577,780	221,432	(15,399,138)	(602,456)	(6,119,288)
Benefit payments	(339,476)	(236,966)	(322,093)	(643,182)	(345,742)	(58,543)	(190,437)	(190,399)
Net Change in Total OPEB Liability	(642,350)	(7,154,947)	2,423,914	4,151,399	1,992,317	(1,714,800)	1,874,817	7,545,059
Total OPEB Liability – Beginning	24,545,385	23,903,035	16,748,088	19,172,002	23,323,401	25,315,718	23,600,918	25,475,735
Total OPEB Liability – Ending	$ 23,903,035	$ 16,748,088	$ 19,172,002	$ 23,323,401	$ 25,315,718	$ 23,600,918	$ 25,475,735	$ 33,020,794
Covered Payroll	$ 34,126,701	$ 34,918,861	$ 34,918,861	$ 40,103,356	$ 49,853,806	$ 47,400,387	$ 57,146,546	$ 61,304,122
Total OPEB Liability as a Percentage of Covered Payroll	70.04%	47.96%	54.90%	58.16%	50.78%	49.79%	44.58%	53.86%

[2] Fiscal year 2018 is the first year of implementation; therefore, only eight years are shown. As it becomes available this schedule will ultimately present information for the 10 most recent fiscal years.

Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of the Collective Net Pension Liability Information
For the Fiscal Year Ended June 30, 2025

For the Year Ended June 30	Proportion of the Collective Net Pension Liability	Proportion of the Collective Net Pension Liability	Covered Payroll	Proportion of the Collective Pension Liability as a Percentage of Covered Payroll	PERS Fiduciary Net Position as a Percentage of Total Pension Liability
2015	0.54090%	$ 61,984,011	$ 32,508,190	190.67198%	75.13000%
2016	0.52151%	$ 70,180,332	$ 32,917,342	213.20170%	72.20000%
2017	0.50906%	$ 67,704,469	$ 33,079,430	204.67242%	74.40000%
2018	0.50995%	$ 69,546,020	$ 33,744,349	206.09679%	75.20000%
2019	0.54171%	$ 73,866,832	$ 37,250,362	198.29829%	76.50000%
2020	0.56339%	$ 78,470,784	$ 38,532,689	203.64731%	77.04000%
2021	0.64435%	$ 58,760,106	$ 44,284,315	132.68830%	86.51000%
2022	0.69636%	$ 125,727,302	$ 49,627,892	253.34000%	75.12000%
2023	0.75931%	$ 138,595,844	$ 58,077,925	238.63773%	76.16000%
2024	0.70634%	$ 127,620,524	$ 61,032,305	209.10323%	78.11000%

Southern Nevada Health District
Multiple-Employer Cost-Sharing Defined Benefit Pension Plan
Proportionate Share of Statutorily Required Contribution Information
For the Fiscal Year Ended June 30, 2025

For the Year Ended June 30	Actuarially Determined Contributions	Contributions in Relation to the Actuarially Determined Contributions	Contribution Deficiency (Excess)	Covered Payroll	Contributions as a Percentage of Covered Payroll
2016	$ 4,565,587	$ 4,565,587	$ -	$ 33,079,430	13.80%
2017	$ 4,724,209	$ 4,724,209	$ -	$ 33,744,349	14.00%
2018	$ 5,215,051	$ 5,215,051	$ -	$ 37,250,362	14.00%
2019	$ 5,876,235	$ 5,876,235	$ -	$ 38,532,689	15.25%
2020	$ 6,753,358	$ 6,753,358	$ -	$ 44,284,315	15.25%
2021	$ 6,744,173	$ 6,744,173	$ -	$ 44,224,085	15.25%
2022	$ 7,659,900	$ 7,659,900	$ -	$ 50,228,852	15.25%
2023	$ 8,259,408	$ 8,259,408	$ -	$ 55,028,438	15.01%
2024	$ 10,184,839	$ 10,184,839	$ -	$ 54,115,741	18.82%
2025	$ 11,221,725	$ 11,221,725	$ -	$ 54,026,368	20.77%

Note 1. Postemployment Benefits Other Than Pensions

There are no assets accumulated in a trust to pay related benefits.

Changes of Assumptions and Experience

Certain key assumptions were changed as part of the actuary's updated study. Those changes are summarized below:

- The discount rate was updated from 3.65% as of June 30, 2023 to 3.93% as of June 30, 2024.
- The Pre-Medicare Select Trend Rate was decreased from 6.50% to 7.75% in 2024
- The Post-Medicare Select Trend Rate was increased from 5.50% to 6.75% in 2024.

Note 2. Multiple-Employer Cost-Sharing Defined Benefit Pension Plan

For the year ended June 30, 2025, there were no changes in the pension benefit plan terms to the actuarial methods and assumptions used in the actuarial valuation report dated June 30, 2024.

Additional pension plan information can be found at Note 9 to the basic financial statements.

Note 3. Budget Information

The accompanying required supplementary schedules of revenues, expenditures, and changes in fund balance for the general and major special revenue funds present the original adopted budget, the final amended budget, and actual data. The original budget was adopted on a basis consistent with financial accounting policies and with accounting principles generally accepted in the United States.

Additional budgetary information can be found in Note 2 to the basic financial statements.

Other Supplementary Information

Nonmajor Governmental Funds

Capital project funds are used to account for financial resources that are restricted, committed, or assigned to the improvement, acquisition, or construction of capital assets.

Bond Reserve

Accounts for resources that have been committed or assigned to the future acquisition of a new administration building.

Capital Projects

Accounts for resources committed or assigned to the acquisition or construction of capital assets other than a new administration building.

Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual – Bond Reserve Fund
For the Fiscal Year Ended June 30, 2025

	Original	Final	Actual	Variance With Final Budget – Increase (Decrease)
Revenues				
Interest income	$ 30,000	$ 30,000	$ 172,993	$ 142,993
Total Revenues	30,000	30,000	172,993	142,993
Change in Fund Balance	30,000	30,000	172,993	142,993
Fund Balance, Beginning of Year	3,044,524	3,044,524	3,042,808	(1,716)
Fund Balance, End of Year	$ 3,074,524	$ 3,074,524	$ 3,215,801	$ 141,277

Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Fund Balance – Budget to Actual – Capital Projects Fund
For the Fiscal Year Ended June 30, 2025

	Original	Final	Actual	Variance With Final Budget – Increase (Decrease)
Revenues				
Interest income	$ 70,000	$ 70,000	$ 202,104	$ 132,104
Total Revenues	70,000	70,000	202,104	132,104
Expenditures				
Public health				
Administration	-	-	489,261	(489,261)
Capital outlay	1,800,575	1,800,575	872,536	928,039
Total Expenditures	1,800,575	1,800,575	1,361,797	438,778
Deficiency of Revenues Over Expenditures	(1,730,575)	(1,730,575)	(1,159,693)	570,882
Other Financing Sources				
Transfers in	2,000,000	2,000,000	2,000,000	-
Change in Fund Balance	269,425	269,425	840,307	570,882
Fund Balance, Beginning of Year	1,460,445	1,460,445	2,730,175	1,269,730
Fund Balance, End of Year	$ 1,729,870	$ 1,729,870	$ 3,570,482	$ 1,840,612

Internal Service Funds

Southern Nevada Health District
Statement of Revenues, Expenditures, and Changes in Net Position – Budget to Actual –
Insurance Liability Reserve Fund
For the Fiscal Year Ended June 30, 2025

	Original	Final	Actual	Variance With Final Budget – Increase (Decrease)
Expenditures				
Other operating expenditures	$ 500	$ 500	$ -	$ (500)
Total Expenditures	500	500	-	(500)
Nonoperating Revenues				
Interest income	1,500	1,500	2,081	581
Change in Net Position	$ 1,000	$ 1,000	2,081	$ 1,081
Net Position, Beginning of Year			91,295	
Net Position, End of Year			$ 93,376	

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Southern Nevada Health District

Single Audit Reports

June 30, 2025

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Southern Nevada Health District
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June 30, 2025

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Southern Nevada Health District
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2025

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Department of Justice				
Direct Program				
Comprehensive Opioid, Stimulant, and other Substances Use Program	16.838		$ 136,880	$ 382,948
Total Department of Justice			**136,880**	**382,948**
Department of Treasury				
Passed through from				
City of Las Vegas, Nevada				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	C2300074	-	497,577
City of Boulder City, Nevada				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	30240806	-	462
Board of Regents, NSHE, obo University of Nevada, Las Vegas				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	GR17278	-	48,650
Nevada Department of Health and Human Services				
COVID-19 — Coronavirus State and Local Fiscal Recovery Funds	21.027	SG26289-1	-	65,152
Total Department of Treasury			**-**	**611,841**
Environmental Protection Agency				
Passed through from				
Nevada Department of Conservation & Natural Resources				
State Public Water System Supervision	66.432	DEP 24-001	-	149,203
Total Environmental Protection Agency			**-**	**149,203**
Department of Health and Human Services				
Passed through from				
Nevada Department of Health and Human Services				
Public Health Emergency Preparedness	93.069	SG-2025-00378, SG-2025-00379, SG-2025-00454, SG-2025-00455, SG26317	-	2,764,228
Direct Programs				
Environmental Public Health and Emergency Response	93.070		31,185	304,646
Birth Defects and Developmental Disabilities – Prevention and Surveillance	93.073		-	388,145
Passed through from				
National Environmental Health Association				
Food and Drug Administration Research	93.103	2109-00984, 2309-04499, 2310-04968, 2410-06216	-	46,820
Passed through from				
Comagine Health				
Maternal and Child Health Federal Consolidated Programs	93.110	4100.CE0.19.SNHD	-	149,491
Passed through from				
Nevada Department of Health and Human Services				
Project Grants and Cooperative Agreements for Tuberculosis Control Programs	93.116	SG-2025-00791, SG26901	-	356,522
Direct Program				
Injury Prevention and Control Research and State and Community Based Programs	93.136		1,251,408	2,604,711
Passed through from				
Nevada Department of Health and Human Services				
Injury Prevention and Control Research and State and Community Based Programs	93.136	DO 1416, DO 1517, SG-2025-00543, SG26449	120,750	412,687
Total Injury Prevention and Control Research and State and Community Based Programs			*1,372,158*	*3,017,398*

The accompanying notes are an integral part of this Schedule.

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Southern Nevada Health District
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2025

(Continued)

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Passed through from				
University of Nevada, Las Vegas				
Childhood Lead Poisoning Prevention Projects, State and Local Childhood Lead Poisoning Prevention and Surveillance of Blood Lead Levels in Children	93.197	GR14034	-	56,148
Direct Programs				
Family Planning Services	93.217		-	1,163,574
Health Center Program Cluster				
Health Center Program (Community Health Centers, Migrant Health Centers, Health Care for the Homeless, and Public Housing Primary Care)	93.224		-	1,247,611
Grants for New and Expanded Services Under the Health Center Program	93.527		-	53,098
Total Health Center Program Cluster			-	*1,300,709*
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243		-	545,042
Passed through from				
Nevada Department of Health and Human Services				
Substance Abuse and Mental Health Services Projects of Regional and National Significance	93.243	SP084007	-	8,364
Total Substance Abuse and Mental Health Services Projects of Regional and National Significance			-	*553,406*
Immunization Cooperative Agreements	93.268	SG-2024-00291, SG-2025-00535, SG-2025-00548, SG-2025-00713	-	1,988,616
COVID-19 — Immunization Cooperative Agreements	93.268	SG25388	-	1,143,351
Total Immunization Cooperative Agreements			-	*3,131,967*
Viral Hepatitis Prevention and Control	93.270	SG-2024-00551, SG-2025-00963	-	26,385
Direct Program				
Racial and Ethnic Approaches to Community Health	93.304		199,274	626,262
Passed through from				
National Association of County Health Officials				
Protecting and Improving Health Globally: Building and Strengthening Public Health Impact, Systems, Capacity ,and Security	93.318	2024-031902	-	7,746
Passed through from				
Nevada Department of Health and Human Services				
Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	SG-2024-00036, SG-2024-00056, SG-2024-00067, SG-2024-00095, SG-2025-00553, SG-2025-00660, SG-2025-00742, SG25489, SG26045, SG26215, SG26388, SG26896, SG-2025-00463	82,828	6,950,848
COVID-19 — Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)	93.323	SG26045	19,926	216,884
Total Epidemiology and Laboratory Capacity for Infectious Diseases (ELC)			*102,754*	*7,167,732*
National and State Tobacco Control Program	93.387	SG-2024-00369-02	-	489,263

The accompanying notes are an integral part of this Schedule.

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Southern Nevada Health District
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2025

(Continued)

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Direct Program				
COVID-19 – Activities to Support State, Tribal, Local and Territorial (STLT) Health Department Response to Public Health or Healthcare Crises	93.391		1,105,951	1,907,146
Passed through from				
Nevada Department of Health and Human Services				
The National Cardiovascular Health Program	93.426	SG-2025-00580	-	93,662
Direct Programs				
Grants for Capital Development in Health Centers	93.526		-	591,502
Passed through from				
Catholic Charities Homeless Shelter Las Vegas				
Refugee and Entrant Assistance State/Replacement Designee Administered Programs	93.566	F2410002	-	122,020
Passed through from				
Nevada Department of Health and Human Services				
CCDF Cluster				
Child Care And Development Block Grant	93.575	SG-2025-00602	-	684,386
Total CCDF Cluster			-	*684,386*
Passed through from				
Nevada Department of Health and Human Services				
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B	93.686	4800012270-028, 4800013704-028	-	260,189
Passed through from				
University of Nevada, Reno				
Opioid STR	93.788	UNR-24-126	-	1,300,000
Passed through from				
Nevada Department of Health and Human Services				
Opioid STR	93.788	SG-2025-00828, SG-2025-00871	42,739	1,188,200
Total Opioid STR			*42,739*	*2,488,200*
Passed through from				
Nevada Department of Health and Human Services				
Maternal, Infant, and Early Childhood Home Visiting Grant	93.870	SG-2025-00765, SG26395	-	446,095
Passed through from				
Nevada Department of Health and Human Services				
National Bioterrorism Hospital Preparedness Program	93.889	SG-2025-00483, SG-2025-00384, SG-2025-00615	95,928	1,420,070
Passed through from				
Clark County				
Minority HIV/AIDS Fund (MHAF)	93.899	4800012229-028, 4800012677-028	-	262,759
HIV Emergency Relief Project Grants	93.914	4500404004-028, 4800011669-028, 4800012245-028, PO4800012245-028	-	1,159,507
Passed through from				
Nevada Department of Health and Human Services				
HIV Care Formula Grants	93.917	SG-2024-00297, SG-2024-00298, SG-2025-00927, SG-2025-00926	-	369,170
Direct Program				
Healthy Start Initiative	93.926		-	1,147,279
Direct Program				
HIV Prevention Activities Health Department Based	93.940		65,978	102,134

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Southern Nevada Health District
Schedule of Expenditures of Federal Awards
Year Ended June 30, 2025

(Continued)

Federal Grantor/Pass-Through Grantor/ Program or Cluster Title	Federal Assistance Listing Number	Pass-Through Entity Identifying Number	Provided to Subrecipients	Total Federal Expenditures
Passed through from				
Nevada Department of Health and Human Services				
HIV Prevention Activities Health Department Based	93.940	SG-2025-00586, SG-2025-00611, SG-2025-00659, SG26073-2, SG26077-1, SG-2025-00975, SG-2025-00976, SG-2025-00977	515,778	3,729,110
Total HIV Prevention Activities Health Department Based			*581,756*	*3,831,244*
Direct Program				
Cooperative Agreements to Support State-Based Safe Motherhood and Infant Health Initiative Programs	93.946		49,569	291,702
Passed through from				
Nevada Department of Health and Human Services				
Block Grants for Prevention and Treatment of Substance Abuse	93.959	SG-2025-00590, SG26478	-	37,919
Direct Program				
Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health	93.967		176,070	6,818,216
Passed through from				
Nevada Department of Health and Human Services				
Sexually Transmitted Diseases (STD) Prevention and Control Grants	93.977	SG-2024-00059, SG-2025-00863	-	562,753
Passed through from				
Comagine Health				
Cooperative Agreements for Diabetes Control Programs	93.988	4100.CEO.17.SNHD	-	49,587
Passed through from				
Nevada Department of Health and Human Services				
Preventive Health and Health Services Block Grant	93.991	SG-2025-00689, SG26460	-	58,408
Total Department of Health and Human Services			**3,757,384**	**44,152,256**
Department of Homeland Security				
Passed through from				
Nevada Division of Emergency Management, Homeland Security				
Homeland Security Grant Program	97.067	AppID401421, AppID435471	-	109,462
Passed through from				
University of Nevada, Las Vegas				
Homeland Security Biowatch Program	97.091	GR20493	-	17,790
Total Department of Homeland Security			**-**	**127,252**
Total Federal Awards Expended			**$ 3,894,264**	**$ 45,423,500**

The accompanying notes are an integral part of this Schedule.

Note 1. Basis of Presentation

The accompanying schedule of expenditures of federal awards (Schedule) includes the federal award activity of the Southern Nevada Health District (Health District) under programs of the federal government for the year ended June 30, 2025. The information in this Schedule is presented in accordance with the requirements of Title 2 U.S. *Code of Federal Regulations* Part 200*, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the Schedule presents only a selected portion of the operations of the Health District, it is not intended to and does not present the financial position, changes in net position/fund balance, or cash flows of the Health District.

Note 2. Summary of Significant Accounting Policies

The Health District's summary of significant accounting policies is presented in Note 1 to the Health District's basic financial statements for the year ended June 30, 2025.

Expenditures reported on the Schedule are reported on the modified accrual basis when they become a demand on current available federal resources and eligibility requirements are met, except for subrecipient expenditures, which are recorded on the cash basis.

Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. Negative amounts, if any, shown on the Schedule represent adjustments or credits made in the normal course of business to amounts reported as expenditures in prior years.

Note 3. Indirect Cost Rate

The Health District has not elected to use the 10% de minimis indirect cost rate allowed under the Uniform Guidance prior to October 1, 2024 nor elected to use the 15% de minimis indirect cost rate allowed under the Uniform Guidance effective October 1, 2024.

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DRAFT

Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance With *Government Auditing Standards*

Independent Auditor's Report

Board of Health and District Health Officer
Southern Nevada Health District
Las Vegas, Nevada

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*), the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Southern Nevada Health District (Health District), as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements, and have issued our report thereon dated November 21, 2025.

Report on Internal Control Over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Health District's internal control over financial reporting (internal control) as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control. Accordingly, we do not express an opinion on the effectiveness of the Health District's internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses or significant deficiencies may exist that were not identified.

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Health District's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material

DRAFT

effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of This Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Dallas, Texas
November 21, 2025

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DRAFT

Report on Compliance for Each Major Federal Program, Report on Internal Control Over Compliance, and Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

Independent Auditor's Report

Board of Health and District Health Officer
Southern Nevada Health District
Las Vegas, Nevada

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Southern Nevada Health District's (Health District) compliance with the types of compliance requirements identified as subject to audit in the *OMB Compliance Supplement* that could have a direct and material effect on each of the Health District's major federal programs for the year ended June 30, 2025. The Health District's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Health District complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2025.

Basis for Opinion on Each Major Federal Program

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Health District and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of the Health District's compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to the Health District's federal programs.

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Auditor's Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on the Health District's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about the Health District's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the Health District's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of the Health District's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of the Health District's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on Internal Control Over Compliance

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

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Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Report on Schedule of Expenditures of Federal Awards Required by the Uniform Guidance

We have audited the financial statements of the governmental activities, each major fund, and the aggregate remaining fund information of Southern Nevada Health District, as of and for the year ended June 30, 2025, and the related notes to the financial statements, which collectively comprise the Health District's basic financial statements. We have issued our report thereon dated November 21, 2025, which contained unmodified opinions on those financial statements. Our audit was conducted for the purpose of forming opinions on the financial statements that collectively comprise the basic financial statements. The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by the Uniform Guidance and is not a required part of the basic financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the basic financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the basic financial statements or to the basic financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the schedule of expenditures of federal awards is fairly stated in all material respects in relation to the basic financial statements as a whole.

Dallas, Texas
November __, 2025

Southern Nevada Health District
Schedule of Findings and Questioned Costs
Year Ended June 30, 2025

Section I – Summary of Auditor's Results

Financial Statements

1. Type of report the auditor issued on whether the financial statements audited were prepared in accordance with GAAP:

   ☒ Unmodified ☐ Qualified ☐ Adverse ☐ Disclaimer

2. Internal control over financial reporting:

   Significant deficiency(ies) identified? ☐ Yes ☒ None reported

   Material weakness(es) identified? ☐ Yes ☒ No

3. Noncompliance material to the financial statements noted? ☐ Yes ☒ No

Federal Awards

4. Internal control over compliance for major federal programs:

   Significant deficiency(ies) identified? ☐ Yes ☒ None reported

   Material weakness(es) identified? ☐ Yes ☒ No

5. Type of auditor's report issued on compliance for major federal programs:

   ☒ Unmodified ☐ Qualified ☐ Adverse ☐ Disclaimer

6. Any audit findings disclosed that are required to be reported by 2 CFR 200.516(a)?

   ☐ Yes ☒ No

7. Identification of major federal programs:

Assistance Listing Number(s)	Name of Federal Program or Cluster
93.788	Opioid STR
93.889	National Bioterrorism Hospital Preparedness Program
93.940	HIV Prevention Activities Health Department Based
93.967	Centers for Disease Control and Prevention Collaboration with Academia to Strengthen Public Health

8. Dollar threshold used to distinguish between Type A and Type B programs: $1,362,705.

9. Auditee qualified as a low-risk auditee? ☒ Yes ☐ No

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Section II – Financial Statement Findings

Reference Number	Finding
	No matters are reportable.

Section III – Federal Award Findings and Questioned Costs

Reference Number	Finding
	No matters are reportable.

DRAFT

Southern Nevada Health District
Summary Schedule of Prior Audit Findings
Year Ended June 30, 2025

Reference Number	Summary of Finding	Status
	No matters are reportable.	



DISTRICT HEALTH OFFICER AND DIVISION ACCOMPLISHMENTS CALENDAR YEAR 2025

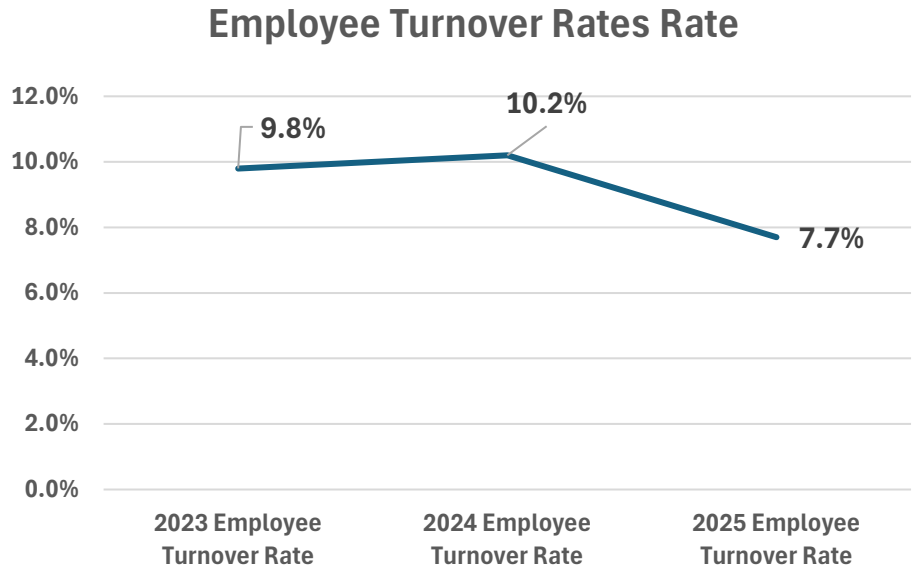
CASSIUS LOCKETT, PHD, MS

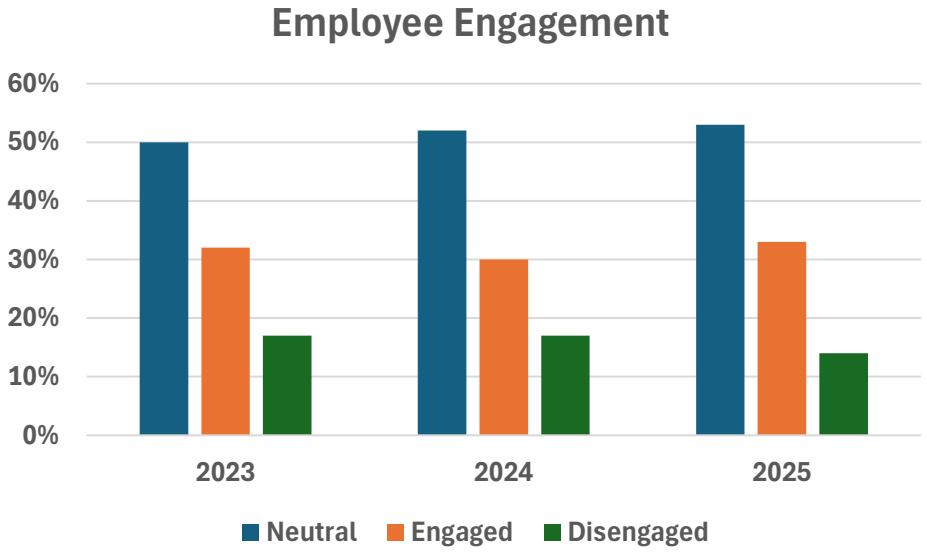
DISTRICT HEALTH OFFICER

SNHD VISION, MISSION AND VALUES

- **Mission:** *To assess, protect, and promote the health, **environment**, and well-being of Southern Nevada communities and visitors.*
- **Vision: Healthy People thriving in a healthy Southern Nevada**
- **CARES Values:**
  - Commitment
  - Accountability
  - Respect
  - Excellence
  - Service

SNHD
Southern Nevada Health District





SNHD WORKFORCE

- 796 employees, 6 Divisions, over 30 Departments and scores of programs and services
- Employee Turnover rate 7.7%
- Employee Engagement: 2025-53% neutral, 33% engaged, 14% Disengaged
- Virtual All-Hands Meeting: October 9, 2025. Theme was Wellness, Motivation and Federal Look ahead. 668 staff with 81% reporting Good/Excellent Experience

SNHD Southern Nevada Health District



OPERATIONAL STRATEGIC PLANS

- **CHA/CHIP:** Access to Care, Chronic Disease, Transportation, Funding, **Substance Use**
- **2026-2029 Strategic Plan:** Access to care, financial and operational resilience, Performance Management, Workforce Development, Health Information Technology and **Substance Use**
- **VMSG Dashboard**
  - SNHD Strategic Plan there are 173 goals, each goal has objectives, each objective activities, each activity (team lead)
  - Example: Objective 1.1.4: FQHC will serve 11,500 unduplicated patients per year. Activity increases yearly from 10,480 to 11,500 in 2027
  - TPS-Quality Improvement Strategy to enhance OSP's
    - Gemba Walk-BTS (Leadership team) Honor the work and improve processes
      - IC/A3: Improve use of space to improve patient experience and increase # of daily vaccinations

SNHD Southern Nevada Health District

KEY ACCOMPLISHMENTS

FY25 $15 M deficit

- Increased revenue
- Reduced expenditures
- One time true-ups
- Hiring freeze

Budget Surplus $10M

Loss of Funding: COVID-19 Health Disparities and ELC grants

March/April: 33 FTEs impacted, loss of $22M (ELC ED, ELC EDX), 10 contracts/purchase orders canceled

No Layoffs

HEALTH DISTRICT SIGNIFICANT ACCOMPLISHMENTS

- ✓ Received $10.8 Million State Public Health Fund for the biennium, split between fiscal years 26 and 27. Funding will support HAI and Epidemiology and Laboratory Capacity established under the ELC grant
- ✓ Audited Financial Statements for June 30, 2025 received an unmodified opinion with no findings. Single Audit is substantially complete and anticipated to be published by the statutory due date
- ✓ Completed two budget augmentations in FY25 and received approval from Department of Taxation with no findings
- ✓ Accounts Payable processed nearly 6,000 invoices, while Accounts Receivable managed over 18,000 Environmental Health billings
- ✓ Despite turnover this year currently we have two vacant positions on finance team

SNHD Southern Nevada Health District

HEALTH DISTRICT SIGNIFICANT ACCOMPLISHMENTS



- ✓ BSHOP/BeShop:
  - ✓ Facilitated 206 blood pressure and prediabetes screening events in barber and beauty shops
  - ✓ Screened over 950 people and referred over 750 people to healthcare resources
- ✓ Installed lockboxes to improve workflow for funeral homes and participated in BTS to promote BC access
- ✓ Vital Records registered
  - ✓ 22,500 births
  - ✓ 20,000 deaths
  - ✓ Issued 135,000+ certificates,
  - ✓ Passport Services processed 8,400 applications

HEALTH DISTRICT SIGNIFICANT ACCOMPLISHMENTS



- ✓ In collaboration with RTC and Prevail hosted twelve (12) Pop-Up Produce Stands connecting people experiencing transportation and/or financial barriers with fresh produce
  - ✓ Pop-Ups sold over 1,113 pounds of produce with 44% of all transactions being SNAP/EBT transactions
- ✓ Partnered with Three Square Food Bank to serve +1,400 people across four emergency food distribution events at Decatur and Fremont Campuses
- ✓ Expanded the multi-unit housing directory by over 170 new smoke-free buildings and over 3,985 smoke-free units

HEALTH DISTRICT SIGNIFICANT ACCOMPLISHMENTS

- ✓ Although funding discontinued April 2025 partnered with 65 Community Based Organizations to distribute 64,800 COVID-19 antigen home kits to underserved populations and populations with higher risk for COVID-19
- ✓ Express testing expanded to offer testing in Mesquite and Henderson while partnering with UNLV to offer testing on the campus. The ET Team completed 2,494 screenings among asymptomatic clients, with an overall positivity rate of 11%
- ✓ Partnered with the City of Las Vegas (CLV) to implement safety enhancements at five (5) local parks as part of their Safe Routes to Parks Plan. Enhancements included speed-feedback signage to alert drivers to slow down. The Safe Routes to Parks Plan is an appendix in the CLV Vision Zero Plan

SNHD Southern Nevada Health District

YOUTH ADVISORY COUNCIL (YAC)

Spark
Students
Promoting
Awareness
Responsibility
& Knowledge



- ✓ Mission is to empower youth to advocate for healthier communities and become future public health leaders
- ✓ Target age(s): 14-17 years
- ✓ 12 participants with diverse backgrounds across Clark County
- ✓ Launched with an Orientation July 30, 2025
- ✓ First meeting held August 20, 2025
- ✓ Project selection for students took place January 7, 2026
- ✓ Each student will receive a stipend of $500.00 each
- ✓ Graduate date set for May 2026

HEALTH DISTRICT SIGNIFICANT ACCOMPLISHMENTS

- ✓ Conducted a total of 2,938 STI and HIV and 239 TB investigations
- ✓ COVID-19 Vending machine project distributed 8,179 kits
- ✓ Added capability to test for Dengue via the Biofire Warrior panel testing platform
- ✓ EMS & Trauma issued 2,700 licenses, conducted 1,800 exams, and completed 500+ vehicle inspections.
- ✓ ACDC processed / investigated 32,628 faxed reports, 160,000 ELRs, and 4,000 online morbidity reports of CD.

SNHD Southern Nevada Health District

Vaccination Efforts

- COVID-19 Vaccination Program served 26,109 patients administering 66,006 immunizations
- BTS served 5,804 children
- IZ team committed to providing vaccines on the Childhood IZ Schedule



SNHD
Southern Nevada Health District

HEALTH DISTRICT SIGNIFICANT ACCOMPLISHMENTS

CredibleMind

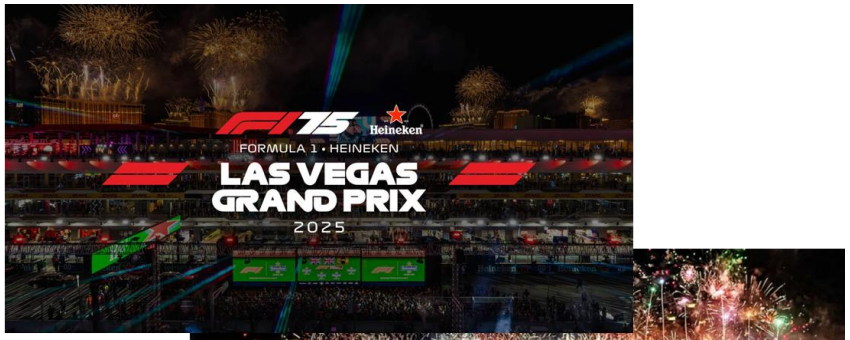
- ✓ CredibleMind Platform: Best practice community Mental Health interventions (e.g. stress, anxiety)
  - ✓ 8,123 users who reported 9,251 sessions. There were 19 presentations to 330 in the community and 52 agencies are promoting in Clark County
- ✓ Coordinated internships and clinical rotations for 108 students, residents, and fellows = 6,243 hours of applied public health practice
- ✓ Legal processed 1,422 public records and managed over 300 contracts
- ✓ Conducted 63 youth vaping prevention events in communities and schools. Reached over 75,600 students
- ✓ Collaborated with Clark County Medical Society (CCMS) and reached over 750 healthcare providers with information on tobacco cessation, brief interventions and tobacco prevention resources

HARM REDUCTION EFFORTS



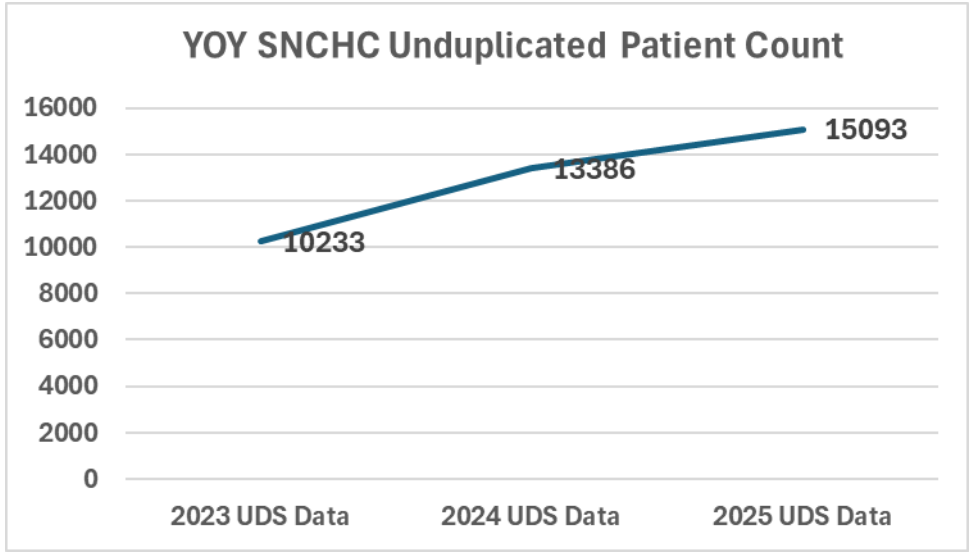
- Partnered with 72 new community agencies and existing partners throughout Clark County and distributed 209,082doses of naloxone meeting for the first time the naloxone saturation goal, identified by the State of Nevada for Clark County
- Hosted the Annual Southern Nevada Substance Misuse and Overdose Prevention Summit through ODTA with 250 attendees
- Distributed 294,162 condoms to more than 48 community partners in Clark County serving high risk populations
- Launched a door-to-door canvassing campaign with Foundation for Recovery (FFR) to expand naloxone, test strip, and educational material distribution in neighborhoods with high overdose burden
  - FFR canvassers knocked on 41,353 doors across 29 census tracts in Clark County
  - A total of 11,508 doses of naloxone were distributed by canvassers, along with 15,730 fentanyl and xylazine testing strips

HEALTH DISTRICT SIGNIFICANT ACCOMPLISHMENTS, ENVIRONMENTAL HEALTH



- ✓ Food Operations coordinated, organized and inspected third annual Formula 1 Grand Prix, Electric Daisy Carnival and Las Vegas Motor Speedway
- ✓ Plan review team managed 2,157 plan reviews
- ✓ Aquatic health program completed over 4,492 inspections, investigated 332 complaints and responded to 42 drowning/diving incidents
- ✓ Solid waste conducted over 3,500 waste inspections and responded to 800 illegal dumping cases
- ✓ Tested 54,288 mosquitoes, detecting WNV in 14 pools with no human cases
- ✓ Outbreak response office hosted a free Legionella prevention seminar for industry professionals

HEALTH DISTRICT SIGNIFICANT ACCOMPLISHMENTS SOUTHERN NEVADA COMMUNITY HEALTH CENTER



- ✓ Opened new Behavioral Health Clinic at Decatur
- ✓ Hired (2024) and Onboarded (2025) new CMO/Medical Director
- ✓ 15,093 unduplicated patients were served in the health center (12.8% increase year over year)
- ✓ 48,834 unique encounters (7.0% increase year-over-year)
- ✓ 7,560 unique patient served in the pharmacy (30.5% increase year-over-year)
- ✓ 35,948 prescriptions were filled (35% increase year-over-year)
- ✓ Increased number of empaneled Medicaid patients by 149% from 920 to 2,295

STREET MEDICINE



- SM: Delivers essential primary care directly to unhoused individuals, where they live
- Street Medicine Team: 1 APRN, 1 Senior Community Health Nurse, 2 Community Health Workers (CHWs)
- Engagement: build trust through outreach, and nonjudgemental engagement
- Partnerships: SM collaborates with local organizations including HELP of Southern Nevada, Shine a Light, Cities of North Las Vegas and Henderson street outreach teams
- Impact: Completed 24 primary care visits in just a little over a month

LOOKING AHEAD

FUTURE STATE GOALS



LOOKING AHEAD…

- Implement Health-care Acquired Infections program
- Expand contractual partnerships for Street Medicine
- Expand pediatric service line in FQHC
- Obtain Patient-Centered Medical Home designation
- Expand data modernization efforts
  - Explore adoption of AI (e.g. Scribes, care plan management and HAI disease surveillance/laboratory, eHR)
- Explore MAC/MAA for outreach

*SEE REPORT FOR A FULL LIST OF SNHD GOALS FOR FUTURE PERIOD

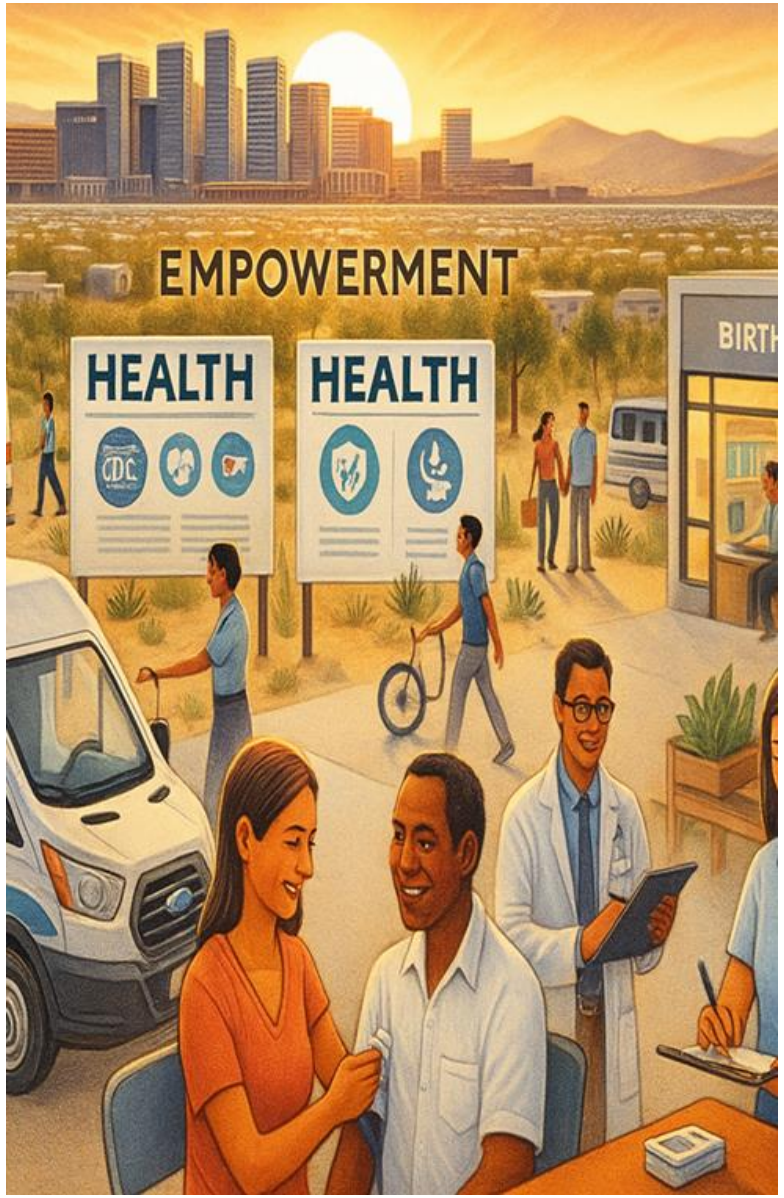
SNHD Southern Nevada Health District

LOOKING AHEAD…

- Apply for Reaccreditation in early 2027 (deadline of 3/31/2027): 89% documentation completed (133 measures)
- Pharmacy Czar (not formal title for Dr. Bleak)-Oversee pharmacy strategy, operations and compliance (e.g. formulary management, 340B, and cost-containment measures)
- Public Health Laboratory expansion plan ($10 million investment)
  - BSL-3, molecular and microbiology laboratories to support bioterrorism counter response and communicable disease surveillance

*SEE REPORT FOR A FULL LIST OF SNHD GOALS FOR FUTURE PERIOD

SNHD Southern Nevada Health District



THANK YOU

CASSIUS LOCKETT, PHD, MS
DISTRICT HEALTH OFFICER

DATE: January 22, 2025

TO: Southern Nevada District Board of Health Members

FROM: Cassius Lockett, PhD, District Health Officer

SUBJECT: District Health Officer Report

Healthcare Associated Infections (HAI)

The Southern Nevada Health District assumed primary responsibility for healthcare-associated infections (HAI) prevention and control activities in Clark County beginning January 1, 2026. This transition of responsibility from the Nevada Division of Public and Behavioral Health includes leading HAI investigations, responding to outbreaks occurring within licensed health care facilities, and supporting facilities in strengthening infection prevention and control (IPC) practices.

The Health District will respond to reports of HAIs, suspected clusters, and outbreaks in acute care, long-term care, and other medical facilities, including outpatient settings. The Health District's HAI team will also provide support using the Infection Control Assessment and Response (ICAR) framework, offering recommendations, training, and resources upon request.

This transition applies specifically to HAI oversight and does not change existing communicable disease reporting requirements. Licensed health care facilities must continue reporting all individual reportable diseases pursuant to NAC 441A, including clusters and outbreaks, and any condition identified by the Centers for Disease Control and Prevention as a nationally notifiable condition.
The Health District will provide additional information to state-licensed health care facilities included in this transition.

Health care providers can report HAI and other reportable conditions to the Health District:

- Online: https://www.southernnevadahealthdistrict.org/news-info/reportable-diseases/reportable-diseases-form/
- Fax: 702-759-1444
- Call: 702-759-1300

Questions, requests for recommendations, consultations, or training may be directed to HAI@snhd.org.

Diabetes Classes

The Health District has rolled out a new schedule of free diabetes self-management, education and support classes offered in English, Spanish, in-person and online. The classes are available starting Jan. 21.

Diabetes continues to affect a growing share of the population at the local, state and national levels. In Clark County, 12.8% of adults—about 238,000 people—had diabetes in 2023. Statewide in 2024, an estimated 13.5% of adults, or 345,700 Nevadans, were diagnosed with the disease. Nationally, more than 41 million Americans are living with diabetes, including 11.7 million who do not know they have it. About 1.2 million people are newly diagnosed each year.

The American Diabetes Association estimates that 816,000 Nevadans are living with prediabetes, a condition that raises the risk of developing type 2 diabetes, heart disease and stroke. Adults who experience food insecurity face a significantly higher risk of developing type 2 diabetes, often because limited resources force them to rely on lower-cost foods that are high in calories and lower in nutritional value.

The Health District's Office of Chronic Disease Prevention and Health Promotion provides free diabetes self-management classes online and in-person. Led by trained health educators, the classes are recognized by the American Diabetes Association for meeting national standards in diabetes self-management education.

The Health District is currently accepting registrations for the following classes:

In-person classes
Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107

English:
Wednesday, Jan. 21 and 28, from 2 to 4 p.m.

Spanish:
Thursday, Jan. 22 and 29, from 10 a.m. to noon

Virtual classes (Microsoft Teams)

English:
Thursday, Jan. 22, 29 and Feb. 5, from 10 a.m. to noon

Additional classes are scheduled through mid-May. More information is available from the Get Healthy Clark County Community Calendar. To register for classes, call (702) 759-1270, email gethealthy@snhd.org or complete the Diabetes Self-Management Class Interest Form. Registration for Spanish-language classes is available on the Viva Saludable website. More information about the classes is available in the Diabetes Self-Management Classes video.

To learn more about diabetes resources in Southern Nevada, go to Get Healthy Clark County|Local Diabetes Resources or Viva Saludable|Recursos locales para la diabetes.

Measles Update

In December, the Health District reported a confirmed case of measles in an out-of-state visitor to Clark County. Public health officials identified a potential exposure window during the early morning hours of December 13, from 12:30 to 2:30 a.m., at Harry Reid International Airport.
The individual spent time near the D Gates, specifically Gate D1, for a flight arriving around midnight. Due to the nature of airport travel and passenger movement, anyone who was in the D Gates area during this timeframe may have been exposed. The individual departed Las Vegas later the same day via private transportation.

Because measles is one of the most contagious respiratory diseases, the Health District urged people who may have been near the D Gates during that time, or who may have had contact with the individual while at the airport, to review their immunization records promptly. Anyone who was not fully vaccinated against measles or had not previously had the disease was encouraged to contact their health care provider for further guidance. No additional measles cases were reported as a result of this potential exposure.

The measles virus can remain in the air for up to two hours after an infected person has left an area, meaning exposure can occur even without direct contact. Measles symptoms can develop within seven to 21 days after exposure. Anyone who may have been exposed is advised to monitor for symptoms and contact a health care provider if they develop a rash with fever or other symptoms consistent with measles. People experiencing symptoms should stay home, avoid public places and contact with others, and call ahead before visiting a health care facility so providers can take precautions to prevent further exposure.

The measles, mumps, and rubella (MMR) vaccine is safe and highly effective in preventing illness. Two doses provide approximately 97% protection against measles. Staying up to date on recommended vaccinations is the best way to protect individuals, families, and the community from outbreaks of preventable diseases.

The Health District reported the first confirmed measles case in a Clark County resident since 2018 in November. An additional confirmed case in a visitor was reported in October. Measles cases and outbreaks continue to be reported across the United States, underscoring the importance of vaccination and rapid public health response.

For more information about measles and MMR vaccine, visit the Centers for Disease Control and Prevention's website at www.cdc.gov/measles. To make a vaccination appointment at a Health District clinic, visit www.snhd.info/immunizations.

Influenza Update

As of December 27, 276 influenza-associated hospitalizations and two deaths have been reported in Clark County. The percentage of emergency department and urgent care visits for influenza-like illness (ILI—defined as a fever of 100°F or greater and a cough and/or sore throat) increased from 3.1% in week 51 to 4.7% in week 52.

Influenza A has been the predominant influenza type detected among hospitalized cases in Clark County. During week 52, 8.2% of outpatient visits reported nationally through the U.S. Outpatient Influenza-like Illness Surveillance Network (ILINet) were due to respiratory illness, including ILI. This percentage is above the national baseline of 3.1% for the fourth consecutive week.

The Health District's Influenza Snapshot and Influenza Report by Age Group are available weekly at www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/influenza-surveillance/.

Respiratory Disease Dashboard

The Southern Nevada Health District has launched a new Respiratory Disease Dashboard, a user-friendly online tool that brings together up-to-date data on flu, COVID-19 and respiratory syncytial virus (RSV) in Clark County.

Available on the on the Health District's website at www.southernnevadahealthdistrict.org/news-info/statistics-surveillance-reports/, the dashboard allows the public, health care providers, and community partners to track immunization trends, hospitalizations, impacts by age group, geography and other demographics. By offering a combined view of the three major seasonal respiratory illnesses, the tool is designed to improve transparency, support timely decision-making, and enhance awareness of viruses circulating in the community.

This integrated dashboard supports timely monitoring so providers, schools, workplaces and households can stay alert to rising trends, practice prevention and seek care when needed. Publicly available data also help the Health District and community partners coordinate preparedness efforts, inform vaccine and treatment campaigns, and respond proactively.

World AIDS Day

The Health District joined community partners to mark World AIDS Day on Monday, Dec. 1, a global day of unity and remembrance for people affected by HIV. In 2024, an estimated 41 million people worldwide were living with HIV, up from 39.9 million the previous year. In the United States, about 1.2 million people are living with HIV, and approximately 13% remain unaware of their infection and need testing. Locally, more than 12,000 Clark County residents are living with HIV, with 552 new diagnoses in 2024—an increase from 508 in 2023.

The 2025 World AIDS Day theme, *"Overcoming Disruption, Transforming the AIDS Response,"* highlighted how funding cuts have challenged HIV programs while recognizing the determination of communities leading the way forward.

World AIDS Day Activities

The Health District co-hosted the Last Sunday's Arts Festival & Fundraiser with the Obodo Collective Urban Garden, Sigma Gamma Rho, and Poetic Gems at the Obodo Community Garden, 1300 C St., Las Vegas, NV 89106, on the Historic Westside. The Health District offered no-cost HIV testing and resources, including information about PrEP. The event also featured line dancing, local performers, vendors, and an art auction.

Additional activities included:

- The Southern Nevada Health Consortium's Human Red Ribbon and reading of names of people lost to HIV
- Aid for AIDS of Nevada (AFAN) lighting the "Welcome to Las Vegas" sign in red
- Free HIV testing, flu shots, and swag bags at the Henderson Equality Center
- World AIDS Day Trivia sponsored by The Center, Sin Sity Sisters, ViiV Healthcare, and The Consortium
- Level Up rapid HIV and HCV screening, giveaways, and PrEP services sponsored by ASP Cares, Safe Harbor Medical, and TracB Exchange

In addition to public events, partner organizations hosted invitation-only observances, including The Center's World AIDS Day Awards Dinner and the Legacy Awards Luncheon at the Community Counseling Center.

Year-round HIV testing is readily available in Southern Nevada:

- The Health District offers express no-cost testing from 7:30 a.m. to 4 p.m., Monday through Thursday, at the Southern Nevada Health District Main Public Health Center, 280 S. Decatur Blvd., Las Vegas, NV 89107. No-cost express testing is also available Fridays from 7:30 a.m. to 4 p.m. at the Fremont Public Health Center, 2830 E. Fremont St., Las Vegas, NV 89104. No appointments are required; clients must be asymptomatic.

- No-cost HIV testing is available at the Arleen Cooper Community Health Center at The Center, 401 S. Maryland Parkway, Las Vegas, NV 89101. Hours are 9 a.m. to 5:30 p.m. Monday through Thursday and 9 a.m. to 2 p.m. Fridays and Saturdays. Appointments are preferred; walk-ins are accepted.
- The Community Counseling Center offers HIV testing and education and provides gift cards to individuals who complete testing. For more information, call 702-369-8700, ext. 279, or visit cccofsn.org.
- The Health District's Collect2Protect program offers free at-home HIV test kits, which can be requested through the Collect2Protect webpage.

Same-day HIV testing and treatment services are also available at the Southern Nevada Community Health Center and the Fremont Public Health Center. Services include medical care, behavioral health, nutrition, case management, pharmacy services, and education. PEP and PrEP navigation and treatment are available for individuals who test negative. Services are offered to insured and uninsured patients, with sliding fee scale discounts available for those who qualify.

For more information on World AIDS Day and the global response to HIV, visit World AIDS Day.

Community Meetings

Week ending 12/28:
Monthly:
- Participated in the Disease Surveillance & Control Division leadership meeting

Week ending 12/21:
Biweekly:
- Facilitated one-on-one meetings with Direct Reports (Gonzales, Mangla, Melly)
- Attended the SNHD/Accela Executive Touchpoint call

Monthly:
- Participated in the NPHA Coordination Call
- Attended the TEFCA RCE Monthly Informational Call

Ad-hoc Meetings:
- Participated in the 457b Plan Committee meeting
- Participated in an introductory meeting with the two new EIS interns
- Participated in a meeting with Dr. Saloman Amar, Touro University, regarding wastewater surveillance
- Participated in a meeting regarding the NTCSC Tobacco Tax Proposal
- Participated in a meeting regarding a budget augmentation

- Participated in a meeting with Bradley Mayer regarding legislative policy ideas
- Participated in a site visit at Child Haven

Week ending 12/14:
Biweekly:
- Facilitated the Health Executive Council meeting
- Facilitated one-on-one meetings with Direct Reports (Saxton, Trujillo)
- Participated in the EIS Bi-weekly Check-in meeting

Monthly:

- Participated in the Southern Nevada Community Health Center Governing Board meeting

Bi-monthly:

- Participated in the Informatics Department leadership meeting

Media/Interviews/Panelist/Presenter/Events:

- Attended the Nevada Digital Government Summit

Ad-hoc Meetings:

- Participated in an introductory meeting with representatives from Vituity
- Participated in a Vaccine Policy Discussion
- Participated in a meeting at the City of Henderson regarding Street Medicine and Henderson Homeless Response

Week ending 12/07:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports (Smith, Yapjoco)

Monthly:

- Participated in the Monthly Leadership Finance meeting

Quarterly:

- Participated in the Environmental Health Division leadership meeting

Professional Development/Conferences:

- Attended the EIS Supervisor Seminar: Abstract CAL, EIS Summit Abstracts, Epi Analysis CAL

Media/Interviews/Panelist/Presenter/Events:

- Attended the UMC event with Dr. David Smith, Acting Principal Deputy Assistant Secretary of War for Health Affairs and Acting Director, Defense Health Agency

Ad-hoc Meetings:

- Participated in a meeting with UNR School of Public Health
- Participated in a Site Visit at the River Mountains Water Treatment Facility
- Participated in a meeting with the Pharmacy and Finance Departments

Week ending 11/30:

Biweekly:

- Facilitated the EIS check-in meeting

Monthly:

- Participated in the Disease Surveillance & Control Division leadership meeting

Ad-hoc Meetings:

- Participated in a meeting with Clark County regarding mosquito abatement
- Participated in a meeting regarding legionella in healthcare settings
- Facilitated an exit meeting with the two EIS interns, at the end of their assignment

Week ending 11/23:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports (Gonzales, Mangla, Smith, Trujillo)

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Councilwoman Brune, Mayor Pro Tem Gallo, Commissioner Kirkpatrick, Commissioner Becker, Bobbette Bond, Councilwoman Larson, Scott Nielson, Mayor Hardy
- Participated in the NPHA Coordination Call
- Attended the TEFCA RCE Monthly Informational Call
- Participated in the Southern Nevada Community Health Center Governing Board meeting
- Participated in the Southern Nevada District Board of Health meeting

Quarterly:

- Participated in the Finance Committee meeting

Ad-hoc Meetings:

- Participated in a meeting regarding the parking lot at the Decatur Facility

Week ending 11/16:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports (Anderson-Fintak, Saxton, Trujillo, Zhang)
- Attended the SNHD/Accela Executive Touchpoint call

Monthly:

- Participated in the individual Southern Nevada District Board of Health Agenda Review meetings with Mayor Pro Tem Scott Black
- Participated in the BCHC Monthly Member meeting

Bi-monthly:

- Participated in the Leadership/Managers Meeting

Ad-hoc Meetings:

- Attended the New Hire Orientation
- Participated in a meeting regarding Title X and SHOPP services
- Attended a meeting regarding Wastewater Monitoring
- Participated in a meeting regarding Public Health Policy
- Attended the F1 Las Vegas Grand Prix Site Walk
- Facilitated a meeting with Leslie Dauphin (Meharry Medical College)

Week ending 11/09:

Biweekly:

- Facilitated one-on-one meetings with Direct Reports (Gonzales, Smith, Trujillo, Yapjoco)

Monthly:

- Participated in the Monthly Leadership Finance meeting

Media/Interviews/Panelist/Presenter/Events:

- Opening/Closing Remarks at the Managers' Conference

Ad-hoc Meetings:

- Participated in a meeting regarding the Vital Records Department

Update on Seasonal Respiratory Diseases

Board of Health Meeting
January 22, 2026

Rosanne Sugay, MD, MPH
Medical Epidemiologist

Agenda

Background

- Disease Surveillance and Control Respiratory Monitoring

Updates

- COVID-19
- Influenza
- RSV

Southern Nevada Health District

Methods of Monitoring Respiratory Diseases

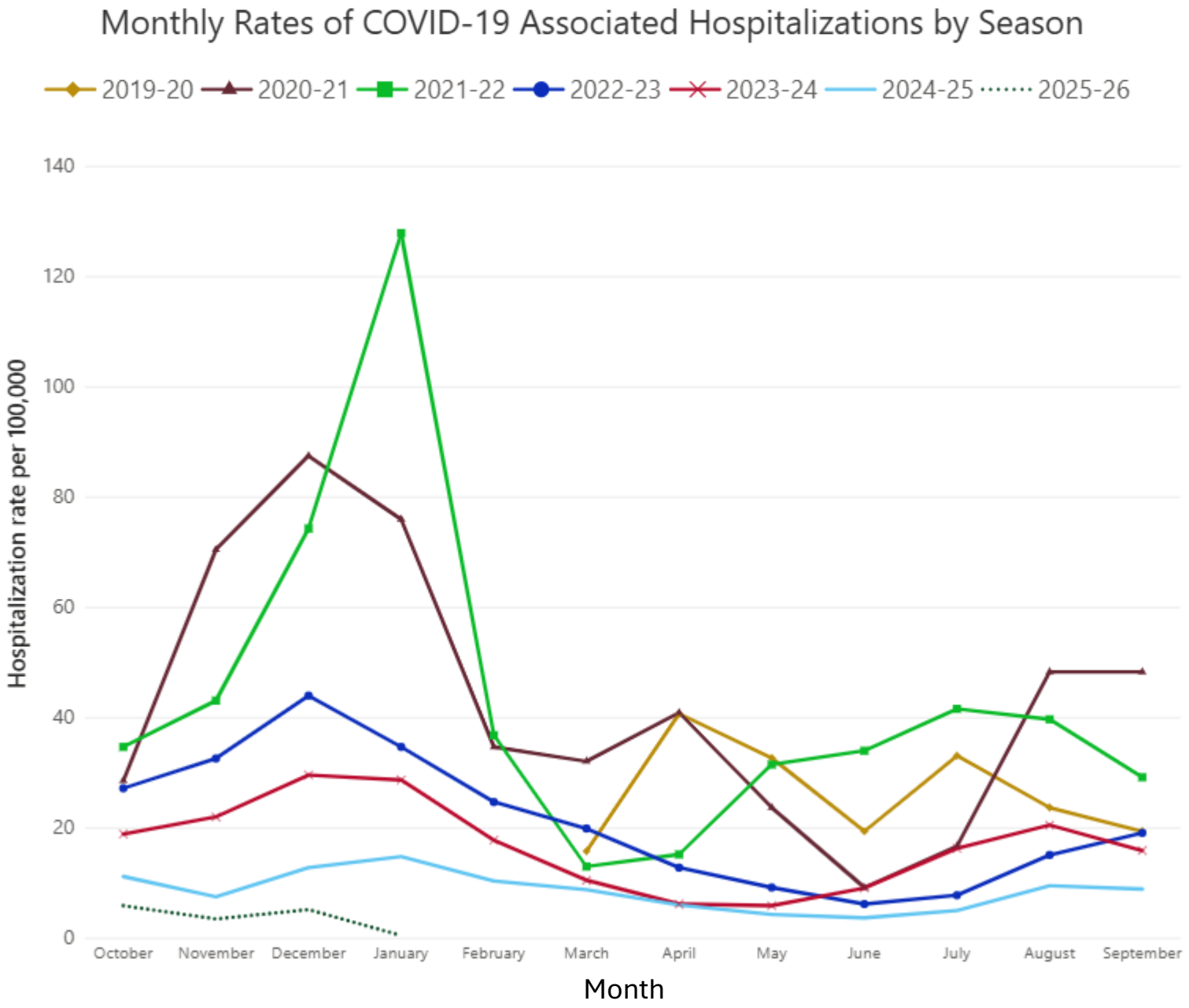
- Syndromic
- Case-based
- Mortality
- Wastewater

Southern Nevada Health District

COVID-19

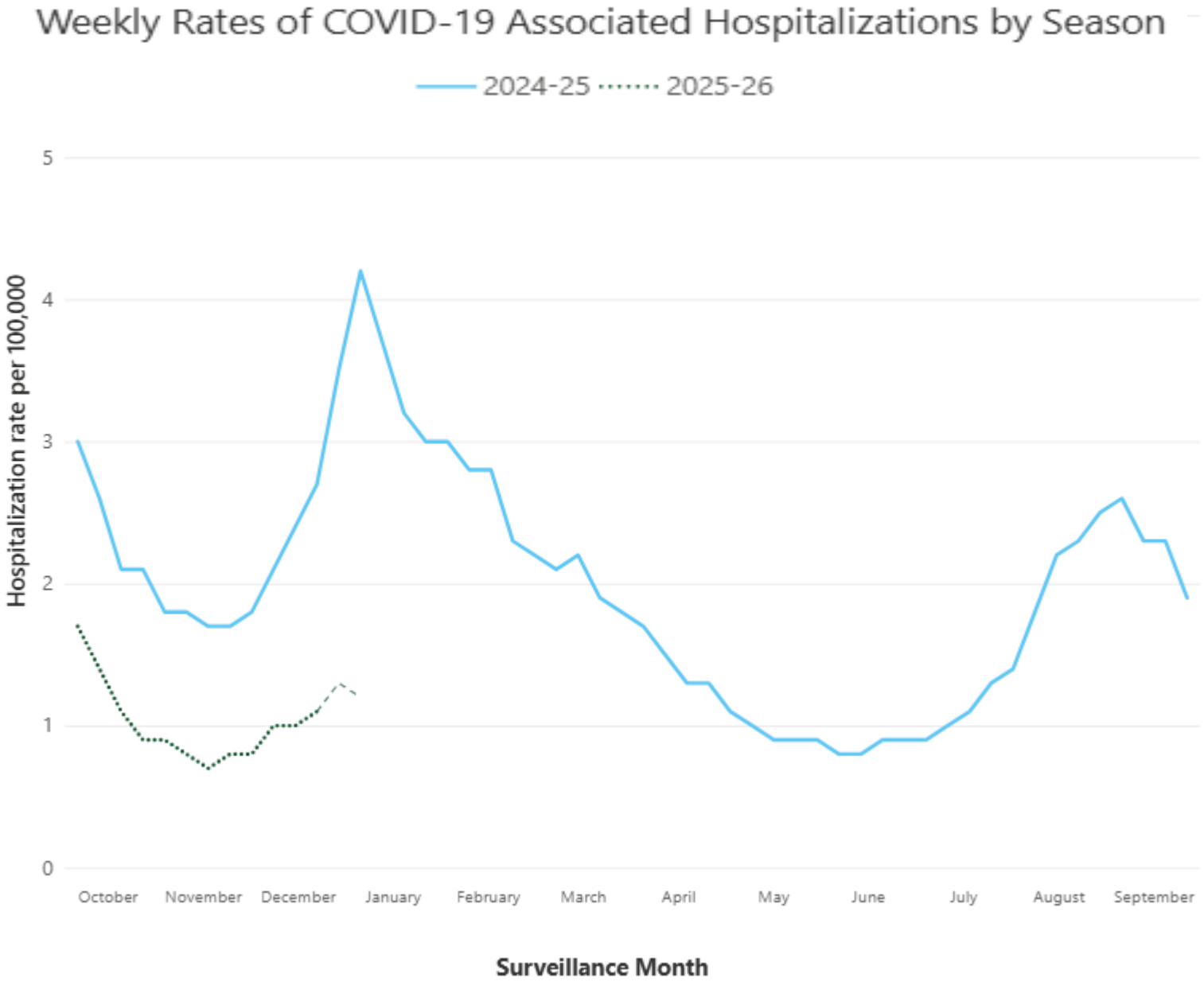
Southern Nevada Health District

Reported COVID-19 Associated Hospitalizations by Season, United States 2020 - 2026



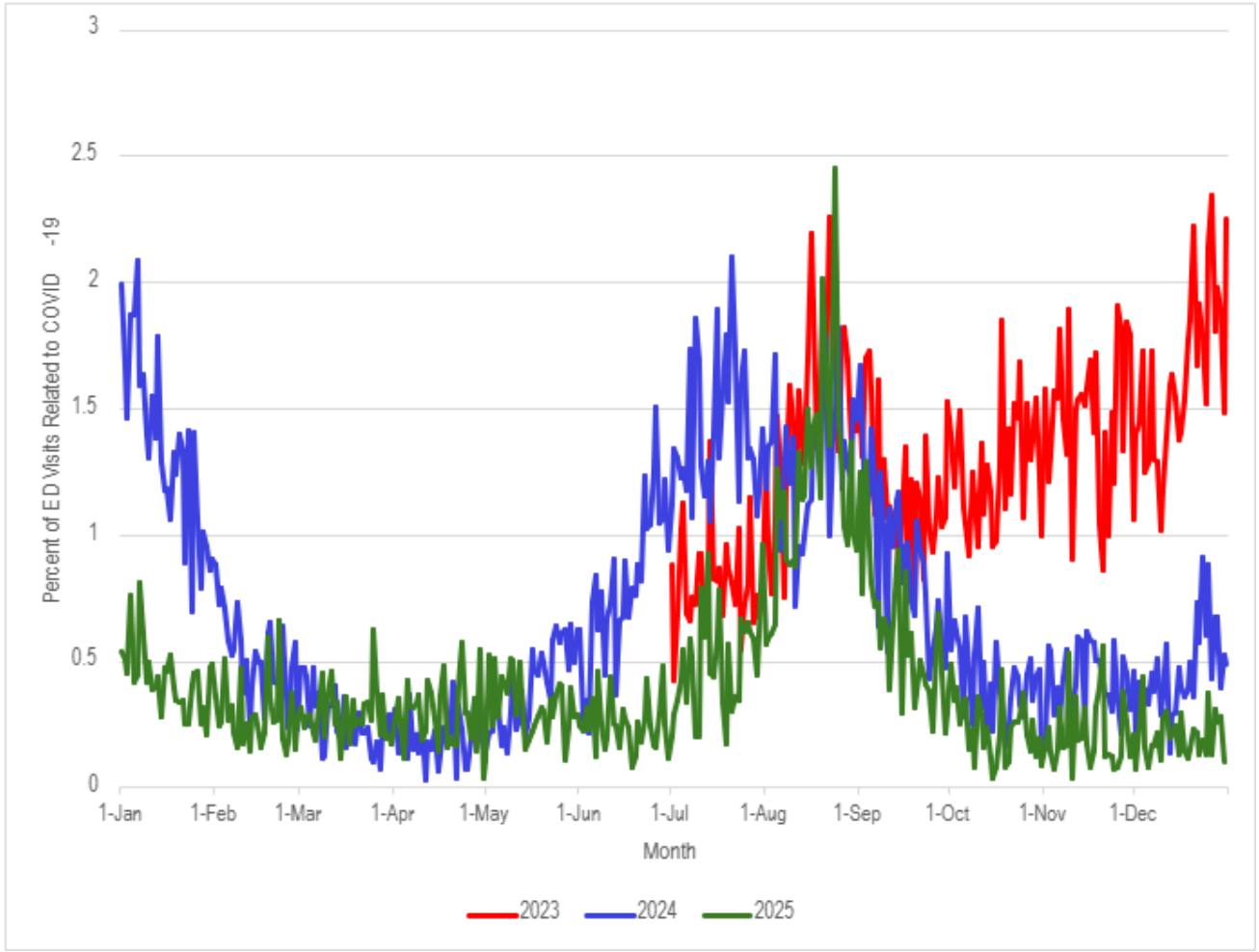
Data Source: COVID-NET | Covid | CDC, accessed 01/14/2026

Reported COVID-19 Associated Hospitalizations, United States 2025-2026 season



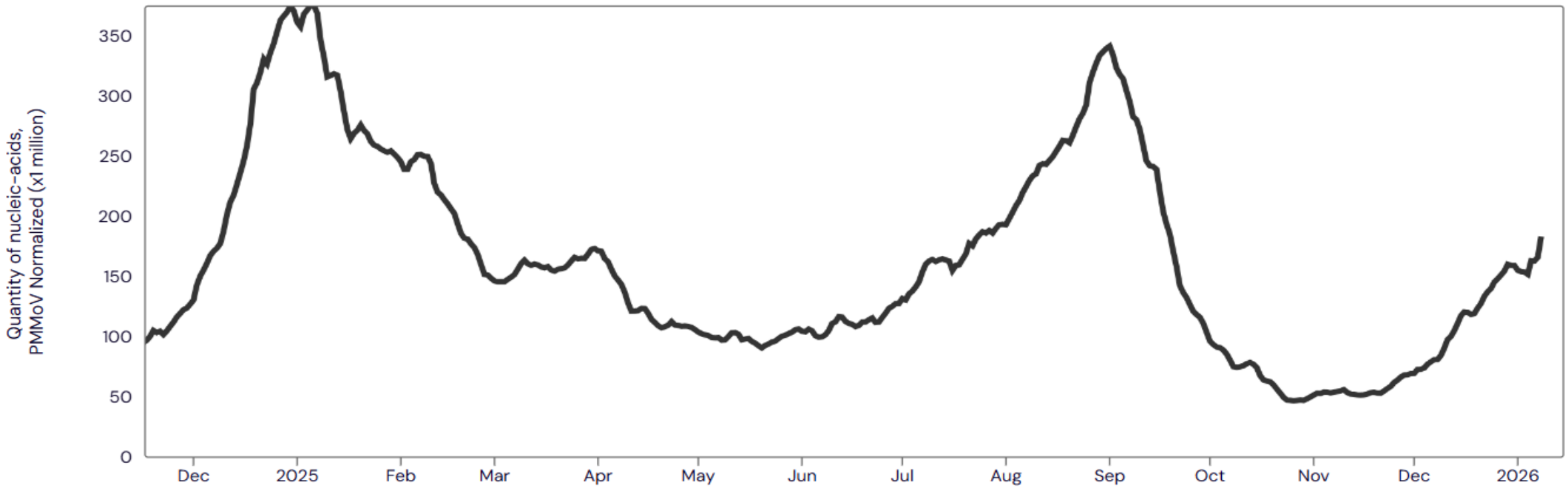
Data Source: COVID-NET | Covid | CDC, accessed 01/14/2026

Percent of ED Visits Related to COVID-19 2023 to 2025 in Clark County, NV



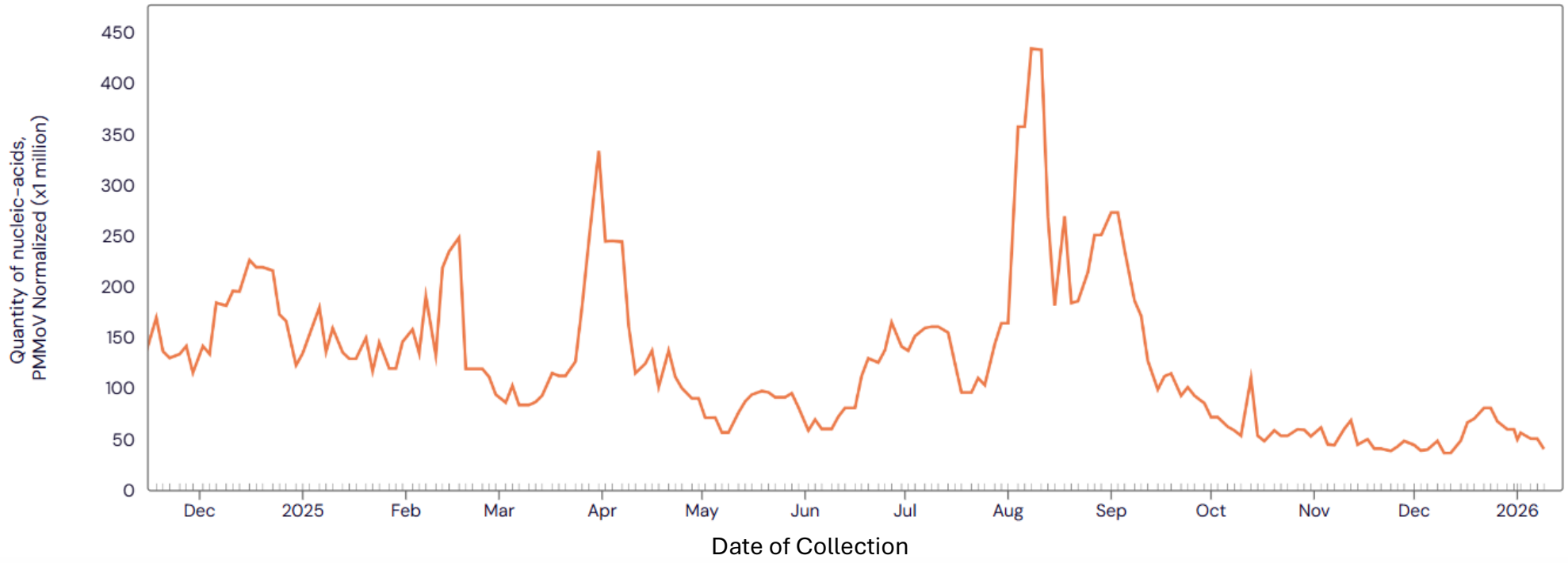
Data Source: ESSENCE, as of 12/31/2025

Wastewater Surveillance for COVID-19 United States, as of 01/14/2026



Data Source: WastewaterScan.org, accessed 01/14/2026

Wastewater Surveillance for COVID-19 Clark County, NV, as of 01/14/2026



- Las Vegas, NV (Clark County Water Reclamation District (CCWRD) / Flamingo Water Resource

Southern Nevada Health District

Data Source: WastewaterScan.org, accessed 01/14/2026

Wastewater Surveillance for COVID-19 Clark County, NV

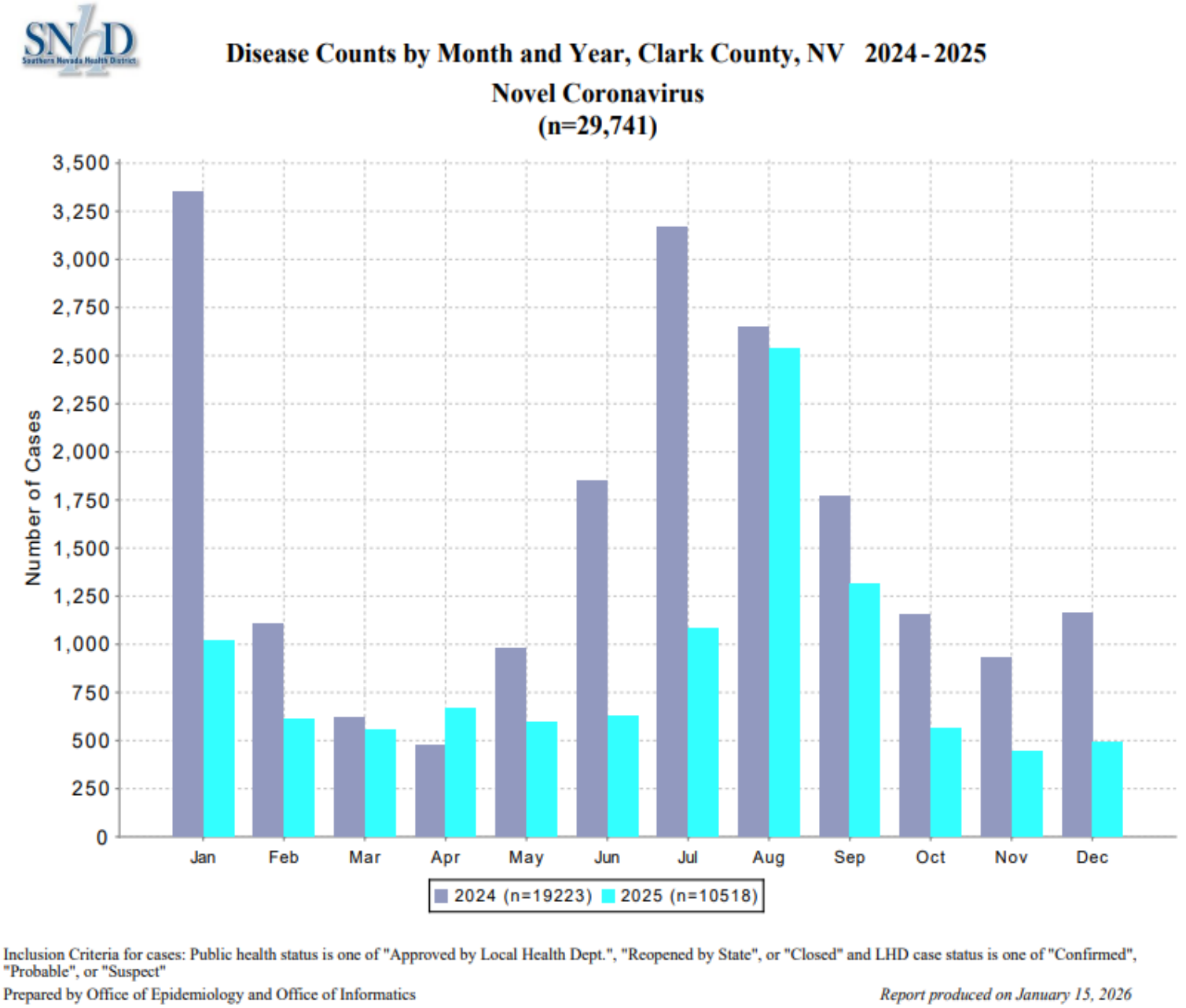
Plant Name	City	Concentration Level	5 Sample Rolling Mean	14 Day Trend	Last Sample Date
Flamingo Water Resource Center (CCWRD)	Las Vegas	Low	110.44	Increasing	01/07/2026
Mesquite Wastewater Treatment Plant	City of Mesquite	High	407.99	Increasing	01/08/2026
Boulder Wastewater Treatment Plant	Boulder City	low	90.02	Decreasing	01/07/2026

Note: The wastewater data for Las Vegas were collected from the Flamingo Water Reclamation District Plant, where samples were analyzed on solids and sourced from Wastewater SCAN. In contrast, data for the City of Mesquite and Boulder City were analyzed on liquid samples by Verily and provided by the State Wastewater Epidemiology Team. Due to the differences in sample matrices (solids vs. liquids) and analytical methods, variations in virus concentrations between the three facilities are expected. Mesquite and Boulder sampling is conducted using grab sampling and is not performed over a 24-hour period

Data Source: CCWRD wastewater scan from Mesquite and Boulder City, provided by CDC VERILY, **data up to date as of January 7, 2026**.

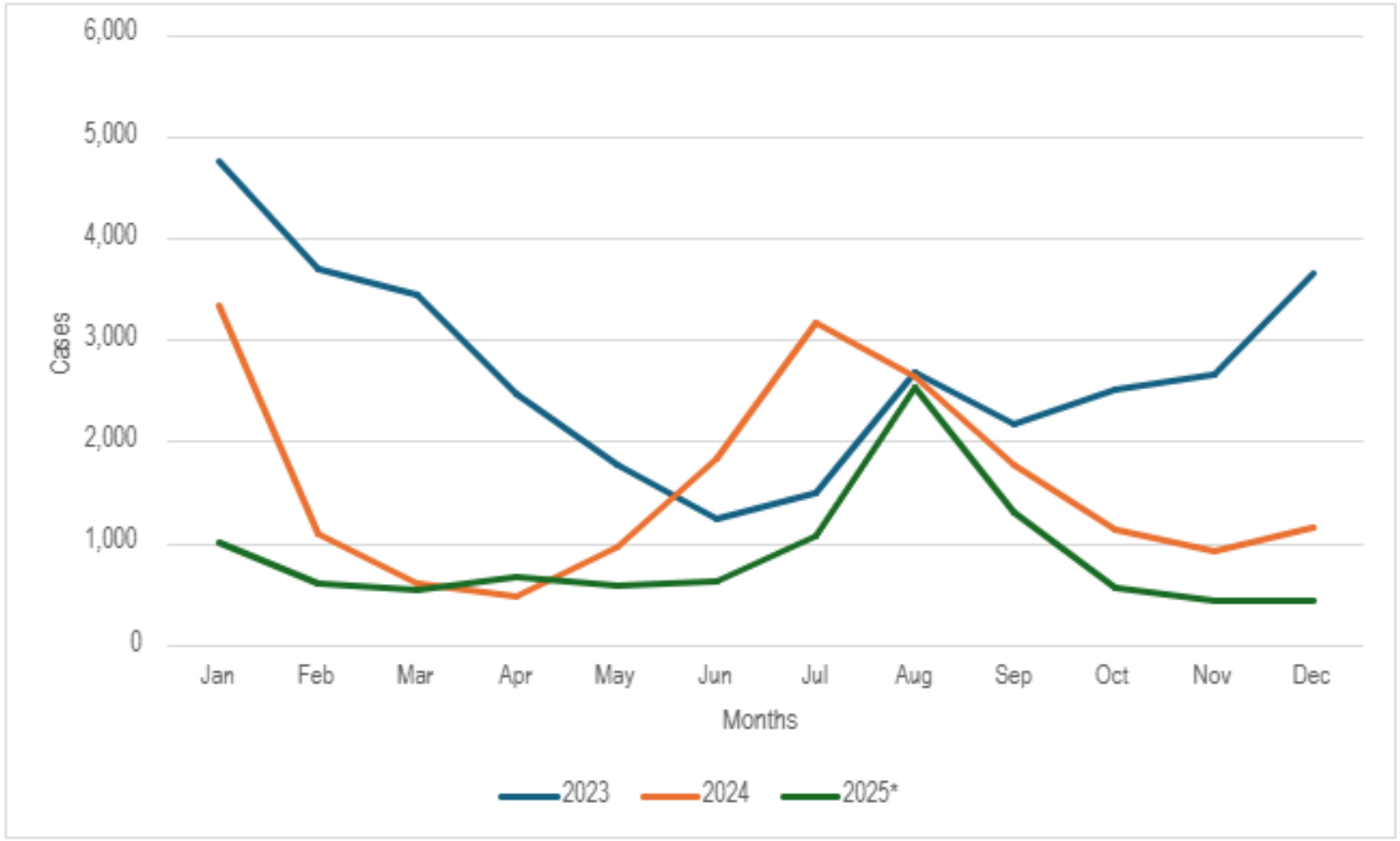
SNHD Southern Nevada Health District

Reported COVID-19 Cases, Clark County, NV 2024 - 2025



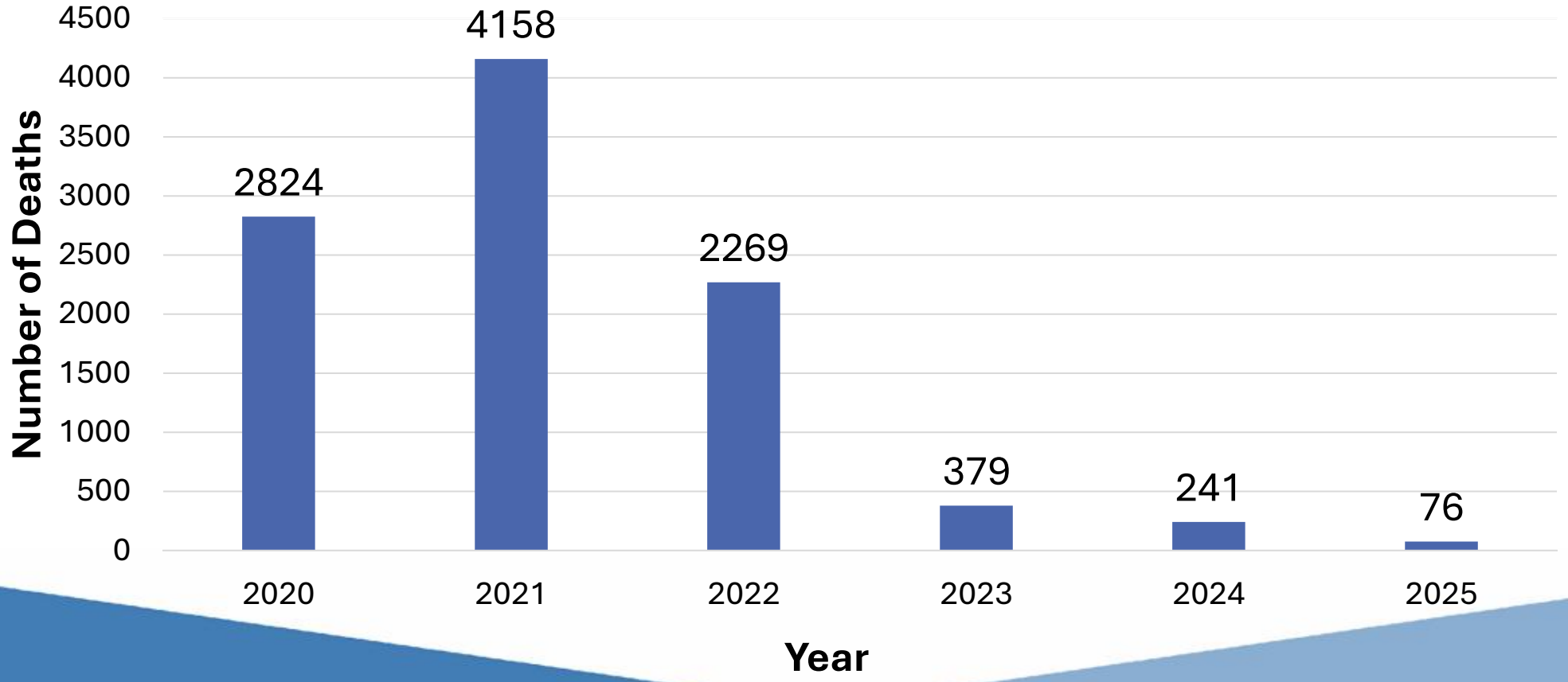
Data Source: SNHD Surveillance Data, accessed 1/15/2026

COVID-19 Cases by Month and Calendar Year 2023 to 2025 in Clark County, NV



Data Source: SNHD Surveillance Data, as of 12/31/2025

Number of COVID Deaths by Year, 2020-2025, Clark County, NV



Data Source: SNHD Surveillance Data, accessed 12/30/2025

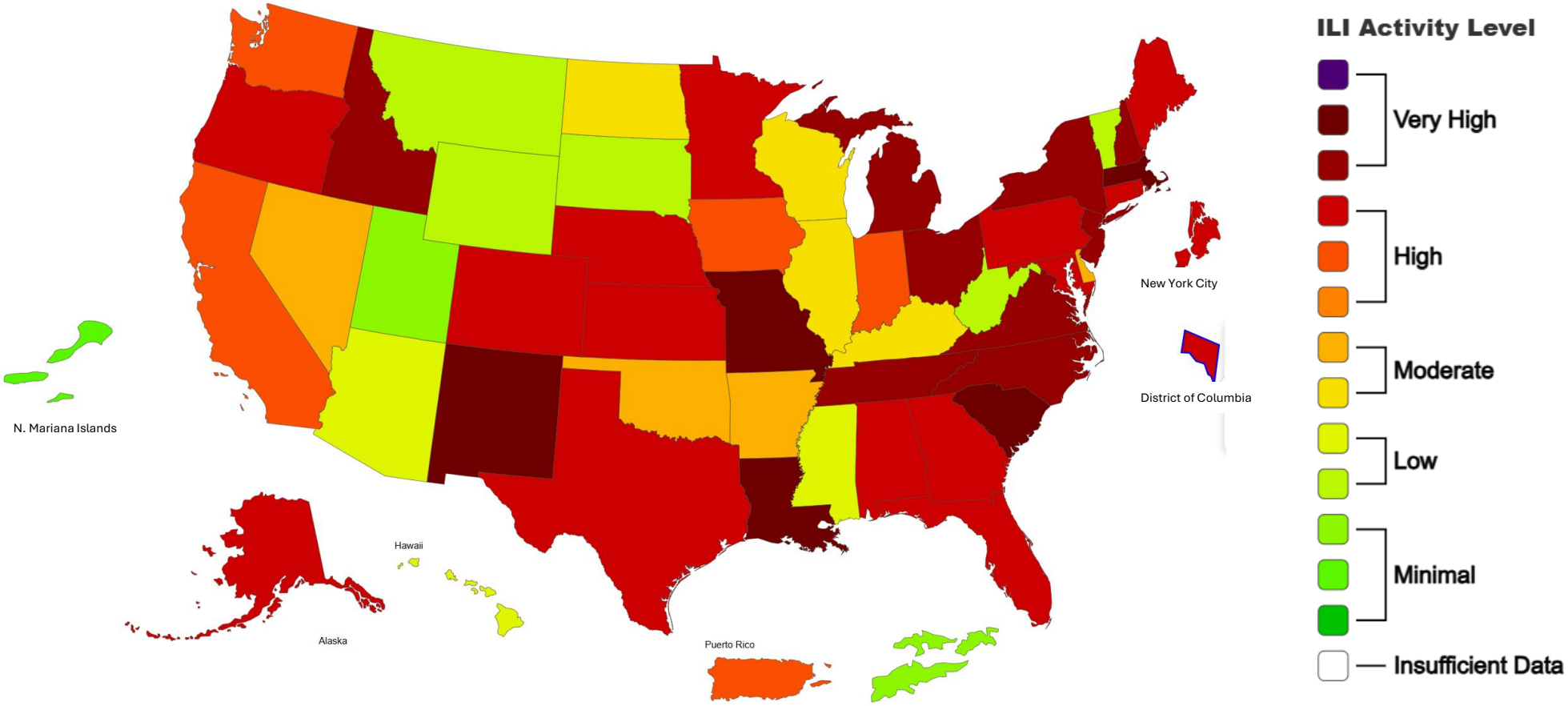
COVID-19 Deaths in Clark County, NV, by Age Group , 2025

Age Group	Deaths
0 - 4	1
5 - 17	0
18 - 24	0
25 - 49	2
50 - 64	6
65 +	67
Total Deaths	**76**

Data Source: SNHD Surveillance Data as of 01/05/2026, Clark County residents
*2025 data are preliminary

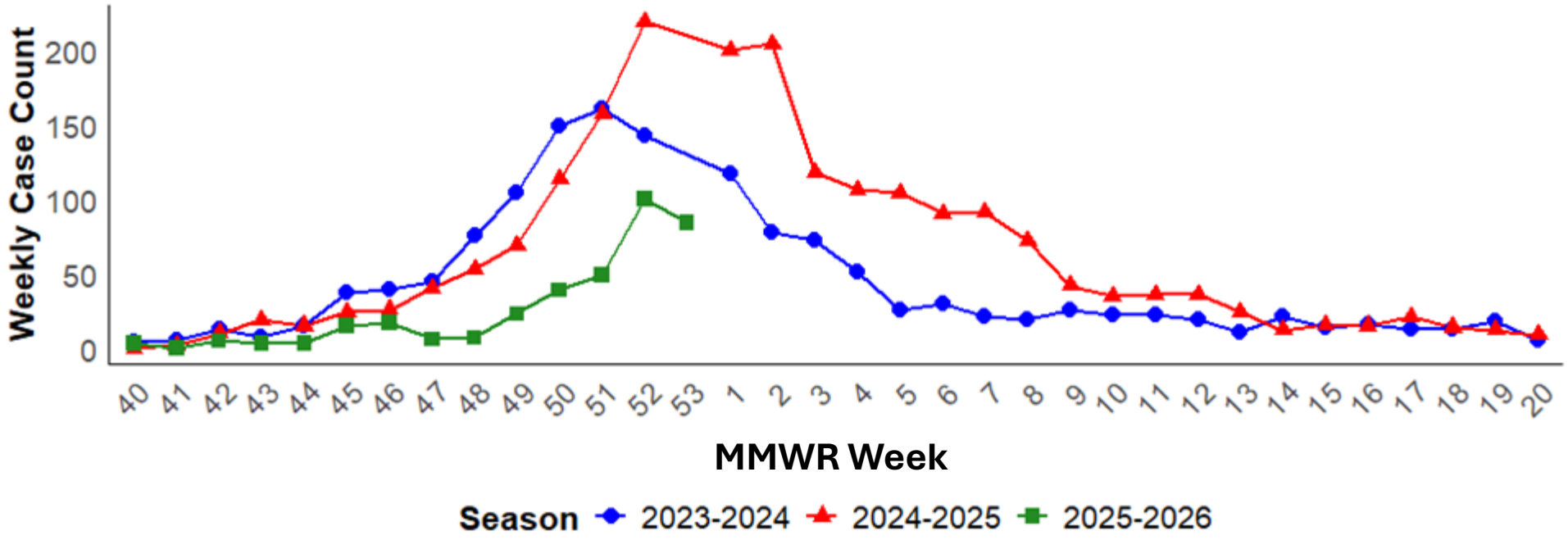
Influenza

National Outpatient Respiratory Illness Activity Level 2025–2026 Influenza Season, MMWR Week 1 ending January 10, 2026



Data Source: Centers for Disease Control and Prevention, *FluView,* accessed 01/20/2026

Confirmed Influenza Cases with Hospitalization or Death

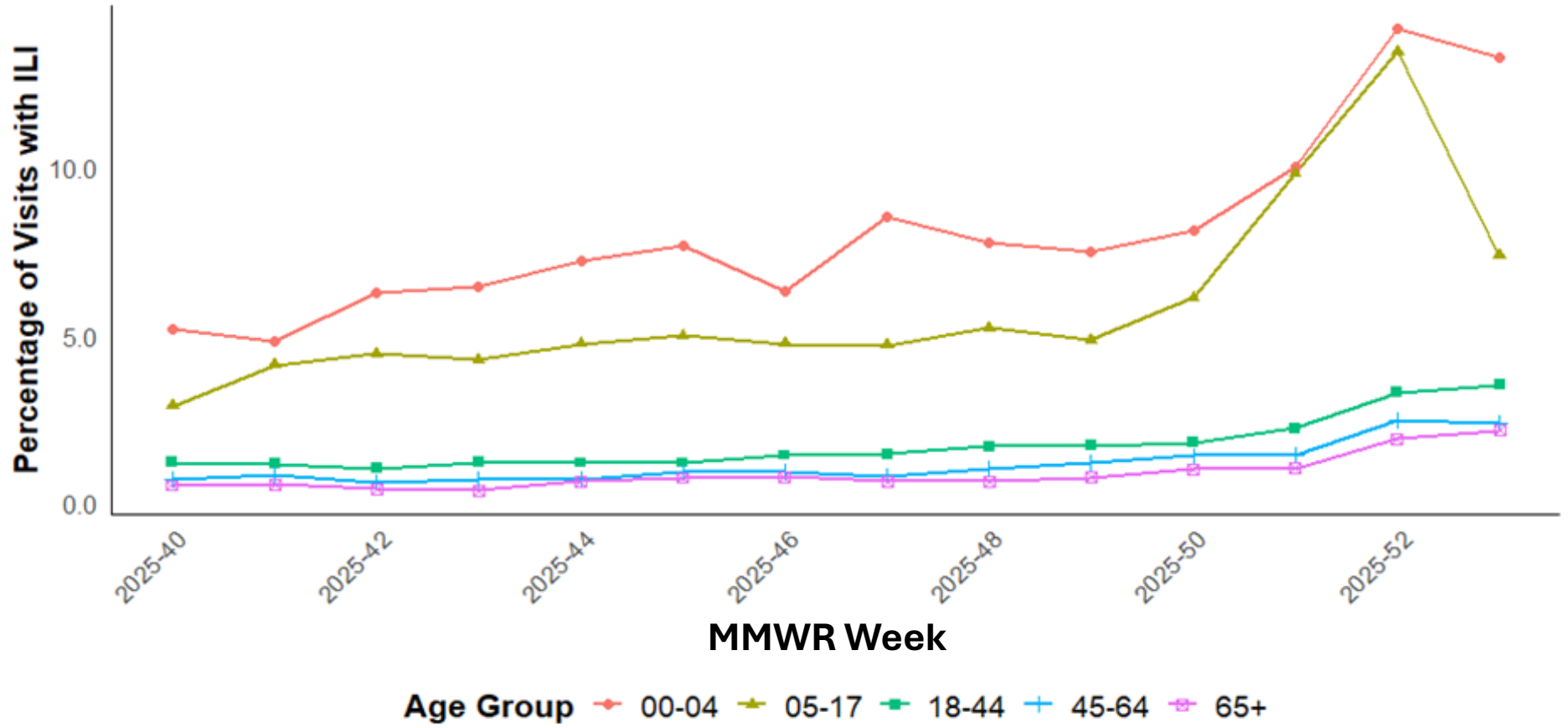


Data Source: SNHD Epitrax Warehouse
Confirmed Cases include lab-confirmed cases with hospitalization (>24h) or death.
Weeks with no reported hospitalized or fatal influenza cases at time of reporting are not shown.
Total Confirmed Cases(Week 40–53):
1444 (2023–2024)
2037 (2024–2025)
368 (2025–2026)

*Figure shows Clark County reportable Influenza cases defined as individuals with a positive influenza test who were hospitalized and/or who later died due to flu or comparable illness

Data Source: SNHD Surveillance Data, as of 01/13/2026

Age Distribution of Emergency Room and Urgent Care Visits for Influenza-Like Illness (ILI) in Clark County, NV, MMWR Weeks 40 to 53, 2025



Data Source: Centers for Disease Control and Prevention, National Syndromic Surveillance Program, ESSENCE, as of 01/13/2026

Influenza Surveillance in 2025-2026 Season

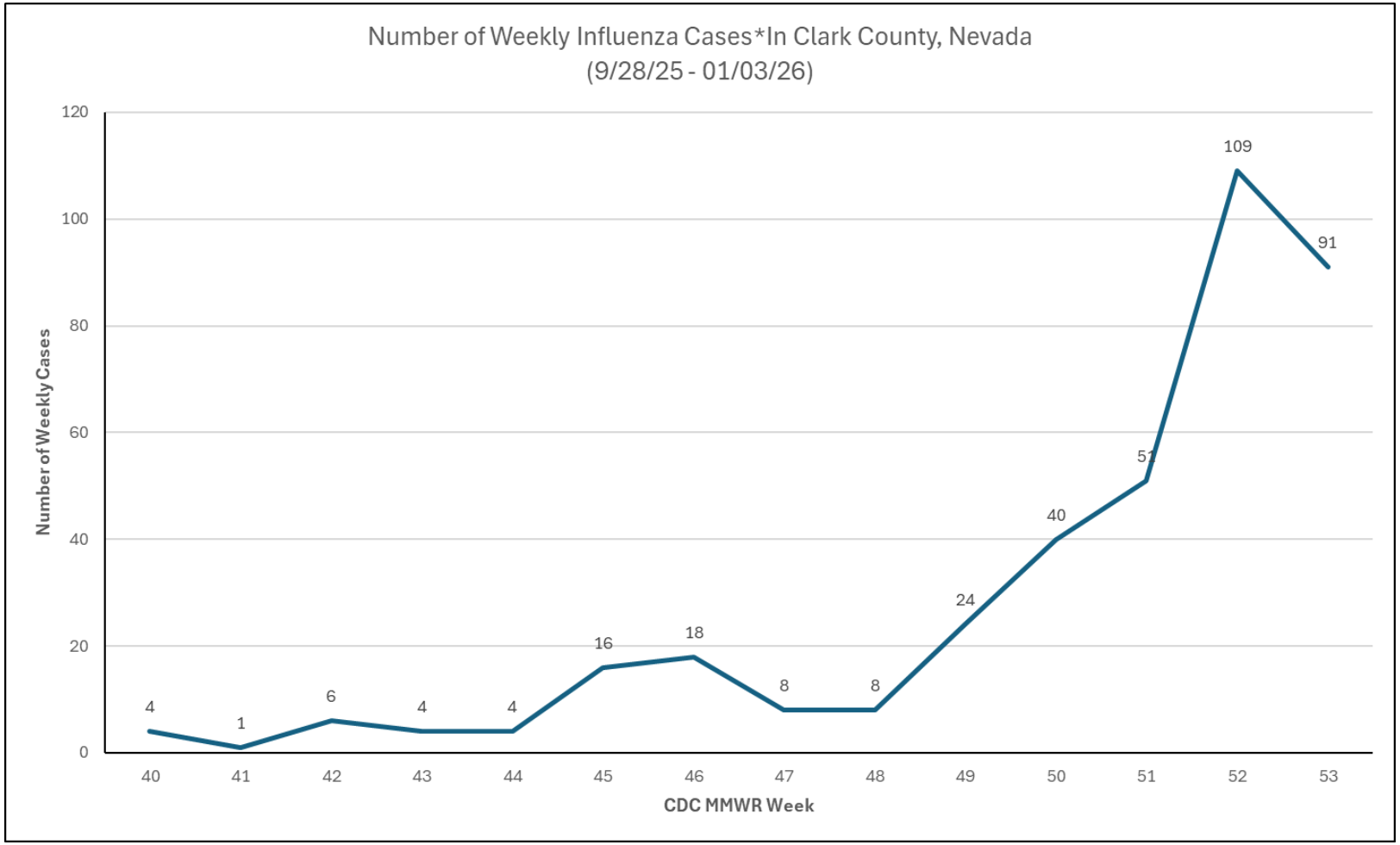


*Figure shows Clark County reportable Influenza cases defined as individuals with a positive influenza test who were hospitalized and/or who later died due to flu or comparable illness

Data Source: SNHD Surveillance Data, as of 01/15/2026

Influenza Cases by Virus Strain*, MMWR Weeks 40 to 53, 2025

Influenza Strain	Hospitalized	Deaths	Confirmed Cases
Influenza A (2009 H1N1)	8	1	9
Influenza A (RIDT)	67	1	67
Influenza A (not sub-typed)	228	0	228
Influenza A (seasonal H3)	20	0	20
Influenza B (RIDT)	33	0	33
Influenza B (non-RIDT)	11	0	11
Total	367	2	368

*Confirmed cases are defined as a case that meets laboratory criteria AND had a hospitalization (>24 hours) or has died. In rare instances where both Influenza A and B were detected for the same individual, the case is counted under both virus types.

Data Source: SNHD Surveillance Data as of 01/13/2026, Clark County residents
2025 data are preliminary

Influenza Surveillance in 2025-2026 Season

Distribution of Influenza Cases by Virus Strain – Clark County, NV
MMWR Weeks 40 to 53, 2025

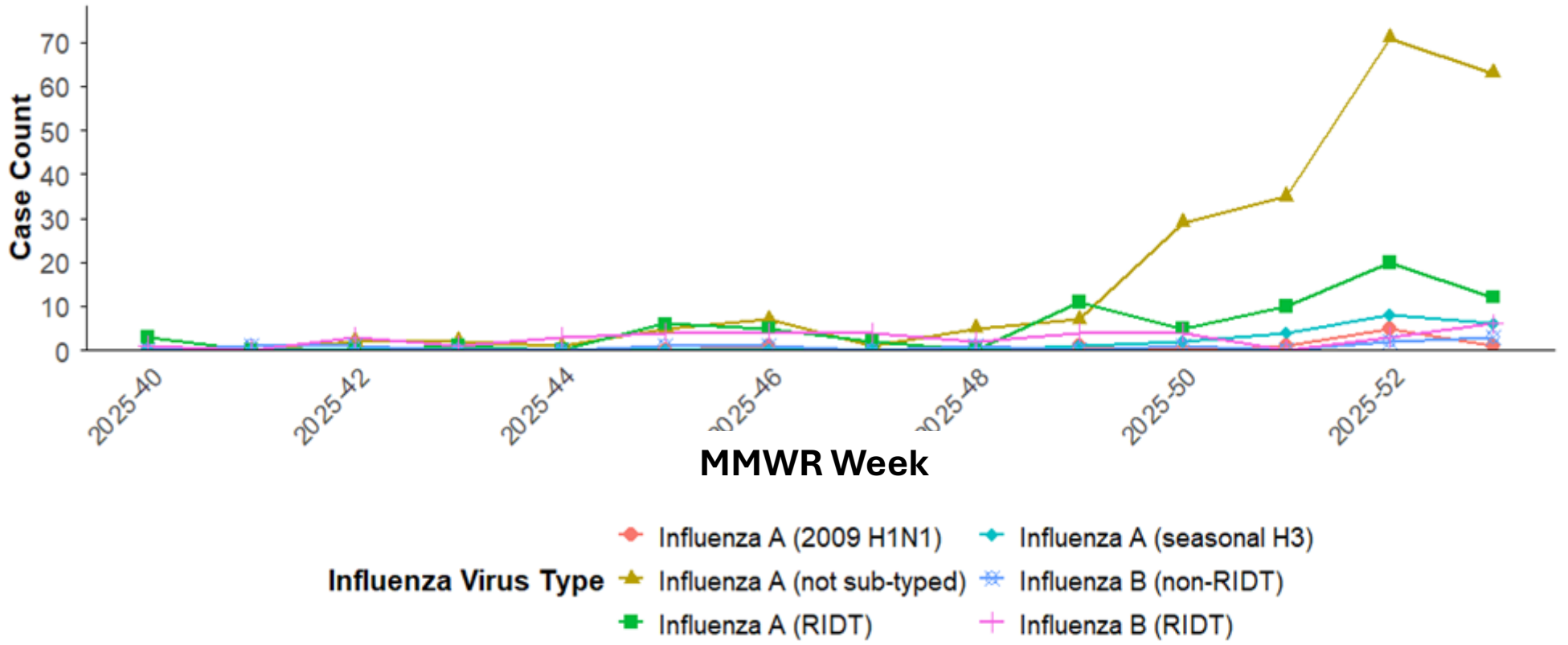


*Figure shows Clark County reportable Influenza cases defined as individuals with a positive influenza test who were hospitalized and/or who later died due to flu or comparable illness

Data Source: SNHD Surveillance Data, as of 01/13/2026

Influenza Cases by Age Group, MMWR Weeks 40 to 53, 2025

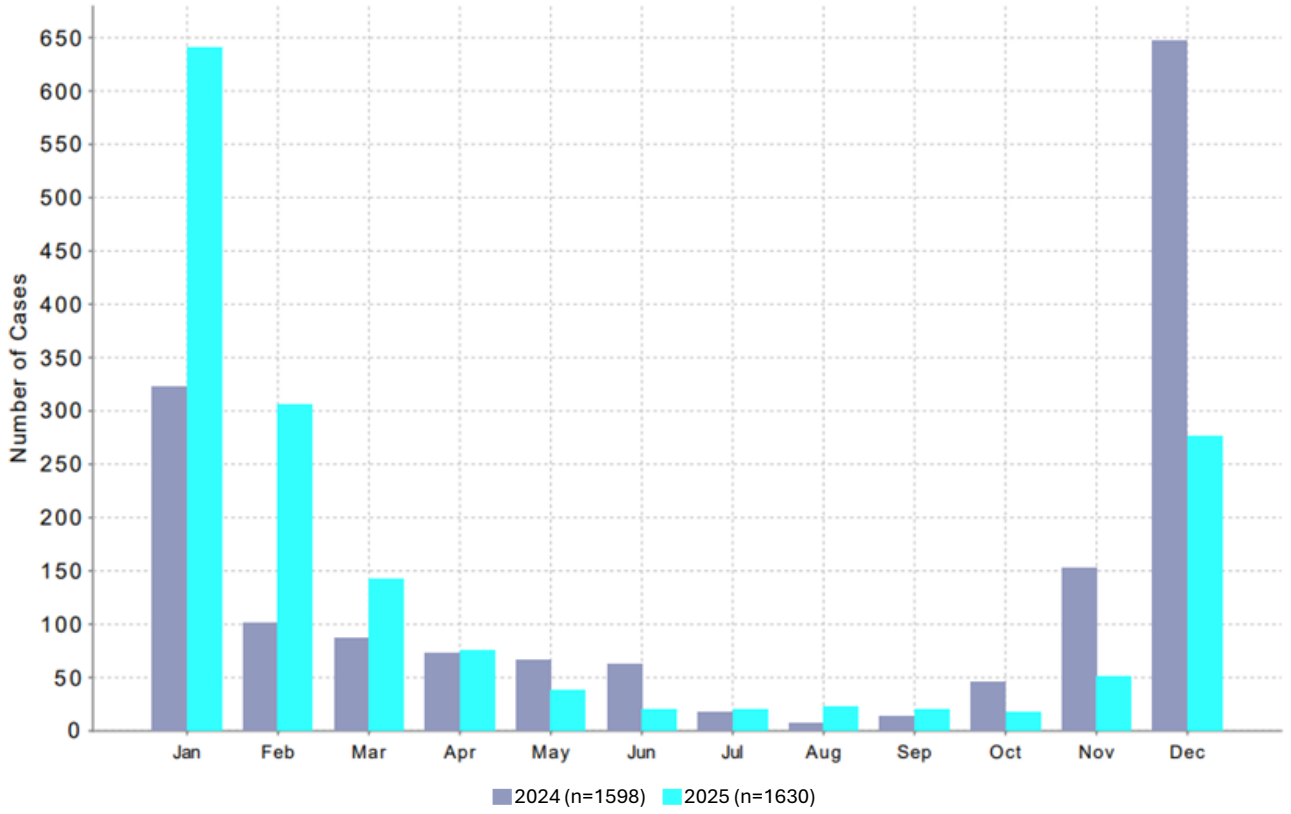
Age Group	Hospitalized	Hospitalized Deaths	Non-Hospitalized Deaths	Confirmed Cases
0-4	15	0	0	15
05-17	24	0	0	24
18-24	22	0	0	22
25-49	50	0	0	50
50-64	59	0	1	60
65+	197	1	0	197
Total	367	1	1	368

Note: Confirmed cases are defined as a case that meets laboratory criteria AND had a hospitalization (>24 hours) or has died. The total number of confirmed influenza cases is determined by taking the sum of hospitalizations and Deaths W/O hospitalization history.

Data Source: SNHD Surveillance Data as of 01/13/2026, Clark County residents
2025 data are preliminary

Reported Influenza Cases, Clark County, NV 2024 - 2025

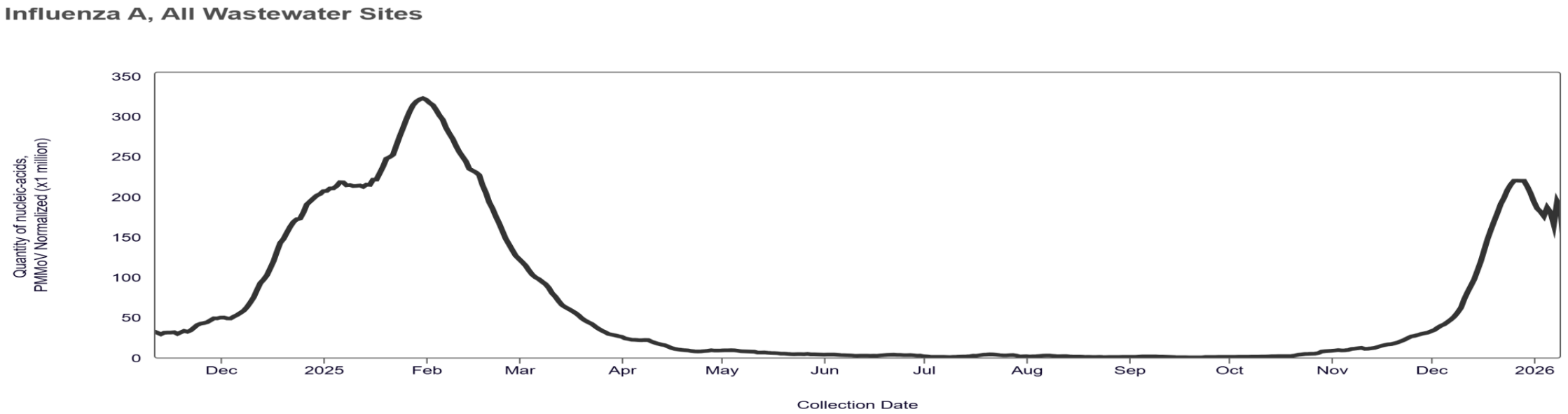
Influenza by Month and Year, Clark County, NV
2024-2025 (n=3,228)



Inclusion Criteria for cases: Public health status is one of "Approved by Local Health Dept.", "Reopened by State", or "Closed" and LHD case status is one of "Confirmed", "Probable", or "Suspect"

Data Source: SNHD Surveillance Data, accessed 01/15/2026

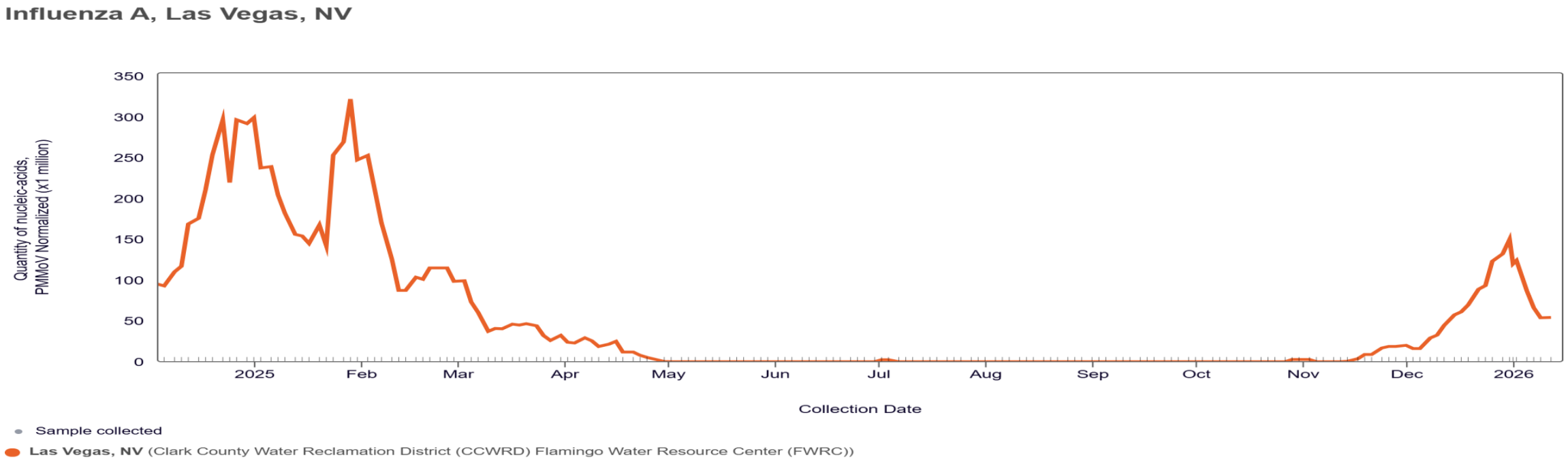
Wastewater Surveillance for Influenza A United States, as of 01/14/2026



- Nationwide

Data Source: WastewaterScan.org, accessed 01/14/2026

Wastewater Surveillance for Influenza A Clark County, NV, as of 01/14/2026



Data Source: WastewaterScan.org, accessed: 01/14/2025

Wastewater Surveillance for Influenza A Clark County, NV

Plant Name	City	Concentration Level	5 Sample Rolling Mean	14 Day Trend	Last Sample Date
Flamingo Water Resource Center (CCWRD)	Las Vegas	High	118.34	Increasing	01/07/2026
Mesquite Wastewater Treatment Plant	City of Mesquite	High	42.96	Increasing	01/08/2026
Boulder Wastewater Treatment Plant	Boulder City	High	156.19	Decreasing	01/07/2026

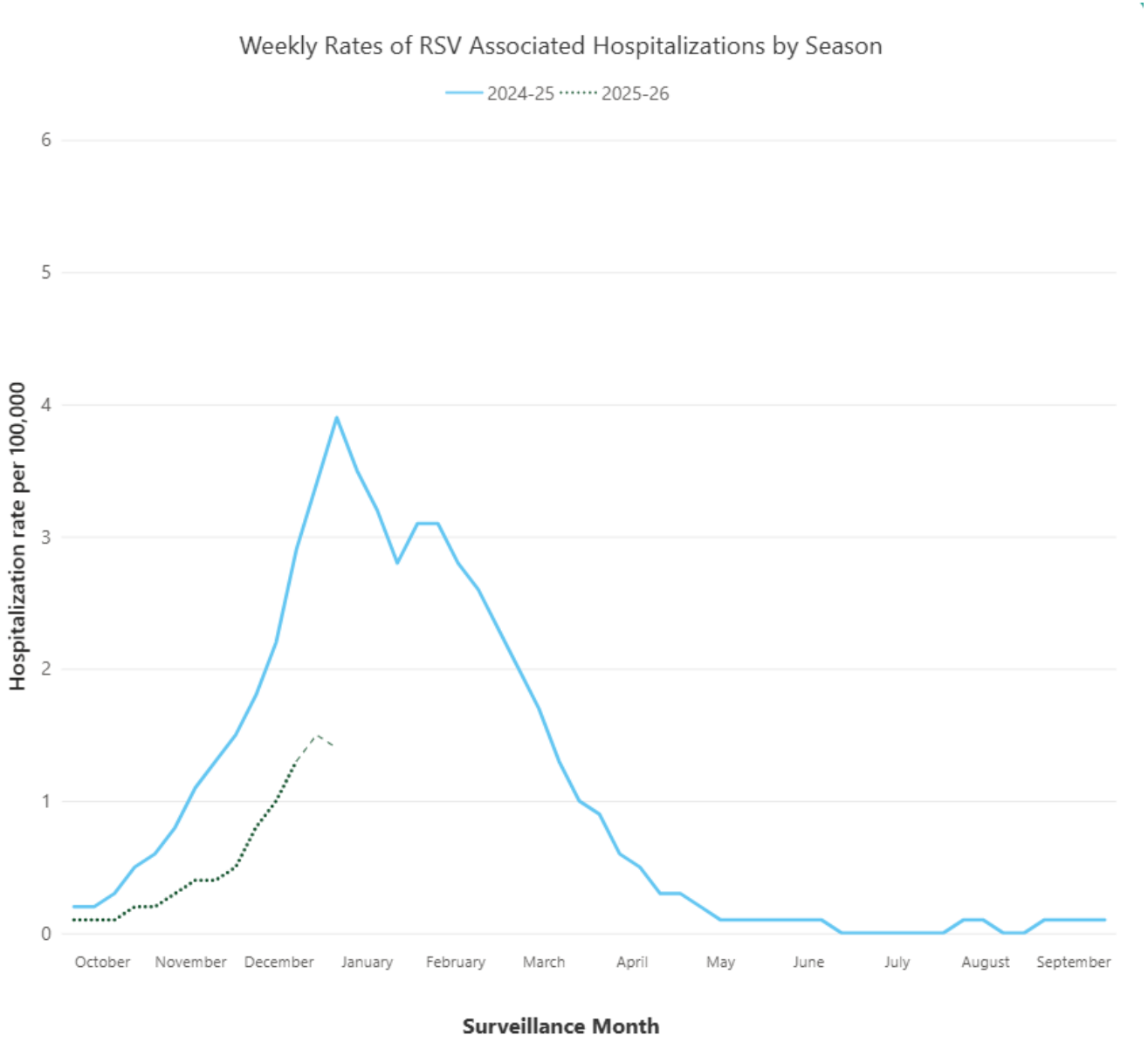
Note: The wastewater data for Las Vegas were collected from the Flamingo Water Reclamation District Plant, where samples were analyzed on solids and sourced from Wastewater SCAN. In contrast, data for the City of Mesquite and Boulder City were analyzed on liquid samples by Verily and provided by the State Wastewater Epidemiology Team. Due to the differences in sample matrices (solids vs. liquids) and analytical methods, variations in virus concentrations between the three facilities are expected. Mesquite and Boulder sampling is conducted using grab sampling and is not performed over a 24-hour period

Data Source: CCWRD wastewater scan from Mesquite and Boulder City, provided by CDC VERILY, **data up to date as of January 7, 2026**.

Southern Nevada Health District

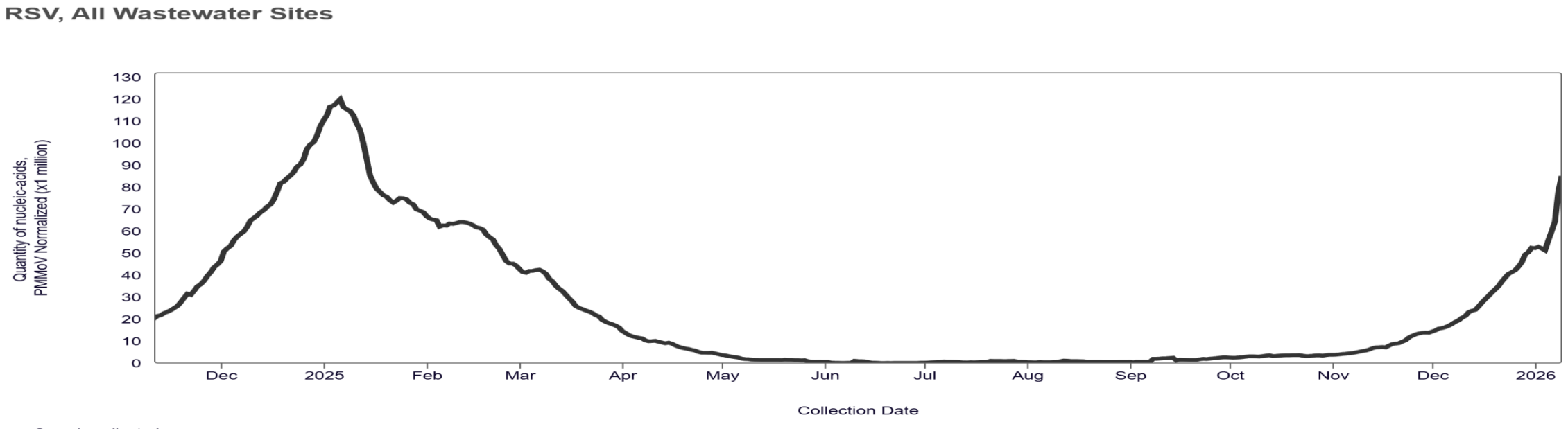
RSV

Reported RSV Cases, United States 2024-2025 and 2025-2026



Data Source: RSV-Net, https://www.cdc.gov/rsv/php/surveillance/rsv-net.html, as of 01/09/2026, accessed 01/14/2026

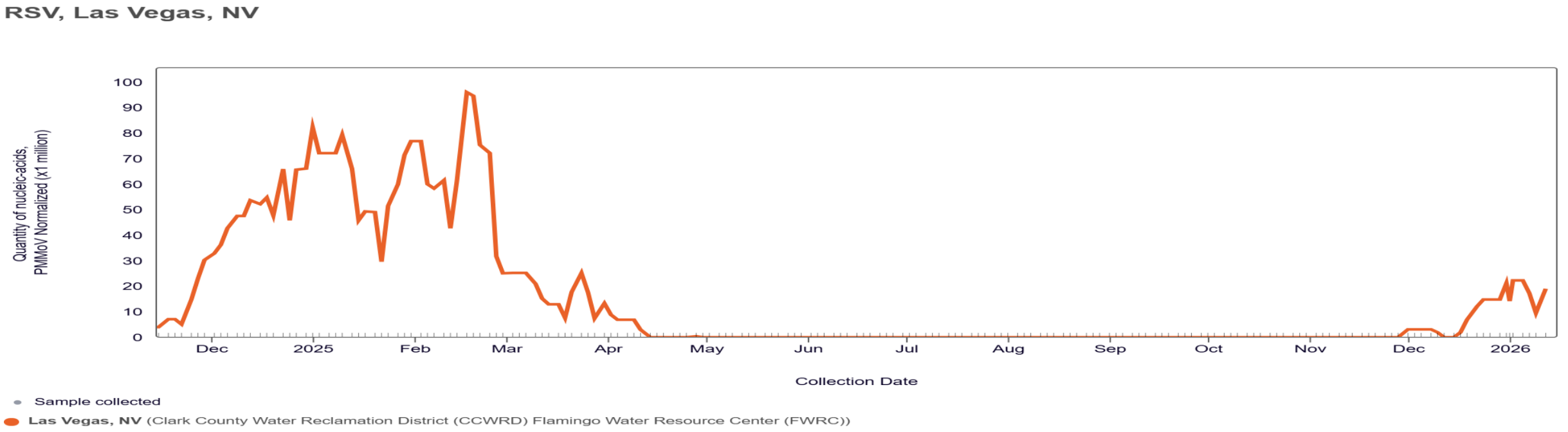
Wastewater Surveillance for RSV United States, as of 01/14/2026



- Nationwide

Data Source: WastewaterScan.org, accessed 01/14/2026

Wastewater Surveillance for RSV United States, as of 01/12/2026



Data Source: WastewaterScan.org, accessed 01/15/2026

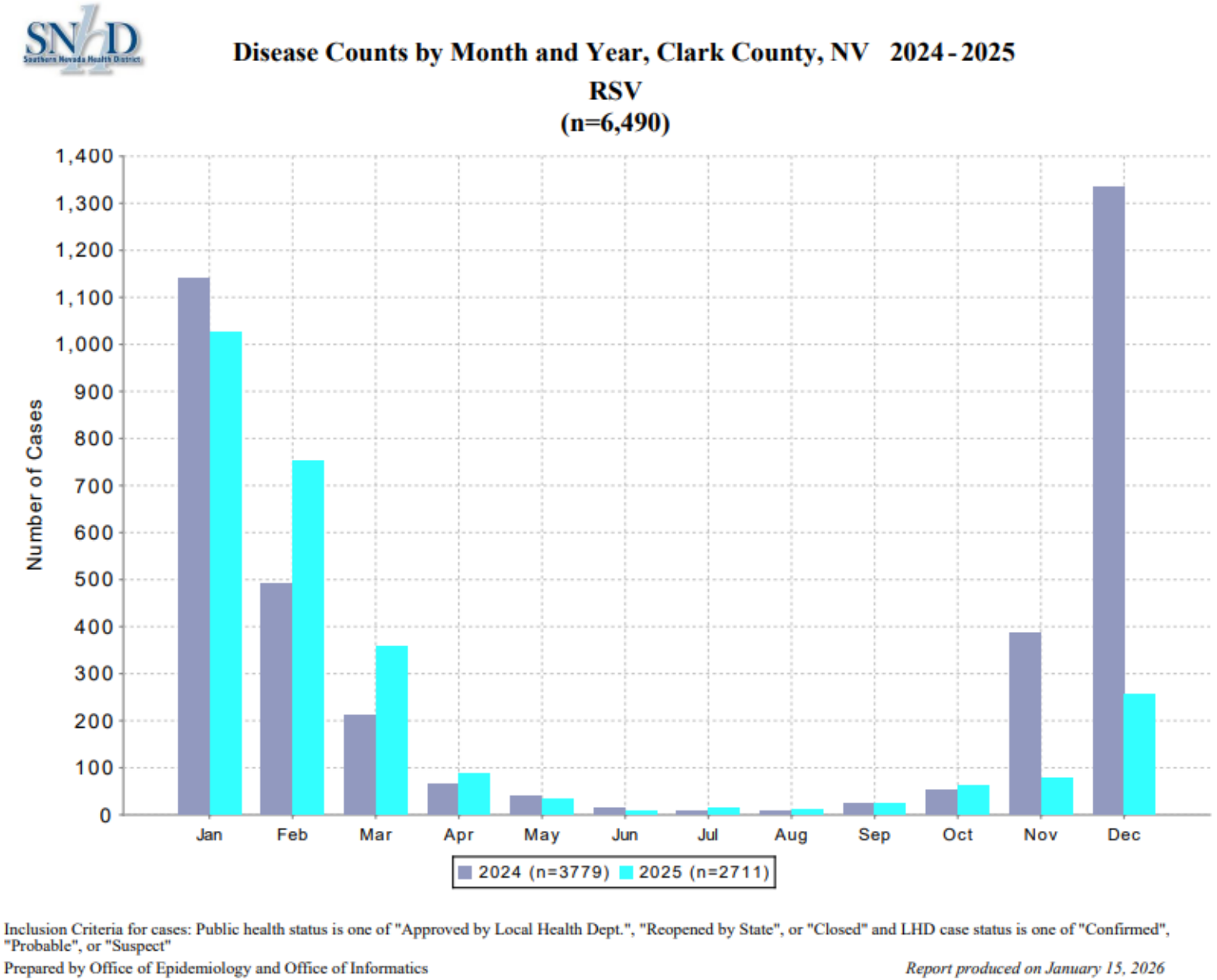
Wastewater Surveillance for RSV Clark County, NV

Plant Name	City	Concentration level	5 Sample Rolling Mean	14 Day Trend	Last Sample Date
Flamingo Water Resource Center (CCWRD)	Las Vegas	High	20.50	Increasing	01/07/2026
Mesquite Wastewater Treatment Plant	City of Mesquite	High	20.11	Increasing	01/08/2026
Boulder Wastewater Treatment Plant	Boulder City	High	75.11	Increasing	01/07/2026

Note: The wastewater data for Las Vegas were collected from the Flamingo Water Reclamation District Plant, where samples were analyzed on solids and sourced from Wastewater SCAN. In contrast, data for the City of Mesquite and Boulder City were analyzed on liquid samples by Verily and provided by the State Wastewater Epidemiology Team. Due to the differences in sample matrices (solids vs. liquids) and analytical methods, variations in virus concentrations between the three facilities are expected. Mesquite and Boulder sampling is conducted using grab sampling and is not performed over a 24-hour period

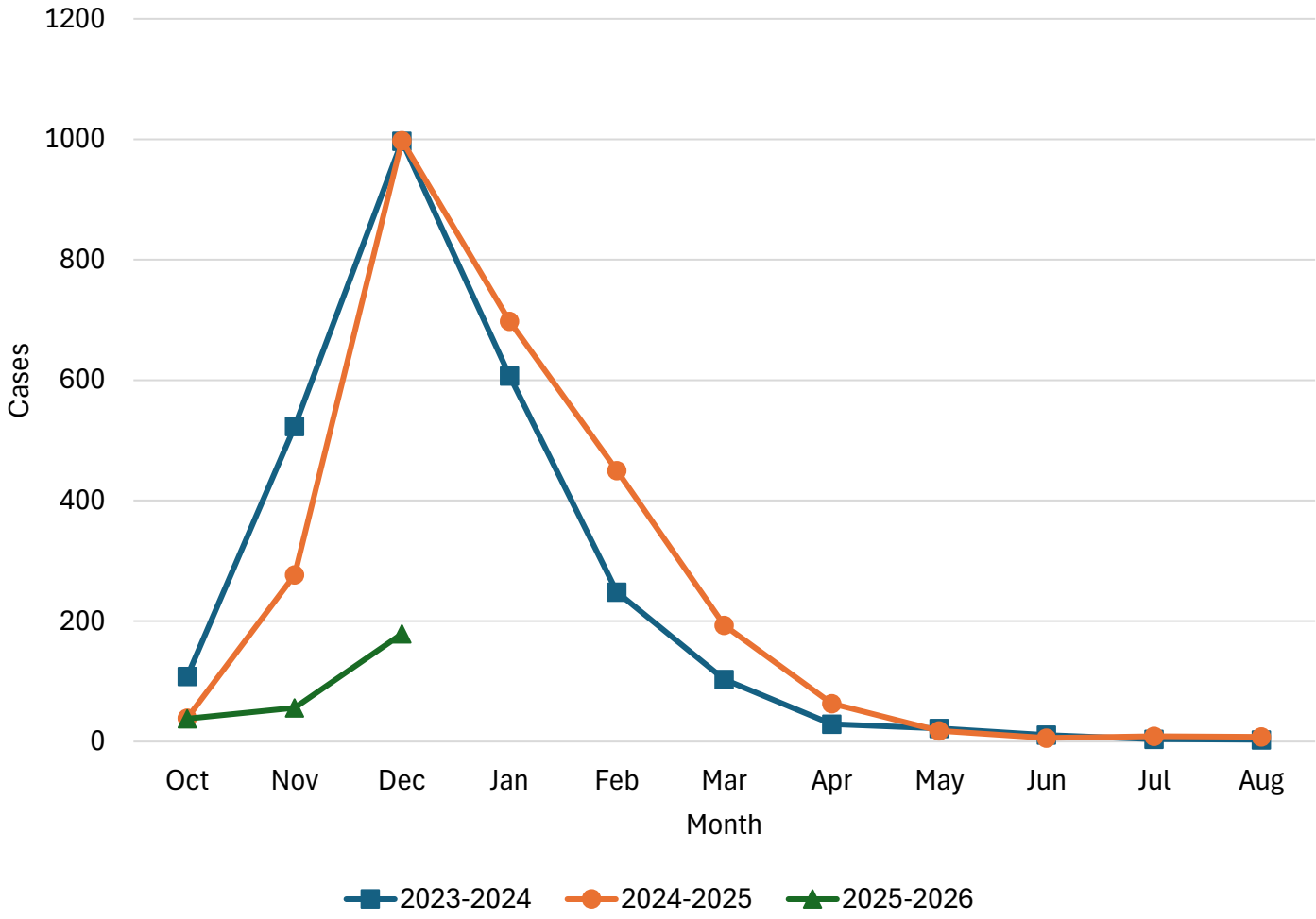
Data Source: CCWRD wastewater scan from Mesquite and Boulder City, provided by CDC VERILY, **data up to date as of January 7, 2026**.

Reported RSV Cases, Clark County, NV 2024 - 2025



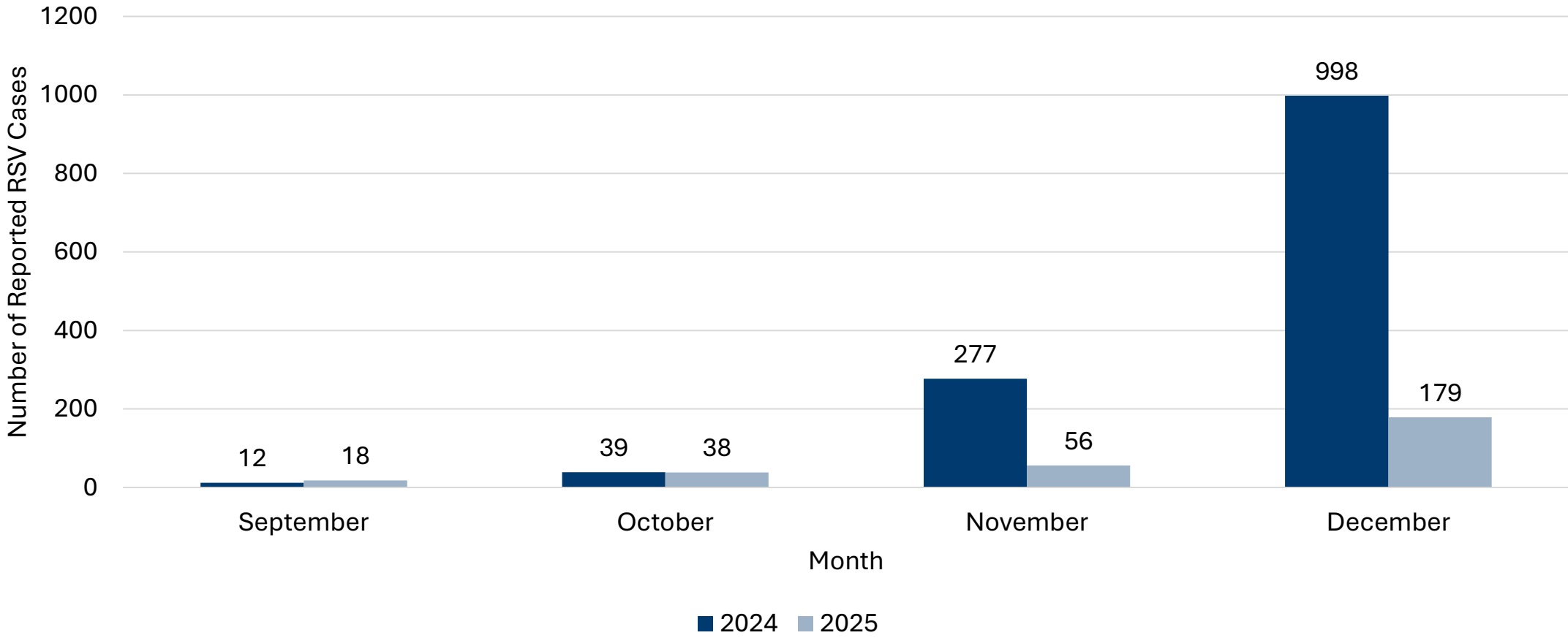
Data Source: SNHD Surveillance Data, accessed 1/15/2026

RSV Cases by Season, 0-4 year olds 2023 to 2025 in Clark County, NV



Data Source: SNHD Surveillance Data, as of 01/15/2026

Reported RSV Cases of 0-4 year old in Clark County, NV September to December in 2024 and 2025



Data Source: SNHD Surveillance Data, accessed 01/15/2026

Acknowledgements

Ying Zhang

Rebecca Topol

Zuwen Qiu-Shultz

Benjamin Ashraf

Jeremiah Zablon

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Immunization Program

Southern Nevada Health District

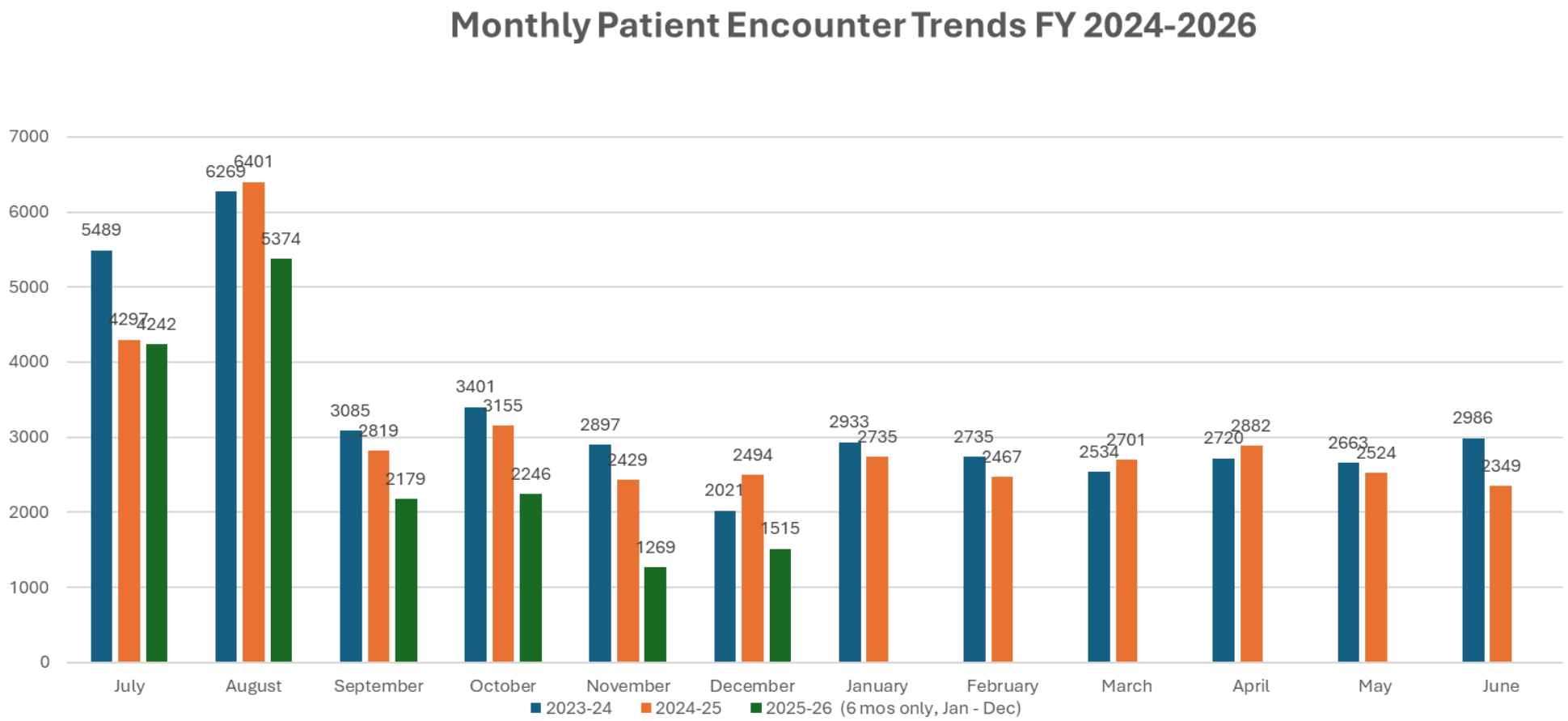
Immunization Clinic Locations

Four Public Health Centers (PHC)

1. Main PHC
   280 S. Decatur Blvd, Las Vegas NV 89107
2. East Las Vegas PHC
   2930 E. Bonanza Rd, Las Vegas, NV 89101
3. Henderson PHC
   220 E. Horizon Dr., Henderson, NV 89015
4. Mesquite PHC
   150 N. Yucca St, Ste. 5, Mesquite NV 89027

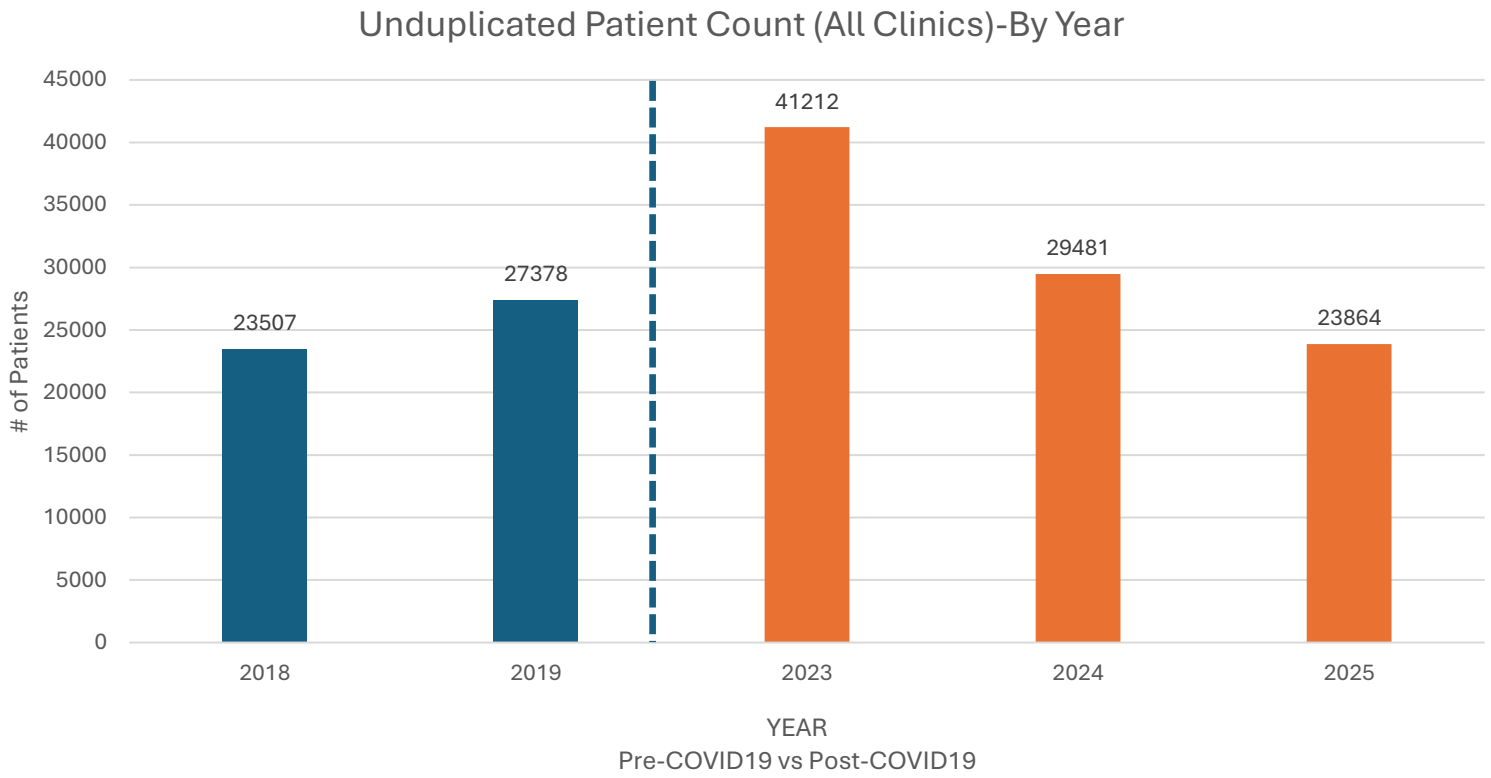
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Immunization Clinic Encounters – Fiscal Year Comparison: 2024-2026



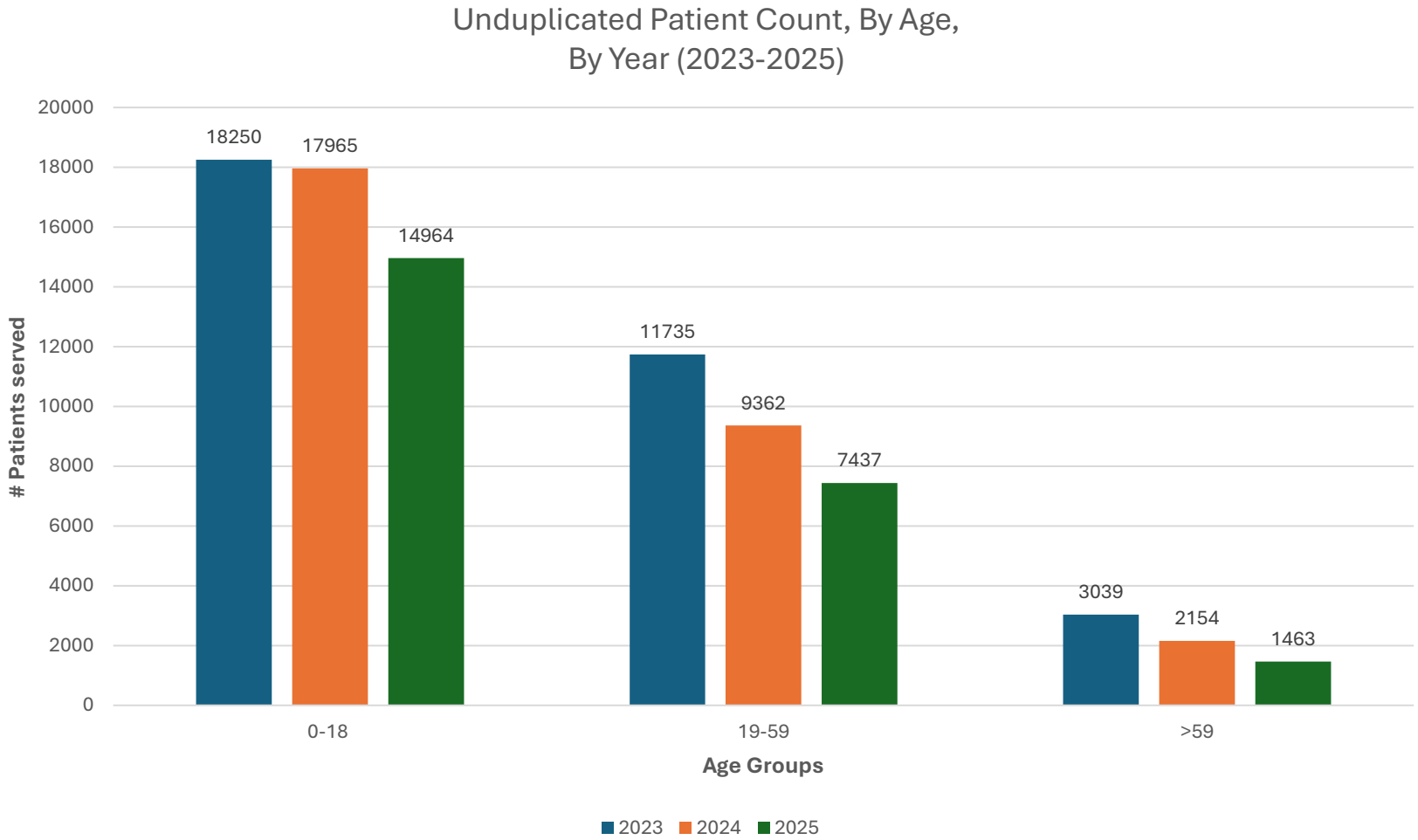
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Yearly Unduplicated Patient Count- By Year (2018-2019 and 2023-2025)



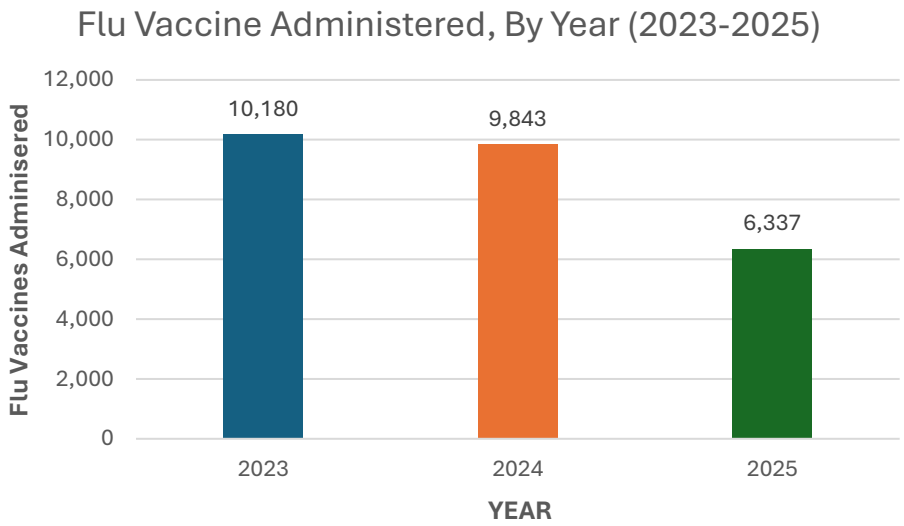
Southern Nevada Health District

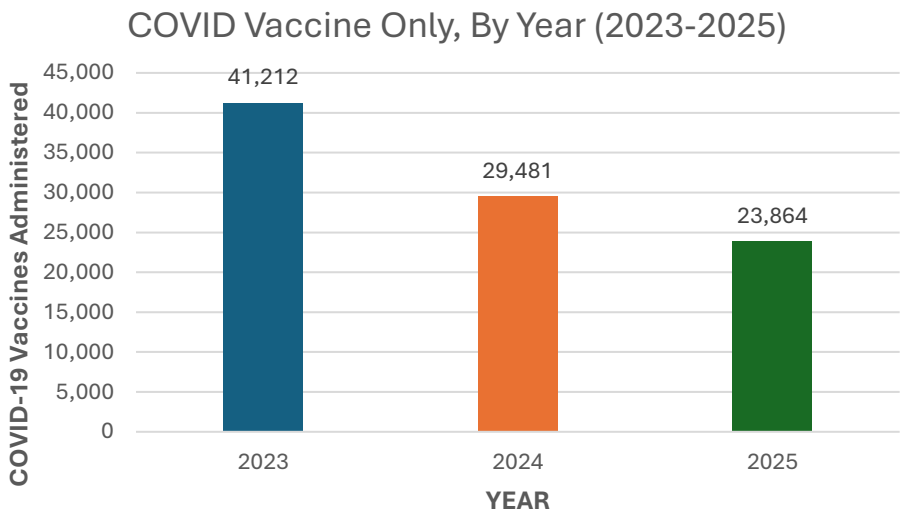
Unduplicated Patient Count By Age and Year (2023-2025)



Southern Nevada Health District

Flu and COVID Vaccines Administered – by Year (2023-2025)





Southern Nevada Health District

Immunization Clinic Activities

Workplace Vaccination Program

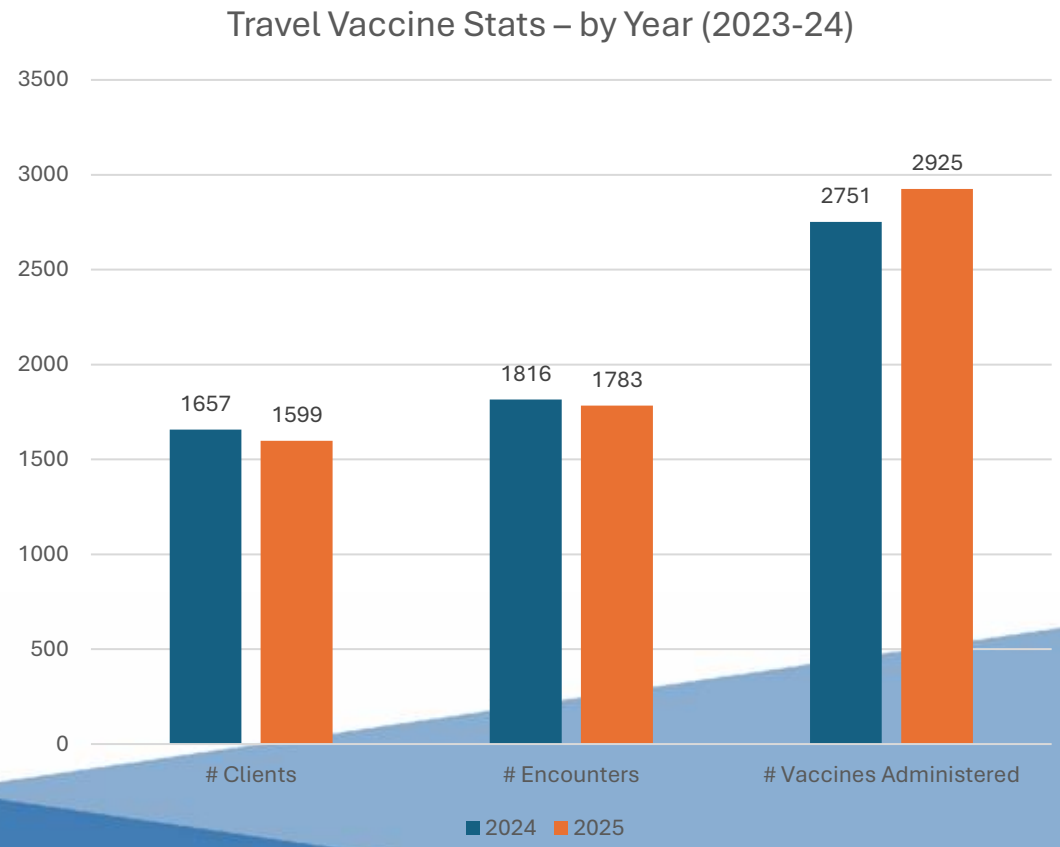
- 73 clients served

Newborn Screening

- 2024: 13 newborns screened
- 2025: 44 newborns screened

Rabies post-exposure vaccine series completion (post-ER visit)

Travel Vaccines



Southern Nevada Health District

Vaccine For Children Program (VFC)

Core Team:

- Nurses
- Admin support

Key Activities:

- Conduct compliance site visits to VFC providers
- Monitor vaccine storage and handling to ensure viability and minimize wastage
- Monitor immunization coverage for children and teens using Immunization Quality Improvement for Providers (IQIP)
- Providers implement strategies to improve vaccine uptake and adherence to the CDC's routine schedule

Quick Stats for 2025:

- 53 site compliance visits completed in 2025
- 39 IQIP visits completed in 2025

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Childcare Program

Core Team:

- Nurses
- Admin support

Key Activities:

- Ensure children and adolescents in childcare have required immunizations for attendance in childcare, 7th, and 12th grade
- Monitor facilities for compliance and conduct site visits as needed

Quick Stats for 2025:

- 94 site evaluations completed
- Average compliance rates:
  - Initial immunization rate = 83%
  - Final immunization rate = 96%

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School Based Program

Core Team:

- Nurses and Admin support

Key Activities:

- Increase vaccination coverage among children
- Focused on K-12 education
- Conduct school clinics in collaboration with CCSD and other schools
    - Including CCSD Family Support Center

Quick Stats:

- Served 2,033 children
- Administered 5,062 vaccines

Community Outreach

Core Team:

- Nurses and Admin Support

Key Activities:

- Conduct vaccine clinics in the community
- Collaborate with community partners, including
    - Nevada Homeless Alliance
    - Help of Southern Nevada
    - Mexican Consulate
    - Boulder City Library

Quick States:

- Served 405 clients
- Administered 722 vaccines

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Perinatal Hepatitis B Program

Core Team

- Nurses and Admin Support

Key Activities:

- Timely completion of post-exposure prophylaxis, Hep B vaccine completion, and post vaccine serology testing
- Provide phone consultations and educational materials to HBsAg positive pregnant women
- Offer online resources provided, in person consultations, and phone support to guide clients on medical management to prevent mother-to-infant transmission

Quick Stats

- 55 new HBsAg positive clients served

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New HHS Recommendations

Immunizations recommended for all children reduced from **17 to 11 diseases**

Immunizations recommended based on shared clinical decision-making or

Immunizations recommended for certain high-risk groups

SNHD Immunizations Program use CDC guidance for timing, dosing, and clinical decision-making

SNHD follows Nevada's immunization regulations for compliance with childcare and school enrollment

SNHD Southern Nevada Health District

Questions?

Southern Nevada Health District

AMENDED

MEMORANDUM

Date: January 20, 2026

To: Southern Nevada District Board of Health

From: Cassius Lockett, PhD, *District Health Officer*

Subject: **District Health Officer and Division Accomplishments – CY2025**

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Executive Summary

Administration Division

In 2025, Administration advanced operational efficiency, financial integrity, workforce engagement, and organizational resilience. Finance delivered a balanced FY2025–26 budget, and earned an unmodified opinion on financial statements with no audit findings. Accounts Payable processed nearly 6,000 invoices, while Accounts Receivable managed over 18,000 Environmental Health billings. Grants administration supported 89 awards, implemented automated workflows, and enhanced reporting. HR conducted 375 interviews, issued 86 job offers, and maintained 96% retention. Training expanded leadership development and engagement through the Organizational Vital Signs Survey (71% participation). Informatics and IT modernized systems via EHR cloud migration, cybersecurity enhancements, and infrastructure upgrades, deploying 450 Windows 11 devices and 150 iPads. Communications managed 980 media inquiries, issued 66 releases, and executed campaigns like Beat the Heat and Back-to-School, while securing $10.8M in state public health funding. Legal processed 1,422 public records requests, managed 300+ contracts, and strengthened compliance. The Public Health Infrastructure Grant provided $28M to bolster workforce capacity, fund technology upgrades, and support accreditation readiness.

Community Health Division

Health Equity expanded outreach through pop-up clinics and youth engagement. Chronic Disease Prevention hosted 200+ screenings, expanded Double Up Food Bucks, and reached 75,000 students with vaping prevention. EMS & Trauma issued 2,700 licenses, conducted 1,800 exams, and completed 500+ vehicle inspections. Public Health Preparedness supported major events, maintained PPE reserves, and delivered advanced ICS training. The Southern Nevada Public Health Laboratory processed 15,000 Candida auris screens, 2,100 respiratory tests, and 2,700 mosquito pools, while securing $10.5M for lab expansion. Vital Records registered 22,500 births, 20,000 deaths, and issued 135,000+ certificates, while Passport Services processed 8,400 applications.

Disease Surveillance & Control Division

The Office of Disease Surveillance distributed 209,082 naloxone doses, launched stigma-reduction campaigns, and expanded HIV/STI/Hepatitis testing. Investigations included 4,021 contacts, 85 clusters, and 3,498 reactors, plus targeted encampment testing. Acute Communicable Disease Control processed 32,628 faxed reports, 160,000+ ELRs, and conducted 20,000+ respiratory illness investigations, while leading outbreak responses and preparing for a Healthcare-Associated Infection program. Epidemiology maintained surveillance dashboards, advanced maternal-child health analytics, and supported data modernization. The Division delivered 140 trainings, published in MMWR, secured $1.77M for naloxone, and earned multiple awards.

Environmental Health Division

Completed 4,492 aquatic health inspections, 2,157 plan reviews, and 1,189 special program inspections. Food Operations ensured compliance at major events like Formula 1 Grand Prix and EDC, advanced outbreak prevention, and launched a new Training Office. Solid Waste & Compliance conducted 3,500+ restricted waste inspections, responded to 800 illegal dumping cases, and tested 54,288 mosquitoes, detecting West Nile Virus in 14 pools with no human cases. Engineering improved water safety through PFAS testing, safe drinking water compliance, and subdivision reviews.

Public Health and Preventive Care Division

Delivered 67,405 vaccines to 27,782 patients, supported by Back-to-School and National Infant Immunization Week campaigns, and expanded outreach in underserved areas. SHOPP enrolled 80 clients, conducted 44 trainings, and completed 2,494 screenings, while launching Rapid PREVENT, Partners for Better Health, and Street Medicine (24 visits in first month). Maternal & Child Health served hundreds of families and introduced Embracing Fatherhood. TB Control treated 50 active cases and initiated therapy for 925 latent TB patients. Employee Health ensured readiness through vaccinations, OSHA clearances, and updated policies.

Southern Nevada Community Health Center (FQHC)

Served 15,093 patients and completed 48,834 encounters, with pharmacy services expanding to 7,560 patients and 34,948 prescriptions filled. Key achievements included onboarding new leadership, passing audits with no findings, launching a strategic plan, and expanding services to include substance use disorder, psychiatry, infectious disease, and nutrition. Financial performance exceeded expectations with $46.5M in revenue, retroactive Medicaid reimbursements, and $5.1M in grant funding. Partnerships with 30+ organizations advanced health equity and expanded resources.

Administration Division

Facilities Department

MAINTENANCE:

1. Resolved over 5,000 internal maintenance requests.
2. Expansion of vaccines storage and services available at Mesquite and Henderson clinics.
3. New autoclave installation at SNPHL BSL-3 Laboratory.
4. Upgraded air filters for SNPHL BSL-3 Laboratory
5. Remodel of environmental health department to increase staffing capacity of Decatur building.
6. Updates in SNPHL infrastructure including pumps, boilers, valves and other critical equipment.
7. Deconstruction and repurpose of the approximately 5,200 SF COVID-19 modular building.
8. Installed new video intercom system at entry gate of SNPHL.
9. Remodeled reception counter of Decatur building.
10. Installed digital self-check in tablets across several clinics.
11. Decommissioned COVID-19 outreach booth at the Boulevard Mall.
12. Installed health education monitors in Fremont lobby.
13. Upgraded access controls at Decatur facility.

SECURITY

1. Increased internal and external meetings to foster a collaborative relationship with staff and members of the public.
2. Procurement of new fleet vehicles in response to safety concerns to better serve the district and the community.
3. Restored and revitalized two mobile clinic vehicles to conduct various outreach events.
4. Modernization of department practices and operations.
5. Implemented new practice of regularly scheduled monthly meetings with Lab staff at the MLK location to address their unique security issues.
6. In collaboration with I.T. staff, developed and implemented a new vehicle reservation program for online use by staff.
7. Audited and expanded the emergency call buttons alert system at the district.
8. Assisted Facilities leadership with the planning for and the removal of the non-congregate shelters from COVID.

JANITORIAL

1. Regular preventative maintenance of hard floors including quarterly hard floor polishing and buffing.
2. Regular carpet extractions.
3. Responded to terminal cleaning requests for infection control measure.
4. Completed deep cleaning of clinical areas as requested by clinical leadership team.
5. Conducted regular inspections to ensure SNHD cleanliness standards are exceeded.

WAREHOUSE

1. Led a warehouse clean-up initiative of our approximately 7,500 SF offsite storage facility, identifying and disposing of outdated equipment and supplies.
2. 472 Stores Orders (pulled and delivered).
3. 145 POs were created for inventory.
4. 43,233 pieces of metered mail processed.
5. 819 pieces of certified mail processed.
6. 3,666 postage strips of requested postage processed.
7. Over 5,000 courier packages received and delivered across SNHD facilities.

Finance Department

FINANCE

1. FY 2025-26 budget completed and submitted timely to Clark County and Department of Taxation. Completed two budget augmentations in FY 2024-25 and received approval from Department of Taxation with no findings. Zero Based Budget Development sustained for all divisions. Updated Adopted Budget Book for FY2026. The first budget augmentation in FY2025-26 is currently in progress.
2. Forecasting models and dashboard reporting expanded to provide relevant and timely information to stakeholders. Medicaid and Medicare cost report process and UDS reporting was refined and reports filed timely.
3. Audited Financial Statements for June 30, 2025 received an unmodified opinion and were published. Single Audit is substantially complete and anticipated to be published by the statutory due date.

4. Reconciliations and Treasury reports were prepared and submitted in a timely manner to the county and other internal reconciliations were brought current for banking, fixed assets, financial transactions and aging activity.
5. Accounts Payable (AP) team has continued to bring the procurement card, vendor invoice payments, and unclaimed property current and processed timely. AP processed 5,968 invoices and 586 P-card statements for CY25. Two AP technicians also assisted Accountants with processing of Grant reimbursement requests.
6. Accounts Receivable (AR) team has continued to bring invoicing and cashier balancing activities current and processing timely. AR processed two annual billings for Environmental Health that included over 3,900 invoices for Solid Waste permits and over 14,000 invoices for Food permits in CY25. Two new staff members were hired and trained.
7. New or active renewal grant awards were managed by the Grants team and they continue to research new funding opportunities and are committed to retaining funding for existing programs. Total grants, amendments, revisions in CY2024 - 129 and CY2025 – 89.
8. Established the framework and automated workflow for a new process for reviewing grant opportunities, renewals and extensions. Completed the implementation of the new grant/contract review form on Approval Studio.
9. Fixed asset GASB entry and Reconciliation completed before the end of August. New compensated Absence guidance successfully implemented, started the process of quarterly reconciliation for Fixed Assets and Inventory.
10. Accountants successfully produced grant reimbursement requests and other deliverables in acceptable timeframes in a sustained level of grant activity.
11. Implemented first phase of the new Finance data reporting system to improve capabilities in financial reporting and data analytics and started on second and third phases of reporting system testing (in Contracts, Purchasing, Budgets, Fixed Assets, Inventory, and Grants).
12. Successfully reduced the number of new payroll system issues, worked with vendor support and HRIS to correct bugs and system issues. Completed the update of the payroll system employee and management training guides and provided employee and management access.
13. The payroll team has managed to process increasing payroll volume and manage other deliverables including implementing the new payroll system, developing and delivering system training and troubleshooting transition challenges. At FYE 24 there were 803 employees with paid activity, at FYE 25 there were 816 employees with paid activity. At the end of CY2025 (Through 12/15/2025), there were 791 employees with paid activity.
14. Through 12/15/2025, Purchasing responded to critical and time-sensitive purchasing activities, processing 2,184 Purchase Requests in CY 2025-26 (CY 2024-25 – 2,349). Combined activity processed including purchasing card and purchase orders in CY 2025-26 – 5,863 (CY 2024-25 – 6,498). New Vendor registrations in CY2025-2026 totaled 100 compared to 133 in CY2024-2025. Purchasing also updated the Procurement Manual, documented and/or updated procedures for required reporting and purchasing card processes.
15. The finance team has experienced turnover but currently has a full finance management team in place as well as having successful recruitment efforts for other team members during the calendar year.

BILLING

1. Managed the update of the Master Fee Schedule for Board approval after researching current fee benchmarks.
2. Completed 4 reviews and amendments of insurance payors and vendor contracts as needed.
3. Managed the preparation and submission of the Medicare and cost reports.

4. Ensured consistent submission of the monthly Wrap Report.
5. Contributed to the submission of the Uniform Data System report for FQHC.
6. Completed the implementation of a credentialing software to provide efficiencies and compliance.
7. Monitored, analyzed and resolved denial trends with 4 payers. Secured a payment resolution for denials with 1 payer and renegotiated the contract.
8. Achieved a payer agreement to remove referral barriers for services, due to SNHD being an FQHC and a Public Health District.
9. Managed efforts to establish new PPS rate.

HIGH LEVEL GOALS FOR 2026

1. Continue to focus on training and cross-training activities to ensure sustained knowledge levels and business continuity and coverage for critical processes.
2. Maintain regular meetings between Finance and other divisions to support ongoing communication for budget, financial processes/reporting, grant and payroll related information.
3. Provide divisional training on Purchasing processes using PowerPoint presentation.
4. Implement additional phases of the Finance data reporting system to improve capabilities in financial reporting and data analytics.
5. Complete with stabilization and optimization of the new payroll system.
6. Getting enhancements added to payroll system to increase efficiency.
7. Publish Adopted Budget Book for FY2026.
8. Continue to research new funding opportunities.
9. Provide our annual cross-divisional training on submissions into grant application portals, and best practices for grant compliance and management.
10. Update reporting provided to the Board of Health to include only grants/amendments that have a monetary impact on the Health District.
11. Update Grants Administration intranet page to provide a monthly dashboard with grant stats, templates, and grant related resources.
12. Support Implementation of billing/invoicing activity for new Environmental Health division system.
13. Implement interim reviews and backup for reconciliations of accounts receivable and accounts payable aging activity.
14. Maintain Medical AR over 180 days (net of self-pay) to optimize revenue collection.
15. Update the Master Fee Schedule for Board approval after researching current fee benchmarks.
16. Update the Immunizations Superbill to align with current fees.
17. Review and update Payor Contracts and fee schedules as needed.
18. Continue to use system functionality to accommodate efficiencies and reporting capabilities.
19. Participate in reporting improvement project with Informatics.
20. Monitor complete implementation of new PPS rate.

Health Cards

1. Maintained full Food Handler Safety Training Card testing services by appointment at all five locations and Body Art Card testing services by appointment at the three non-rural offices.
    a. First-time food handler cards issued 1/1/25 – 12/31/25: 60,527
    b. Renewals (In-person) of food handler cards 1/1/25 – 12/31/25: 20,781
    c. New body art cards issued 1/1/25 – 12/31/25: 1,322

2. Continued a Food Handler Safety Training Card online renewal system that allows eligible cardholders to take the 10-question test at home and, after passing the test and paying all fees, receive a certificate that can be carried in printed or electronic form in place of the plastic card.
    a. Renewals (Online) of food handler cards 1/1/25 – 12/31/25: 29,515
3. Offered a monthly Low-Risk Food Handler Card class for clients with special needs whose job responsibilities are limited and at a lower risk for causing foodborne illness. The class consists of basic food safety training and a handwashing demonstration. No written test is required.
    a. New low-risk food handler cards issued: 10
4. Approved one additional entity to train their clients and students on food safety principles, test them on their knowledge, and issue a certificate of completion that can be submitted to the Health Cards office to obtain a Food Handler Safety Training Card. This brings the total to 13 agencies, organizations and high school culinary programs that have been approved to offer this service since Fall 2021.
5. Signed up 11 more employers, agencies and organizations to issue vouchers that pay for the food handler card fees for their employees and clients.
6. Petitioned the Board of Health in June 2025 to raise the fees for Food Handler Safety Training Card and Certified Food Safety Manager Card. The Board approved an increase from $20 to $25 effective January 1, 2026, with a further increase to $30 effective January 1, 2028.
7. Continued participation in Environmental Health's quarterly Food Safety Partnership meetings to relay information regarding Health Cards to industry professionals.

Human Resources Department

STAFFING/RECRUITMENT/COMPENSATION

1. Interviews Conducted: 375
2. Job offers: 86
3. Key positions filled: Chief Facilities Officer, Public Health Informatics Scientist, and Director of Community Health
4. Posted Positions: 76
5. Attended nice job fairs:
    a. 02.26.25 UNLV Career and Internship Fair
    b. 03.07.25 – UNLV School of Nursing
    c. 03.12.25 – Nevada State College
    d. 03.26.25 – VA Hospital
    e. 04-04.25 – UNLV counseling and Human Services Internship Fair
    f. 08.28.25 - Clark County Job Fair
    g. 09.10.25 - UNLV Fall Career and Internship Fair
    h. 09.19.25 - UNLV School of Nursing
    i. 11.06.25 - Arizona College
6. Reduced the times to fill and other qualitative recruitment numbers:

Median Calendar Days to Fill Position:	53
Minimum Calendar Days to Fill Position:	33
Maximum Calendar Days to Fill Position:	119
Maintained a high retention rate:	96.45%

7. Re-assignment of all staff that were affected by the loss of TANF funding.
8. Cross training of HR staff in the recruitment function.
9. Assisted in the creation of a recruitment for Youth Advisory Council in NEOGOV.
10. Assisted in the creation of a recruitment for Internships in NEOGOV.

11. Built and maintained job analysis dashboards in Excel and Economic Research Institute (ERI) job market pricing database to prepare for internal job evaluation and compensation analysis.
12. Automated the assignment and acknowledgment of SNHD job descriptions by new hires and existing employees for divisions 1, 3, 5, 6, and 9.
13. Conducted compensation analysis audit for non-represented classifications to ensure salary structures are competitive, equitable, and properly classified with FLSA criteria.
14. Reformatted job description template to support engagement through job analysis to provide deeper understanding of essential functions, develop more inclusive job descriptions, and create opportunities for employee growth.
15. SOPs for credentialing, hiring of interns and the recruitment process were created.
16. Updated the FQHC Credentialing Spreadsheet with FQ Lab Assistants, FQ Pharm Techs, FQ LPNs, FQ Licensed Mental Health Therapist, and FQ CHWs. This included getting each of these employees that hold the above job titles credentialing file completed and configuring and automating their Job Description acknowledgements process in NEOGOV.

ACADEMIC AFFAIRS

1. Coordinated internships and clinical rotations for 108 students, residents, and fellows for an approximate total of 6, 243 applied public health practice hours.
2. Submitted 13 new educational affiliation agreement requests.
3. Facilitated and coordinated 3 Health District After Dark (HDAD) events. The HDAD events on Brain Health, Medicalization of Consumer Health, and the State of the Public Health Safety Net. There was an average of 40 participants per event.
4. Obtained SNHD leadership approval for the Youth Advisory Council and led the recruitment efforts for 10 students for the inaugural Youth Advisory Council.
5. Coordinated and led the recruitment effort for the first CCSD youth cybersecurity summer apprenticeship with SNHD IT.
6. Served on the SNHD QI Council and Internal Research Council.
7. Participated in internship and career fairs at Nevada State University and UNLV.
8. Served on and attended the advisory board meetings for the Area Health Education Council, Arizona College of Nursing, CSN Health Professions School, Roseman University, and UNLV School of Public Health.
9. Spoke to UNR and UNLV undergraduate classes about SNHD and public health.
10. Facilitated and led informational tours for approximately 15 CSN RN-to-BSN students, 12 Valley Health Internal Medicine Residents, and 20 Leadership Las Vegas participants.
11. Presented at the 2025 Nevada Public Health Association Conference on "*Keeping the Party Going: The importance of maintaining sustainability of the Health District After Dark through collaboration on funding.*"
12. Led discussions on restarting the Academic Health Department (AHD) with UNLV.
13. Acknowledged for my role as an academic-public health partnership subject matter expert in a scholarly journal article in June.
14. Spoke to Durango High School Medical Society about internships, careers, and the Youth Advisory Council.

TRAINING

1. Successfully facilitated cross-functional presentations and reviews of HR job analysis for improved understanding of process and importance of job analysis and evaluation.

2. Present job description training to supervisors and managers to ensure accurate reflection of job roles, responsibilities, and establish processes and procedures for job description management.
3. Increase in Recognition Program Awareness (Removed related question from survey)
4. New Hire Onboarding (28): Launched NEOGOV Training Course Revamp (800+ enrolled), (Published Bullying in the Workplace/Anti-Harassment, Ethics, Heat Illness Program, HIPAA, Mandatory Child Abuse Reporting Laws, Bloodborne Pathogens).
5. DiSC Training for staff and continuing with newly promoted leaders – 78 individuals assessed and attended DiSC training this year which is almost 10% of the Health District.
6. Organizational Vital Signs: Created and implemented a new OVS Survey Planning Committee with Leadership Representation from each Division working with HR Training to foster collaboration and involvement in the survey creation, implementation and results reporting process.
7. Organizational Vital Signs: 71% Participation – Conducted multiple hybrid (in-person and virtual) Focus Group/Feedback Sessions for both employees and supervisors/managers to discuss the survey results and gain further information, communicated results and disseminated information within all levels of the organization. Updated divisional action plans and shared with leadership and the staff. OVS pulse survey completed and results showed increased rates of employee awareness/involvement with the entire process and an increase in employees stating they have seen positive changes in relation to the OVS action plans. Each division was assigned a Training Analyst to help provide any support through the action plan creation and implementation process with specific involvement depending on the needs of the division. Some divisions did largely utilize these support services.
8. Re-tooled Managers Toolbox and setup program for highly motivated general staff to apply to enroll. Understanding What Guides SNHD (27 participants), Mastering Time and Project Execution (24 participants), Empowering Through Feedback and Coaching (33 participants), and Managing and Leading with DiSC (27 participants).
9. Public Speaking Training Series (60 participants).
10. Blitz Annual Performance Training (1 participant).
11. Team Vital Signs was used with four teams of various sizes and areas with the Health District. This provides a way to target and assess engagement and climate within a given team environment. Debriefs with the teams on the results provide insights into how leaders and team members can help support their teams. Unique discussions and solutions were crafted for the specific teams. Involvement with some teams is still ongoing.
12. One team assessed and trained in LIFO, a 4-quadrant behavioral preference tool for helping with team building. Time was spent on program creation as to how to implement this group teambuilding experience. This will be used more in the upcoming year for multiple teams.
13. SNHD Leadership Cohort Development Program with four months of topic discussions, emotional intelligence and 360 assessments with debriefs, and four sessions of 1:1 external leadership coaching. Two cohorts comprising a total of 15 leaders were enrolled in the program throughout this year. We have also included senior level leaders in our most recent cohort.
14. Put all three HR Training Analysts through a six-month Cohort-based Leadership Development program (PeopleTek) to aid in our internal knowledge base and program creation. Three SNHD managers graduated from the same program this year with recommendations for others to take as it was beneficial. Will continue to enroll more next year.

15. HR Training Analyst became certified in Emotional Intelligence Performance Metrics and Assessment to equip team with tools to enhance individual, team, and organizational performance.
16. HR Training Analyst became certified in LIFO, a behavioral preference tool and instrument in ongoing teambuilding efforts.
17. Interview aid sessions provide 1:1 help with a training analyst for advice and mock interviews for those with upcoming interviews and has had great success for developing internal candidates interview skills.

RECOGNITION/SERVICES/OTHER PROJECTS:

1. Employee of the Month Recognition 24 (2 per month) winners per year and one employee of the year award.
2. Manager/Supervisor of the Quarter Program: 8 winners and one manager/supervisor of the year.
3. Employee Referral Award Program: 2 winners every month and one quarterly winner.
4. HR Newsletter: published monthly.
5. Intern Newsletter: restarted this program.
6. Volunteer Program: Community Outreach.
7. File Room Project: Scanned the entire storeroom of employee files.
8. Improved collaborations with Finance to resolve process issues. HR continually leads a bi-weekly collaborative meeting with the Finance team to discuss system and process issues. We also effectively communicate information from both our department leaders that will/could affect Payroll and HR processes.
9. Successfully lead the annual PERS audit. We have efficiently and effectively relayed all the information that the auditors requested for this year's audit. Through this audit, we have identified 1 audit finding that will be addressed by both HR and Finance teams, as it pertains to the correct reporting of our monthly wages and contributions into the PERS system.
10. Qualifying Life Events and Mass Open Enrollment. Annual open enrollment was processed through NEOGOV.
11. Completed the second Mangers Conference: Change Management, Connections and opportunity workshop.

HR ASSISTANT & ANALYST PROJECTS

1. Updated Driving Policy to include annual checks of DMV records.
2. Set up DMV Portal to begin the process reviewing DMV records for those positions required to drive on SNHD business. First audit completed in 4th quarter of 2025.
3. Completed I-9 audit to include digitalization of all paper I9s.
4. Implemented use of E-Verify.
5. Revised updated SOPs for Temporary Employees,
6. Created and updated 132 paper forms to automated e-forms in NEOGOV.
7. Changed background companies to receive a more quality report at a lower cost.
8. Currently working on transitioning all files into NEOGOV e-Forms module.
9. Enhanced Flex Reclass process to automate and decrease time from submission to application of new rate of pay for employee.
10. Automated Onboarding Step 2 in NEOGOV for internal movements via E-forms, eliminating reliance on email-based processes and ensuring consistency and efficiency.
11. Created and implemented a new process within NEOGOV to support Interns.
12. Created SOPs for hiring, intern and credentialing processes.

13. Updated the credentialing process and assisted in the successful completion and response to the HRSA audit.

BENEFITS

1. Implemented 457 Plan Review Committee
2. Added Pawternity (Pet Bereavement)
3. Updated bereavement for an immediate family member to include the ability to have up to 80 hours of sick leave donated by co-workers
4. Added monthly financial and health educational classes.
5. Maintained low WC rating resulting in a decrease in premium for FY 2026.

EMPLOYEE/LABOR RELATIONS

1. Reduced probationary releases by 60%.
2. Completed Discipline SOP/Flow Chart which will be used in combination with online routing forms for each type of discipline.
3. Implementation of mileage MOU, saving over 100k.
4. Implementation of new Employee Handbook.
5. ER team attended over 100 department meetings and over 250 check-in meetings with management resulting in 13 Coaching and Counseling documents and 7 grievances with 0 involuntary terminations outside of probationary releases.

SAFETY

1. Updated and enhanced General Safety Plan.
2. Created Heat Safety Training.
3. Created Safety Committee Training Program.
4. Created unified incident reporting process with Informatics and IT.
5. Completed 2 comprehensive Environmental Health and 50 heat specific Job Hazard Analysis.
6. Completed 15 Ergonomic Assessments.
7. Implemented Hearing Protection Training.
8. Created the Heat Illness Prevention Policy.
9. Assumed oversight and Updated the Respiratory Protection Program.
10. Presented the Heat Illness Prevention Plan to the Board of Health.
11. Updated Incident Reporting Policy.
12. Trained New Safety Committee Co-chair.
13. Led a formal Role-delineation with the Employee Health and Safety Activities.
14. Provided guidance and answered over 500 safety inquiries and questions.
15. Conducted two evaluations and use of safer medical devices including sharps with engineered sharps injury protection.

MISCELLANEOUS

1. 2 HR Assistants and 1 Sr. HR Admin earned their PHR.
2. 1 HR Manager earned their SPHR.
3. 1 HR Assistant and 1 HR Analyst earned their B.S.
4. Sponsored annual Halloween event for all employees.
5. Lead project to have working announcement TVs at all remote locations.

Informatics

DISEASE SURVEILLANCE SYSTEM (EPITRAX/EMSA)

1. Maintenance and enhancement of the EpiTrax disease surveillance system.
2. Maintain and enhance data warehouse and BI tools to ensure timely data analysis and reporting.
3. Completed NV WebIZ integration with EpiTrax in collaboration with the Nevada State team, including Mirth Channel and FHIR server setup.
4. Migrate Opioid and Child Lead Poisoning Presentation Program Dashboards to Power BI platform.
5. Updated the list of reportable conditions authored within CDC's Reportable Conditions Knowledge Management System (RCKMS) for eCR reporting.
6. Develop Message Mapping Guides (MMGs) in collaboration with the State of Nevada and CDC, including submission of the TB/LTBI implementation spreadsheet and initiation of MMG mapping for Mumps, Pertussis, and Varicella.
7. Submitted the 2024 STD data reconciliation to the State of Nevada.
8. Enhanced the CSV export feature to include data from repeating fields.
9. Completed and updated multiple forms in EPiTrax, including Novel Influenza A Contact, NORS Outbreak, Case Management (added Mumps, Pertussis, TB fields), Measles (new PEP and risk questions), Mosquito Trapping Outcomes for Arboviral diseases, PrEP (fixed duplicate fields), Internet Notification (captured email addresses), removed outdated COVID-19 forms, and developed Foodborne Illness form (pending review).
10. Added new fields and functionality to support data capture, reporting, and MMG submissions, while removing outdated forms.
11. Updated Event Onset Date calculation logic in EpiTrax to incorporate additional lab result indicators.
12. Added Mycobacterium lepromatosis as an organism option for Hansen's Disease (Leprosy).
13. Developed and imported contact lists and survey responses into EpiTrax for outbreak investigations, including TB, Legionellosis, Norovirus, and Measles.
14. Addressed daylight saving time issues in date/time fields.
15. Continued improving OpenEMPI matching configuration to enhance person match accuracy, including adding new fields and system properties, automating person linkage in EpiTrax, and demonstrating the workflow for managing person links with ACDC and ODS.
16. Optimized ETL processes by reducing query runtimes, improving logging for issue tracking, and updating indices on large tables for better performance.
17. Enhanced data warehouse accuracy and usability by refining table logic, excluding deleted forms, updating disposition fields, adding new race categories, and improving age and case count calculations.
18. Performed table maintenance, including deduplicating form reference data and finalizing documentation for form question tables to support the Weekly Warehouse Usability Workgroup.
19. Continue to support EMSA2, including code mapping, logic development, and system integration, ensuring accurate and timely public health reporting.
20. Updated EMSA logic and mappings, including new LOINC, ICD-10-CM, and SNOMED codes, to support updating investigation guidelines.
21. Processed over 1,189,253 Electronic Lab Reports (ELRs) with ongoing performance and automation improvements.
22. Implemented system enhancements, including separate Mirth channels and updated server configurations, to handle high-volume eCR data efficiently.

23. Onboarded multiple healthcare partners for eCR submission, enabling formatted data viewing and streamlined integration including Optum Del Webb Satellite, Optum Care Mountain West Home Health, North Tenaya Southwest Medical Associates, and UHS/Centennial Clinic.
24. Conducted regular exception handling and resolved EMSA2 logic issues for TB, Hepatitis B, and Syphilis cases.

DATA MODERNIZATION INITIATIVE (DMI)

1. Completed HIE data extraction for the PILLARS project/grant.
2. Engaged in statewide and national public health data initiatives, including TEFCA/FHIR testing and eCR data exchange with NV HIE.
3. Collaborated with AWS on a pilot AI project to extract key data elements from eCR messages.

SYNDROMIC SURVEILLANCE

1. Continue to maintain and enhance the syndromic surveillance system to support onboarding of new providers and ensure future scalability.
2. Ongoing onboarding of four new Intermountain Healthcare clinics; risk management forms have been completed. The onboarding process is expected to be finalized by Fall 2025.
3. Continued efforts to explore ingestion of inpatient data from partner hospitals to expand surveillance coverage and enhance public health situational awareness.

SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

1. Continued work on SNPHL LIMS to interoperate with internal and external systems, including ongoing data exchange interface maintenance and support.
2. Maintained Orchard Outreach platform and onboarded 15 external partners (e.g., Clark County Coroner's Office, Sunrise Hospital Infection Prevention, Southern NV Veterans Home).
3. Maintained interfaces for Public Health Laboratory Interoperability Project (PHLIP) and National Respiratory and Enteric Virus Surveillance System (NREVSS) feeds.
4. Completed Laboratory Response Network – Biological Agents (LRN-B) interface and automated delivery feed, adding codes, testing split order rules, and validating messages per CDC guidelines.
5. Updated LIMS to accommodate new instruments and testing offered by the Public Health Laboratory. Developed new result template layouts for susceptibility testing and updated microbiology orderables. Completed LIS integration for UN, XN, and Alinity instrument bi-directional interfacing.
6. Added chain-of-custody questions for orders involving Bio-safety Level 3.
7. Modified LIMS orderables to integrate BioFire Torch instrument and interface with Harvest.
8. Completed LIMS database migration to a new Windows server.
9. Fine-tuned CBC, urinalysis, and other clinical testing, including implementation and testing of calculations such as eGFR and anion gap.
10. Standardized coding for Chemistry, Hematology, and Urinalysis tests across instrument interfaces.
11. Completed LIMS and laboratory preparation for Clinical Laboratory Improvement Amendments (CLIA) inspections.
12. Initiated buildout of Whole Genome Sequencing (WGS) reflexing rules.
13. Continued expanding QA reporting and data extract capabilities.
14. Launched Candida susceptibility testing into production.
15. Onboarded new GI and Respiratory panels for the Diasorin Torch instrument.

16. Implemented GISP/eGISP reporting template updates to align with the Combatting Antimicrobial Resistant Gonorrhea and other STIs (CARGOS) initiative.
17. Developed additional result template layouts for susceptibility testing and updated microbiology orderables.

ELECTRONIC HEALTH RECORD (EHR)

1. Worked with IT to maintain and support the Electronic Health Record (EHR) system, eClinicalWorks (eCW) Continue to improve charting, reporting efficiency and to accommodate new locations and services.
2. Completed migration of eCW to the cloud.
3. Assisted with various data reports/requests and extracts (eg. Ryan White Services Report, Clinical Quality Management, Tobacco Screening, Immunizations, TB/LTBI, etc.)
4. Submitted Family Planning Annual Report (FPAR) report for Family Planning.
5. Submitted Uniform Data System (UDS) reports to Health Resources & Services Administration (HRSA).
6. Modified Prenatal Care Documentation Template and OB History Walk-in template to better capture Obstetric History.
7. Updated Healthy Start configuration to comply with new federal directives.
8. Implemented interface and workflow for automated urinalysis testing using Clinitek instrument for Urinalysis.
9. Deployed the Behavioral Health module within the EHR system.
10. Implemented the Obstetrics Flowsheet to enhance prenatal care tracking.
11. Rolled out the Chronic Care Management / Principal Care Management (CCM/PCM) module.

CLARK COUNTY OFFICE OF THE CORONER/MEDICAL EXAMINER (CCOCME)

1. Maintained and updated Coroner and Medical Examiner system (CME).
2. Extracted and submitted data for National Violent Death Registry System (NVDRS) and State Unintentional Drug Overdose Reporting System (SUDORS).
3. Updated address geocoding functionality to improve automation and accelerate CDC grant-related case processing.
4. Responded to data requests by providing reports to various local and federal government partners.
5. Participated in FHIR specification development with the Georgia Tech Research Institute (GTRI).

ACADEMIC COLLABORATIONS

1. Worked with UNLV to apply GIS technology and produce spatial analysis reports via hot spot analysis, disease mapping, and their associations with socioeconomics and other area risk factors relating to populations experiencing a disproportionate burden of COVID-19 infection.
2. Worked with UNLV to develop a base model to evaluate and assess disparity of COVID-19 hospitalization and mortality among populations experiencing a disproportionate burden of COVID-19 infection.

NATIONAL CONFERENCES AND WORKSHOPS ATTENDED

1. 2025 BCHC Data Governance/Legal Workshop
2. 2025 HIMSS Global Conference
3. 2025 CSTE eCR Summit
4. 2025 CSTE Annual Conference

WORKFORCE RECRUITMENT AND STAFF AWARDS

1. Hired 1 Public Health Scientist

ABSTRACTS, POSTERS OR PRESENTATIONS

1. Posters at the 2025 CSTE Annual Conference.
    a. Enhancing Public Health Surveillance: Impact of Electronic Case Reporting Integration at the Southern Nevada Health District.
2. Oral presentation at the 2025 CSTE Annual Conference.
    a. Transforming Local Public Health: A Panel Discussion on CDC-Funded Local Health Department Data Modernization Projects.
    b. Leveraging US Census API and Automation to Enhance National Violent Death Reporting System (NVDRS) Data Collection.
    c. Developing a System for Real-Time Weather Data Collection to Support Public Health in Clark County, NV.
    d. DMI Workshop - Enhanced STD Surveillance using eCR via QHIN connection and AI.
3. Oral presentation at CSTE eCR Summit
    a. Enhanced STD Surveillance using eCR via QHIN connection and AI.

JOURNAL PUBLICATIONS

1. Barber, C. A., Chien, L.-C., Labus, B., Crank, K., Papp, K., Gerrity, D., Collins, C., Oh, E. C., Zhang, L., & Mangla, A. T. (2025). Application of joinpoint regression to SARS-CoV-2 wastewater-based epidemiology in Las Vegas, Nevada, USA. Epidemiology & Infection, 153, e68.
2. Chien, L.-C., Chen, L.-W. A., Cross, C. L., Gelaw, E., Collins, C., Zhang, L., & Lockett, C. (2025). Towards optimization of community vulnerability indices for COVID-19 prevalence. BMC Public Health, 25, 1583.
3. Chien, L.-C., Chen, L.-W. A., Cross, C. L., Gelaw, E., Collins, C., Zhang, L., Mangla, A. T., & Lockett, C. (2025). Unveiling community vulnerability to COVID-19 incidence: A population-based spatial analysis in Clark County, Nevada. International Journal of Environmental Research and Public Health, 22(3), 326.
4. Kim, Y., Flatt, J., López, E., Kim, J., Bhandari, N., Mangla, A., Zhang, L., Travis, T., Topol, R., Qiu-Shultz, Z., & Shen, J. (2025–2026). Identifying factors associated with vaccination status and mortality among older adults in Nevada during the COVID-19 pandemic. Nevada Journal of Public Health, 2025–2026

GRANT APPLICATIONS

1. Secured $750,000 from ASTHO Data Modernization Implementation Center Program to support SNHD in modernizing data systems and adopting the latest health information technology standards.

Information Technology Department

IT PROGRAM SUMMARY

Beyond individual projects, the IT Department demonstrated strong leadership and value across the entire organization. The annual Business Vision and Value Scorecard showed an 90% satisfaction score and an 90% value score, both well above industry averages for healthcare and government agencies. Chief Information Officer Jason Frame was recognized with the 2024 Info-Tech CIO Award

for outstanding leadership and represented the department on numerous panels, webinars, and podcasts, further establishing the organization as a thought leader in the field.

APPLICATIONS SECTION

The Application Section's efforts reflect a strategic drive to modernize and streamline organizational processes, with a clear emphasis on improving operational efficiency and user experience. By integrating new platforms, automating workflows, and enhancing digital forms, the team has enabled faster, more reliable access to essential services for both staff and clients. Their work in data management and system upgrades demonstrates a commitment to safeguarding information and ensuring the resilience of critical infrastructure. These initiatives collectively foster a more agile and responsive environment, positioning the organization to adapt quickly to evolving needs and challenges.

Underlying these technical advancements is a strong intention to empower staff and clients through better tools and support. The team's focus on collaboration, training, and documentation during transitions to new systems highlights their dedication to minimizing disruption and maximizing adoption. By prioritizing solutions that enhance communication, scheduling, and quality improvement, the section aims to create a foundation for sustained growth and innovation. Their proactive approach to identifying needs and implementing targeted improvements underscores a broader vision of continuous progress and organizational excellence.

1. Made ongoing improvements to the Employee Events Calendar, enhancing tracking for Time Off requests from NeoGov and employee travel schedules.
2. Upgraded the Forms Admin API to include new search capabilities.
3. Implemented webhooks to connect Teams with Flic devices, enabling their use as panic buttons.
4. Designed and produced physical holders for Flic panic buttons.
5. Released several updates to mobile applications.
6. Assisted staff with documentation during the transition to Teams.
7. Completed research and selected Hubley as the new intranet platform.
8. Finished research and implemented a new DOT system for the TB Clinic (Scene).
9. Developed and launched new digital forms for EMS, streamlining Special Events and Trauma Center applications and renewals.
10. Added CyberSource payment processing to the new Formio platform.
11. Continued migrating and enhancing forms such as Vehicle Request, HAN Enrollment, HACCP Waiver, and HIPAA Compliance to the new Management Studio platform.
12. Improved the HACCP waiver process by creating a public portal for clients to upload revised documents directly to staff.
13. Supported GIS projects, including software and server upgrades, and adopted a new ESRI licensing structure.
14. Helped identify and select an Inventory Control System for ACDC.
15. Provided ongoing assistance for various Quality Improvement projects.
16. Created a new cybersecurity initiatives management form to track policy and procedure changes, manage projects, and publish quarterly newsletters for improved cybersecurity.
17. Developed a Mimecast delinquent checker to remind users to complete required security training.
18. Enhanced appointment scheduling processes across departments to improve client experiences.

19. Improved internal processes for faster data retrieval on Forms and updated or rewrote outdated packages and code.
20. Developed a mileage application with integrated approval workflows and reporting features.
21. Resolved numerous issues, processed workflow and configuration update requests, made report changes, and managed user access for the ERP system.
22. Delivered multiple bug fixes and enhancements to various in-house forms and applications.
23. Redesigned the audio testing logic to use Speech Synthesis instead of recorded audio.
24. Provided ongoing support for Envision Connect, ECR, annual billings, and price updates for EH.
25. Created an ECR Sync process to minimize EH downtime by notifying staff to synchronize Envision Connect when a threshold date is reached.
26. Continued participation and preparation for Accela system implementation.
27. Updated applications and databases for restaurant inspection searches to integrate with Accela data.
28. Improved the website to allow users to register for notifications about EH permit-related updates.
29. Upgraded to the new Televox system and managed monthly vaccine reminder files for both adults and children.
30. Upgraded MongoDB to version 7 for improved performance and reliability.
31. Implemented ServiceDesk Plus as the new ticketing system for Facilities, replacing the legacy Track-It system.
32. Upgraded both the GITIT and GITEPI systems to their latest versions for improved functionality and security.
33. Migrated web applications and databases to new servers (Webapp3 → Webapp6, Webapp1 & Webapp2 → Webapp7, Webapp5 → Webapp8, WebDB → WebDB1).
34. Migrated websites/applications from MySQL 5.3 to MySQL 8.
35. Updated MongoDB Driver for Forms1/Forms2.
36. Upgraded PHP to version 8; documented Forms2 and Jobrunner (Python).
37. Provided ongoing support for eClinicalWorks, addressing issues, making configuration changes, and implementing enhancements.
    a. Added the CCM/PCM module to eClinicalWorks to improve Continuity of Care.
    b. Integrated a Behavioral Health module into the system.
    c. Implemented and began testing Sunoh.ai.
    d. Managed and maintained Santovia knowledge documents.
    e. Set up and distributed iPads equipped with eClinicalTouch Mobile for outreach teams.
38. Healow Product Updates and Enhancements for Clinics:
    a. Introduced online check-in to streamline patient arrivals.
    b. Enabled open access scheduling for appointments at various clinics and Back-to-School operations.
    c. Updated patient questionnaires for clinics as needed.
    d. Set up kiosk iPads at MAIN, Fremont, Bonanza, HN, Mesquite, and other locations for Back-to-School operations.

<u>OPERATIONS SECTION</u>

Throughout 2025, the Operations Section demonstrated a strong commitment to modernizing technology infrastructure and enhancing organizational resilience. Their efforts were directed toward streamlining systems, improving reliability, and future-proofing core services. By retiring outdated platforms and embracing virtualization, the team not only reduced operational risks but also positioned the organization to respond more flexibly to evolving business needs. These initiatives

reflect a clear intention to optimize resources, increase efficiency, and ensure that critical systems remain robust and scalable.

In addition to infrastructure upgrades, the Operations Section prioritized user experience and operational continuity. Their deployment of new tools and services—ranging from advanced backup solutions to enhanced network visibility—underscores a proactive approach to supporting daily operations and empowering staff. The rollout of modern devices, improved security measures, and tailored solutions for specific departments highlights their focus on enabling productivity and safeguarding organizational assets. Collectively, these accomplishments reveal a forward-thinking strategy aimed at delivering tangible benefits to both the organization and its stakeholders.

TECHNOLOGY MODERNIZATION

1. Completed migration to VMware Horizon for VDI, retiring the previous RDS VDI system.
2. Refreshed the Petroglyph Canyon training room and upgraded thin clients.
3. Virtualized the TORAH SQL cluster and decommissioned outdated LOCMAN and GERVIL servers.
4. Migrated the CASIO server to a virtual environment, removing the old physical server.
5. Retired obsolete Fiber Channel infrastructure and the ROLEX server.
6. Deployed Pure Storage at Decatur and Flexential datacenters, migrating VMs from VSAN and XtremeIO.
7. Transitioned to an on-premises GlobalProtect gateway from Prisma Cloud Access.
8. Decommissioned the OPIOID server.
9. Upgraded and reorganized domain controllers, adding IT-P-AD-02 and COLO-P-AD-01, and retiring METEORIS.
10. Implemented a high-availability DHCP cluster.
11. Upgraded WAN at SNPHL and Fremont, tripling network bandwidth at both sites.
12. Optimized internet routing at Decatur, doubling usable bandwidth to 4Gbps.
13. Refreshed and optimized Decatur datacenter power distribution, reducing power consumption by at least 25%.
14. Upgraded the EH Plotter.
15. Deployed SecureEdge infrastructure in Akamai, replacing legacy cloud web and database servers.
16. Retired the ESSENCE application and server cluster.
17. Decommissioned the old Facilities Track-It ticketing system.
18. Replaced Microsoft SCCM with ManageEngine Endpoint Central for endpoint, patch, and vulnerability management.
19. Refreshed the GOLD VMware vSphere virtualization cluster.
20. Updated the Horizon VDI virtualization cluster.
21. Upgraded the OneTouch enterprise fax server.
22. Refreshed AV equipment in the Las Vegas Wash conference room.

DAY TO DAY OPERATIONS

1. Implemented new backup and replication technology for daily datacenter replication to the colocation site using Veeam Backup and StoneFly appliances.
2. Rolled out SaplingAI as a Grammarly alternative for the Legal department.
3. Enabled MFA for eClinicalWorks and GlobalProtect through Entrust Identity adoption.
4. Deployed Language Line Interpreter on Wheels and rolled out the Language Line app for exam rooms, ODS, and Health Cards staff.

5. Provisioned an Amazon Web Services tenant for Informatics.
6. Completed the Behavioral Health Conference Room deployment.
7. Updated Kyocera printer drivers for SecurePrint.
8. Optimized Microsoft 365 licensing with group-based implementation, reducing costs significantly.
9. Managed the Decatur-EH move following floorspace reorganization.
10. Deployed ServiceDesk Plus ticketing system for Informatics.
11. Supported Back to School operations across all sites.
12. Implemented Arista CloudVision UNO for enhanced network visibility.
13. Enabled dual screens in the Cactus Wren conference room.
14. Deployed Arista Top-of-Rack switches in all Decatur Datacenter server racks.
15. Successfully simulated disaster recovery for the Finance Enterprise infrastructure.
16. Rolled out over 150 Apple iPads to EH for Accela use.
17. Deployed more than 450 Windows 11 computers, laptops, and VDI devices.

SUMMARY AND CONCLUSION

Throughout the year, the IT Department's unified approach has fostered a culture of innovation, adaptability, and continuous improvement. By embracing new technologies and refining internal processes, teams have not only enhanced service delivery but also strengthened the organization's ability to respond to emerging challenges. The collaborative spirit evident in cross-functional projects and knowledge sharing has empowered staff to leverage modern tools, resulting in more efficient workflows and improved experiences for both employees and clients. This collective momentum has positioned the department as a forward-thinking leader, committed to driving meaningful change and supporting the organization's strategic goals.

In conclusion, the department's achievements reflect a deep commitment to organizational excellence and resilience. The focus on proactive problem-solving, robust infrastructure, and user-centric solutions has ensured that critical systems remain secure, scalable, and responsive to evolving needs. By prioritizing growth, professional development, and stakeholder engagement, the department has laid a strong foundation for future success. These combined efforts underscore a shared vision—one that values progress, collaboration, and the ongoing pursuit of operational and technological advancement.

Office of Communications

1. In 2025, OOC of Communications (OOC) responded to more than 980 media inquiries from local and national newspapers, digital outlets, radio and television stations and podcasts. OOC facilitated requests for information and interviews on a wide range of public health topics, including heat-associated deaths, fentanyl, heart health, diabetes self-management, measles, HIV, Legionnaires' disease, pop-up produce stands, Fight the Bite, immunizations, nutrition, and more.
2. OOC distributed 66 news releases and media advisories on topics such as measles, COVID-19, childhood obesity, lead testing, smoking and vaping, substance misuse, West Nile virus, flu and vaccinations. Other releases highlighted health observances including World AIDS Day, American Diabetes Month, National Latino AIDS Awareness Day, National Black HIV/AIDS Awareness Day, National Minority Health Month, National Save a Life Day, and Hispanic Heritage Month.
3. More than 2,700 public health-related stories were tracked and shared with staff.

4. Expanded behavioral health services were featured at a January 2025 open house marking the growth of the Southern Nevada Community Health Center's Decatur clinic. OOC planned and supported the event, which showcased new therapy, psychiatric, and substance use counseling services.
5. In February 2025, OOC collaborated with Facilities and the Southern Nevada Public Health Laboratory on a groundbreaking event for the lab's expansion. Attendees included board members, elected officials, media, community partners, and staff. Guests toured the existing lab to learn about its role in communicable disease surveillance, high-complexity testing, and emergency response.
6. To prepare residents for extreme summer temperatures, OOC joined Clark County, the National Weather Service, and community partners in May 2025 to launch the annual Beat the Heat Southern Nevada campaign. Public service announcements, bilingual fact sheets, and digital media outreach promoted cooling centers, tree distribution, and community programs that protect vulnerable populations.
7. In August 2025, OOC supported the Southern Nevada Community Health Center's National Health Center Week activities, including client giveaways. A back-to-school booster seat distribution with media availability was held at the Fremont Public Health Center. The event raised awareness of Nevada's booster seat law and was supported by the Healthy Living Institute at UMC, Car Seats for Christy, and Safe Kids Clark County.
8. During the 2025 Nevada Legislative Session, OOC tracked more than 200 bills, worked with program staff to analyze impacts, and collaborated with the Health District's contract lobbyist to support public health priorities. OOC prepared fact sheets, letters, and testimony for committee hearings.
    a. A key accomplishment was securing state funding through AB591, which established $15 million in non-categorical, per capita funding for statewide distribution. The Health District will receive $10,786,480 for the biennium, split between fiscal years 2026 and 2027.

       In August 2025, the Board of Examiners approved State Public Health Funding for the Health District to support priorities related to the implementation of the Healthcare-Associated Infection HAI Prevention and Control Program, which oversees infection prevention and control activities in health care settings in Clark County. These funds were also approved for maintaining epidemiology and laboratory capacity previously established under the Epidemiology and Laboratory Capacity (ELC) grant.
    b. OOC collaborated with staff and the lobbyist to draft testimony and engage with legislators on public health legislation, contributing to improvements in several measures. Key bills included AB360 (syphilis testing requirements), AB50 (mass casualty database), AB394 (opioid emergency response plans in higher education), AB331 (expansion of the Youth Risk Behavior Survey), and AB269 (student loan repayment for workforce recruitment).
    c. Close collaboration with Environmental Health staff focused on SB295, legislation related to mobile food vendors, which was ultimately vetoed.
9. In February 2025, OOC participated in Community Health Center Day at the Legislature in Carson City, joining the Nevada Primary Care Association and partner health centers in advocacy activities. Meetings with legislators highlighted the role of Federally Qualified Health Centers in providing integrated care and the importance of protecting 340B contract pharmacies.
10. In April 2025, OOC supported the School of Public Health Day at the Legislature. Staff tabled at the event, distributed materials, and met directly with legislators to discuss public health

priorities. The event gave students, faculty, staff, and partners the opportunity to engage with policymakers and raise awareness of public health.

11. Letters developed with program staff were sent to the Nevada congressional delegation regarding tobacco prevention funding, Healthy Start funding, and Title X. OOC also drafted and submitted federal public comment on proposed changes to the Public Benefits/PRWORA rule. OOC conducted outreach to arrange meetings for the District Health Officer to meet with members of Congress.
12. Led the development and submission of the FY2024-2025 Senate Bill 118 Public Health Report, coordinating program summaries, financial reporting and narrative development, and ensuring compliance with statutory requirements. Compiles all required program and fiscal information and submitted the final report to the Legislative Counsel Bureau in September 2025.
13. Tracked public health issues during the November 2025 special legislative session, including updates to vaccine administration rules for pharmacists and school zone traffic safety.
14. OOC received more than 930 project requests, including graphic design, website content development, advertising and marketing materials, and translation services. Content was also updated across SNHD.info, SNCHC.org, and GetHealthyClarkCounty.org.
15. OOC developed and launched the annual “Beat the Heat” and “Fight the Bite” campaigns across print, digital and outdoor platforms.
16. OOC partnered with the ODS team to design and launch a dedicated microsite for the SUID (Sudden Unexpected Infant Death) campaign. Over a three-month period, the landing page generated 39,000+ page views from 32,000 active users.
17. OOC developed and launched the annual “Back to School” campaign, with a focus on immunizations and vital records. The campaign ran across print, digital, and outdoor channels.
18. OOC formed a dedicated Website Committee comprised of liaisons from each department represented on the site. The committee formally rolled out sitewide in February 2025, meeting biannually to assess navigation, content accuracy, and design improvements. This structure has allowed us to ensure that updates are both strategic and department informed. One major outcome from this process was the development of a large Outbreak Prevention and Response microsite. This ongoing project includes restructuring and simplifying content, revising the site map for easier navigation, and updating graphics to better communicate public health information.
19. OOC increased the agency’s digital footprint diving further into display and other digital advertising, increasing click-through conversion by 761.5%.
20. Established updated brand/editorial guidelines, including imagery, fonts, colors and tone.
21. OOC refreshed the “Your Shot” campaign with updated materials and resources to promote flu, RSV and COVID-19 vaccines. The updated campaign generated more than 600,000 views, with a 2.43 click-through rate—exceeding industry benchmarks for similar campaigns. Staff actively promoted the campaign at local outreach events, including Haunted Harvest at Springs Preserve, were over four nights an estimated 10,000 attendees received informational materials.
22. In partnership with the Office of Informatics and Epidemiology, OOC reviewed, formatted and designed the Community Health Assessment (CHA). The comprehensive report highlights key health indicators, social determinants and community priorities that will guide future public health planning across Southern Nevada.
23. In partnership with Three Square Food Bank, the Health District hosted four emergency food distribution events at its main location and the Fremont Public Health Center, serving more than 1,400 people.

24. On May 29, 2025, an Adult Immunization Outreach Event was hosted, providing services to 28 clients. In addition, 383 participants completed an adult vaccination survey. Attendees also had access to blood pressure screenings, harm reduction kits, and information about Southern Nevada Health District programs and services.
25. Partnered with the Mexican and El Salvador consulates through the REACH program to promote adult immunizations among Latino communities in Southern Nevada. The initiative reached 7,693 individuals through in-person outreach. Additional activities included distributing 10,000 flyers, 2,500 educational tote bags, and participating in four health events and five mobile unit sessions. Digital engagement further expanded the campaign's outreach, with 3,590 viewers participating in Facebook Live and Instagram sessions. Additionally, 3,507 individuals received direct referrals to vaccination sites.
26. During National Public Health Week in April 2025, OOC organized the Annual Walk Around Nevada Challenge. A total of 166 staff members participated, collectively walking approximately 32,042 miles.
27. OOC organized several giveaways, distributing 300 collateral bags filled with Boosty Bears, toothbrushes, and Jenga toys for National Infant Immunization Week, and 500 backpacks stocked with school supplies for back-to-school students.
28. OOC collaborated with the Community Health Center to promote STI testing at the Fremont Sexual Health Clinic. A transit and digital campaign, which ran for 12 weeks in spring 2025, reached more than 50 million viewers.
29. OOC worked with program staff to develop branding for a new fatherhood support program, including the name and logo (Embracing Fatherhood of Southern Nevada), brochures, flyers, and a website. The program launched in spring 2025.
30. OOC supported Healthy Start initiatives by creating materials for the Mama Bear, Papa Bear Clinic (during National Infant Immunization Week) and a community Baby Shower. Materials provided families with information on prenatal care, parenting resources, and local services.
31. Four editions of the external newsletter, Public Health Perspective, were published with topics ranging from back-to-school vaccinations to holiday food safety tips, and pedestrian safety. Each edition averaged a 25 percent open rate, above the industry average of 17–28 percent.
32. OOC established a Website Committee with liaisons from each department. Launched in February 2025, the committee meets biannually to assess navigation, content accuracy, and design improvements. One major outcome was development of a large Outbreak Prevention and Response microsite with simplified content, an improved site map, and updated graphics.
33. In partnership with the Department of Welfare & Supportive Services (DWSS) and Three Square Food Bank, OOE supported outreach at the Main and Fremont Public Health Centers. In 2025, DWSS representatives assisted 2,278 clients, and Three Square helped 158 clients with SNAP, Medicaid, and Low-Income Energy Assistance Program applications.
34. Community volunteers contributed 3,975 hours of service.
35. OOC responded to more than 1991 inquiries submitted to the public information email address. Questions included vaccine clinic requests, health fair invitations, media inquiries, client feedback, and general program and service information.

Legal Department

LEGAL DEPARTMENT PROGRAMS AND PROGRAM METRICS

a. Administrative Hearings

The Legal Department's Associate General Counsel represents the Health District in the prosecution of administrative compliance cases. On a monthly basis, the Solid Waste and

Compliance program of the Environmental Health Division holds hearings enforcing illegal dumping laws and violations of the Solid Waste regulations. On an as needed basis, the Associate General Counsel prosecutes other Environmental Health programs compliance issues, as well as the Office of Emergency Medical Services and Trauma System's cases regarding violations of permit and licenses.

This past year, 36 Solid Waste cases were brought to hearings.

b. Public Record Requests

The Legal Department manages the Public Records Program and oversees Health District compliance with the Nevada's public records law consistent with NRS Chapter 239.

Public Record Requests for 1/1/2025 – 12/10/2025: 1,422 This represents a slight increase for the same time period the prior year.

c. Medical Record Requests

In January 2023, the oversight of the medical records request program transferred from the Legal Department to clinical partners (FQHC & PPC). The transition started in November. In doing so, Legal staff trained more than 14 employees in HIPAA compliance for requests, updated policies, procedures and forms, worked with IT to create new points of contact, and continued to be an advisor to staff for processing requests. This transition did not include epidemiology requests; the Legal Department continues to process epidemiology medical records requests.

Epidemiology Medical Record Requests for 1/1/2025 – 12/10/205: 27

d. Subpoenas

The Legal Department manages all subpoenas requesting Health District business records and coordinates responses with the applicable Health District Division and all demands for employee depositions in non-party litigated matters. There were 38 subpoenas for 1/1/2025 to 12/10/2025, which is an increase from last fiscal year.

For matters wherein the Health District is not a party and one of the party's seek District staff to attend depositions, the Associate General Counsel attends and ensures the Health District's interests are represented. This past year, two depositions required attendance.

e. Records Information Management

The Legal Department is responsible for facilitating and maintaining the correct records management policies and procedures and integration of the records management program into the Health District's operational systems. This year, the Legal Department focused on training Liaisons on the importance of electronic destruction of records, and as a result multiple programs have put systems in place and are destroying electronic records in accordance with ADM-111, RIM Disposition and Destruction Policy. The Legal Department advises RIM Liaisons, providing guidance regarding the life cycle of their programs' documents, and advises Liaisons regarding reviewing, updating and maintaining their programs' retentions schedules. Legal staff worked with an analyst at the State of Nevada State Library, Archives & Public Records Division providing feedback and commentary regarding the restructuring of the State's local government records retention schedule.

f. Contracts

Contracts welcomed a new Contract Administrator in September of 2025, supplementing and enhancing the existing Contracts team, which consists of our incumbent Contract Administrator, and our Sr. Contract Administrator. Additionally, the Legal Department's Legal Secretary ensures that fully executed contracts are brought home for further processing in as timely a manner as is humanly possible. Each team member serves both specific and general functions in the contracts process, and team members are either cross-trained in day-to-day operations of the Contracts team; or are in the process of completing such cross-training.

Contracts staff continued to work with programmatic staff to ensure the Health District's contractual needs were met on a day-to-day basis. In CY2025, more than 300 contract requests were received, with approximately 64% of those requests being expedited by their sponsoring program(s) with the expectation that development of an expedited contract document would be completed within four to six weeks or sooner.

The Legal Department recognizes that supporting the Health District in review, development, and amendment of contract documents is more than just a numbers game. For example, a construction contract and a simple amendment to extend the term of a contract are not on the same level in terms of complexity, but each type of contract is assigned a metric of one (1). Additionally, the difficulty of putting a contract into place varies greatly depending on many factors, including but not limited to the completeness and accuracy of information provided by the sponsoring program, and the responsiveness of the sponsoring program and the contractor. As such, reporting numbers alone do not tell the complete story of the work performed by the Health District's Contracts program.

Contracts staff continued to work one-on-one with Agiloft contract lifecycle management platform users to troubleshoot technical issues and identify fixes and/or reasonable workarounds, thereby keeping contract requests moving smoothly through the approval and development process. Furthermore, the Contracts program managed hundreds of Finance Enterprise contract expiration notifications, in addition to assisting Financial Services to ensure the Federal Funding Accountability and Transparency Act reporting concerning federal grant subrecipients was kept current.

Additionally, the Contracts program was integral in identifying issues with contract-related factors including funding sources and scopes of work as submitted and approved in Agiloft by various programs, thereby protecting the Health District from unintentional misappropriation of funding and cost overruns. Finally, Contracts continued to branch out to provide enhanced support services to its internal clients. Examples include, but are not limited to:

- Working closely with Facilities and Finance during CY2025 to help ensure the lab expansion project moves forward.
- Working extensively with PPC in CY2025 to put a doulas program in place to support deliverables for the Healthy Start grant. The doula program is groundbreaking, and as such has many moving parts to resolve.
- Working extensively with PPC, and closely with Risk Management, to help ensure that PPC's "Community Baby Shower" took place in CY2025.

- A Contracts team representative joined PPC's Street Medicine Team early on in the program development process to facilitate getting necessary contracts into place smoothly and efficiently.

g. Risk Management Program

In addition to managing the insurance products for the Health District, the RMP identifies, evaluates, and measures the different types of risks that can impact the Health District and the Community Health Center. Culminating in an annual risk management report. The Health District continues to experience the financial benefits of utilizing private market insurance in the second fiscal year of the change from the governmental insurance pool coverage.

RMP consistently strives to develop proactive measures for recommendation by following up with staff and relevant entities after an incident. This helps identify actions that could be implemented to reduce or prevent the likelihood of similar incidents happening in the future. Additionally, RMP tracks and maintains Certificates of Insurance for contracted employees, vendors, and contractors to ensure the Health District is continuously protected by avoiding any lapses in insurance coverage. RMP collaborates closely with our Broker on every claim filed for the Health District. Additionally, RMP handles and processes insurance claims to completion with other carriers when the Health District is not at fault.

h. Compliance Program

The Compliance Program works diligently with the covered entity to ensure HIPAA and privacy concerns are addressed. The Compliance Officer is responsible for completing these tasks. The compliance program hosts a quarterly compliance committee. In the committee, the members are informed of areas of concern for the Health District and briefed on any ethical complaints that have been investigated. To build a culture of compliance, all new employees are introduced to the Code of Conduct by the Compliance Officer during orientation.

Clinical inspections were completed this year for the Decatur, Fremont, and Mesquite locations. During these inspections, the Compliance Officer inspects the sites for any HIPAA or privacy concerns. The inspections identified items that were able to be addressed through work orders. The Compliance Officer addressed other deficiencies by speaking with supervisors and meeting with staff to educate them on the identified violations.

The Compliance Officer created a new HIPAA risk assessment electronic form. Compliance sent the new electronic risk assessment to all departments and divisions within the Health District. The annual assessment allows each department/division to look at its processes and make any changes that they identify to ensure compliance with Health District policy. Each department/division is encouraged to review the assessment with their staff to identify any known issues. The Compliance Officer provides follow up, feedback, and support to the programs.

The Legal Department utilizes EthicsPoint, an incident management software, which allows staff to anonymously report ethical and HIPAA violations. In the past fiscal year, 8 incidents have been reported and either referred or investigated, as appropriate.



Issue	Count (%)
Conflict of Interest	4 (50%)
Other	3 (37.5%)
Theft	1 (12.5%)
Total	8

i. Policy Committee

The Legal Department provides direction to the Policy Committee (with the General Counsel and Associate General Counsel as co-chairs). Prior to Committee review, one or both in-house counsel reviews each policy for content, accuracy, and compliance.

There are 63 effective district wide policies. During 2025, 23 district wide policies were either introduced or reviewed, published, and acknowledged by Workforce members.

As part of the Public Health Infrastructure grant, Human Resources purchased the full suite of NEOGOV, which includes PowerDMS to manage documentation review and eForms to manage Workforce member compliance. Both platforms were implemented September 1, 2023. The Legal Secretary manages the day-to-day activities of PowerDMS to ensure proper communications regarding policies between the Policy Committee, the Joint Labor Management Committee (JLMC), and leadership.

LEGAL DEPARTMENT TRAINING COMMITMENT

To ensure the best services to the Health District, the Legal Department staff attend a variety of training courses throughout the year.

General Counsel attended the State of Nevada Bar Annual Meeting in Washington, DC on a scholarship from the Bar, as well as webinars in Nevada Public Records Act and Tort Litigation and The Duties and Ethical Responsibilities of Government Lawyers.

Associate General Counsel completed courses covering insurance law, discrimination law, representation of government clients and government employees, labor law, employment law, and use of artificial intelligence in the practice of law.

The Sr. Contract Administrator completed a State of Nevada Certified Contract Manager course in January, 2025. The Sr. Contract Administrator participated in Project Management Professional training in CY2025 and will continue such training in CY2026. Additionally, the Sr. Contract Administrator attended a “Rethinking IT Contracts” panel discussion in December 2025.

The incumbent Contract Administrator completed an Effective Email & Memo Writing for Paralegals course in March 2025. Additionally, she completed a Grant Management Bootcamp Course as presented by MyFedTraining in August 2025.

The Contract Administrator, hired in September of 2025, completed a series of advanced Microsoft Word trainings through Fred Pryor to strengthen his technical proficiency and improved efficiency in formatting complex contract documents. Additionally, he has completed his on boarding training and is participating in additional trainings to support his work in Agiloft and in FE.

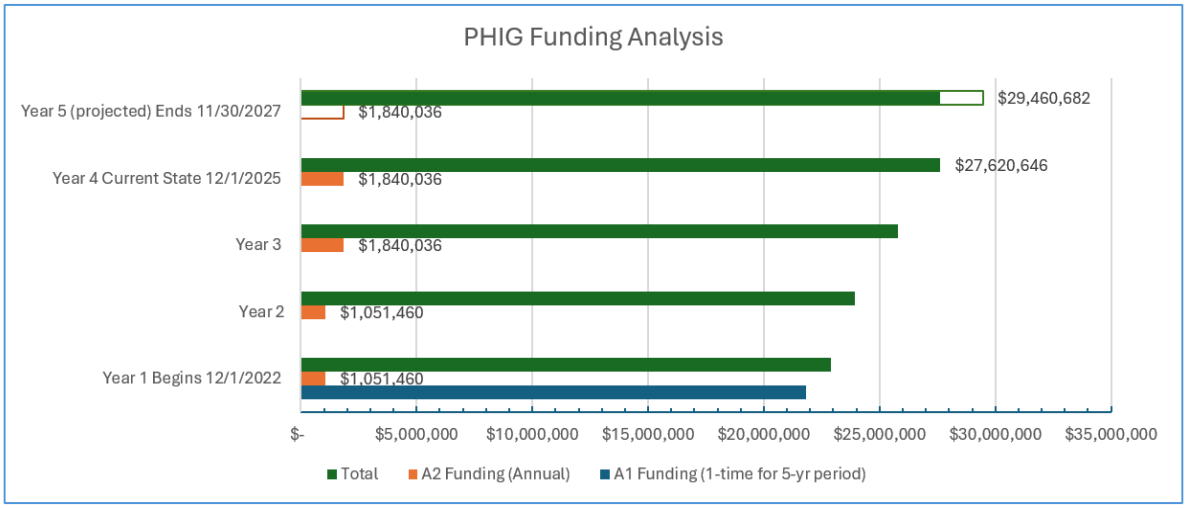
The Compliance Officer successfully completed a three-day virtual training course with the Health Ethics Trust, which culminated in the recertification as a Certified Compliance Professional (CCP). The training provided a thorough understanding of ethical standards, regulatory compliance, and best practices within the healthcare industry. Key topics covered included risk management, legal frameworks, compliance program development, and strategies for addressing complex ethical issues in healthcare. This recertification ensures that the Compliance Officer is fully up-to-date with the latest industry standards and is equipped with the necessary tools to foster a culture of compliance within healthcare organizations.

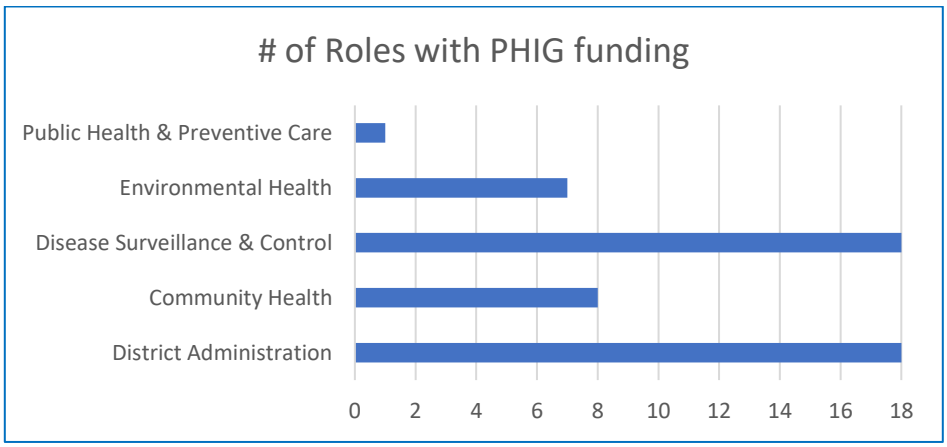
The Legal Secretary attended two NEOGOV sponsored webinars to learn the recent updates to the PowerDMS and NEOGOV platforms.

The Paralegal attended the following training courses in 2025: NBI Training Ethical Dos & Don'ts of Texts, Emails & Internal Communication; Hot Topics in Cyber Insurance; How Adjusters Investigate and Evaluate Personal Injury Claims; Director and Officer Liability: Indemnification, Insurance, and Loss Prevention; Insurance Law Back to Basics; Insurance Coverage Litigation: What Insurance Companies Don’t Want You to Find.

Workforce Director (Public Health Infrastructure Grant)

The Public Health Infrastructure Grant (PHIG) provides funding to support the mission of Public Health. The PHIG for the Southern Nevada Health District provides CDC grant funds for two strategies. The PHIG Strategy A1 (Workforce) provides over $22 Million Dollars in funding to support forty-five (45) employees with the organization. The PHIG Strategy A2 (Foundational Capabilities) has provided over $5 Million Dollars in funding to support nine (9) employees. The over $28 Million Dollars for both PHIG strategies cover personnel costs but also projects with community partners, upgrading systems, hardware, and equipment to assist in the duties of the organization to support the Southern Nevada Health District’s mission in southern Nevada. PHIG also supports training opportunities to support the District Health Officer’s community mission of Street & Field Medicine, Public Health Accreditation Board (PHAB) reaccreditation efforts, retaining employees, grow workforce alignment with PHIG Strategy A2, and Empowerment of People.





PUBLIC HEALTH INFRASTRUCTURE GRANT (PHIG)

KEY ACCOMPLISHMENTS

1. $1,840,036 awarded December 2, 2025, by the Centers for Disease Control and Prevention supporting Chronic Disease Prevention and Health Promotions, Finance, Health Equity, Informatics.
2. 668 staff members attended the All-Hands Recognition and Training Retreat with more than 81% of survey respondents indicating a Good or Excellent experience.
3. Sponsored robust employee engagement and team development initiative(s): 24 Employees of the Month, 4 annual Supervisor recognitions, 30 Spot awards, 3 Outstanding Employee awards, and 6+ team-level emotional intelligence interventions annually to enhance performance and communication.
4. Funded 22 Lean Six Sigma certifications including one Black Belt increasing measured quality and evidence-based decision making; Funded 3 Certified Nurse Case Management, 2 Symposium for Advanced Wound Care Certificates, 3 Community Health Worker Certification renewals, and 2 Emotional Intelligence Certified Human Resources Staff.
5. Year 3 Organizational Vital Signs Survey completed with >70% participation, delivered action plans to all divisions (each including at least one long-term and one short-term goal), conducted focus groups with 10% organizational representation, and hosted staff centered meeting attended by 50% of staff to drive transparency and alignment.
6. Evaluation Advisory Group Member: Driving national progress by evaluating PHIG-funded strategies that strengthen cross-sector partnerships while mobilizing community-driven

solutions to optimize local public health infrastructure, enhance efficiency, and build an evidence base for sustainable impact.

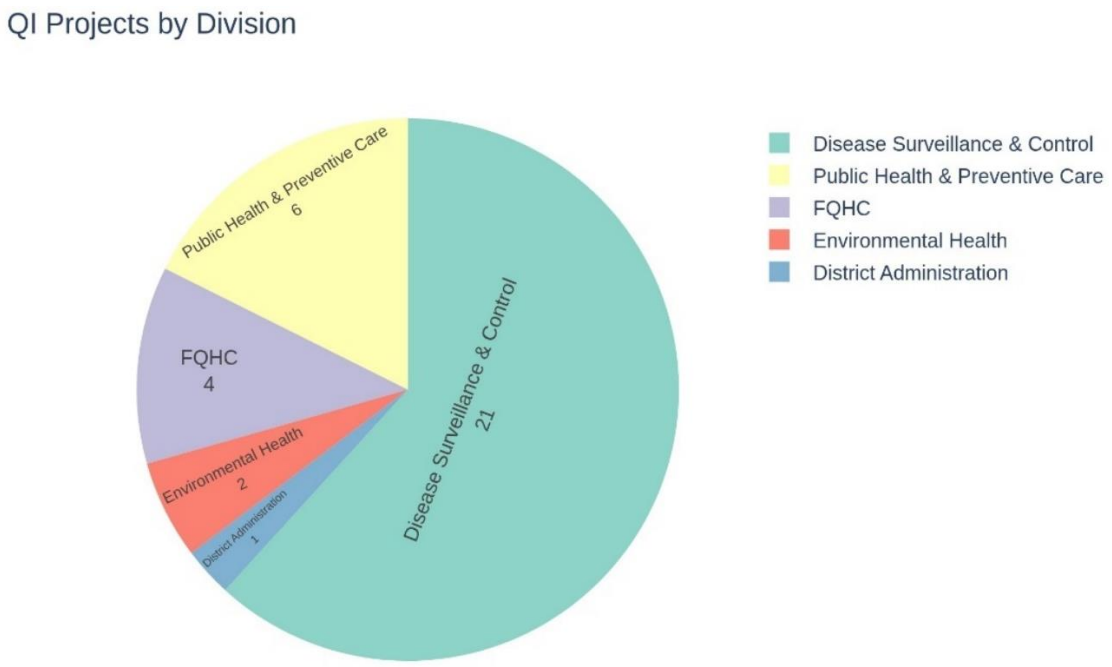
7. Enabled comparative workforce insights by securing PH WINS access to evaluate Engagement & Satisfaction results against 2024 Organizational Vital Signs benchmarks—advancing evidence-based strategies to strengthen organizational culture and public health workforce resilience.
8. 9 SNHD Impact Stories submitted for national visibility on the PHIG Partners platform and 4 Quick Wins to the CDC, highlighting programmatic impact, robust data, evaluation outcomes, and sustainability strategies that position our initiatives as exemplars of public health infrastructure.
9. Professional Development: Completed Management Essentials Training program (NACCHO), Public Health Essentials Certificate (Cornell University); Public Health Leadership Academy, (University of Nevada, Reno)
10. CredibleMind subscription funded and promoted throughout Clark County as an online, free, behavioral health resource.

INCREASED STAFF CAPACITY SUPPORTED

1. Community Status Assessment (CSA) resulted in an 8.7x increase in responses compared to previous Community Health Assessment cycles.
2. Environmental Health Complaint Response time improved from 3.5 days to <1 day in 2025.
3. SPARK Youth Advisory Council drives youth engagement by creating safe, collaborative spaces, connecting youth with public health professionals and real-world issues, and integrating hands-on activities to amplify voices and strengthen community partnerships
4. Surpassed naloxone saturation target by 58%, ensuring availability at 80% of witnessed overdoses and achieving Clark County's four-year saturation goal.

PERFORMANCE MANAGEMENT: STRATEGIC PLANNING / QUALITY IMPROVEMENT / PHAB ACCREDITATION KEY ACCOMPLISHMENTS

1. Added 34 QI and "Just Did It" projects to the new Project Storehouse used by all staff to share learnings from their work.



2. Piloted the first Gemba Walk for HEC members—engaging executives across all divisions during high-volume immunization events, generating 40+ observations that drove seven completed countermeasures and 12 additional improvements scheduled for implementation by July 2026."
3. Delivered “Just Did It” project training to 335 staff across PPC, DSC Strike Team, Disease Surveillance & Control, and FQHC divisions—achieving an 87% satisfaction rate and strengthening district-wide capacity for process improvement. (mentioned above)
4. Initiated QI project with Healthy Start to improve lead conversion and program utilization resulting in double the number of families enrolled in the past 6 months vs. the prior 6-month period.
5. SNHD QI “Just Did It” project template adopted by Nevada Dept. of Public & Behavioral Health (NVDPBH) and some Tribal Nations to fuel QI mindset by allowing small and frequent improvements to be documented.
6. Strategic Planning & Performance Management (PM): Drove district-wide adoption of the VMSG Dashboard as the first unified system for tracking 5-year Strategic Plan progress—analyzing 253 activities, completing eight objectives, and delivering 69 supporting actions to advance organizational performance. Managed inputs and tracking of over 40 contributors.
7. PHAB Reaccreditation
    a. Produced an internal communication plan for dissemination in ASTHO’s Accreditation Sustainability Learning Community—SNHD was selected as one of 5 departments nationwide to collaborate on updates to the updated Guide for Sustainable Public Health Accreditation.
    b. Assembled over 85% of PHAB Reaccreditation paperwork for multiple reviews over the next 12 months before final submission for the next 5-year Accreditation period in early 2027

PRESENTATIONS

1. Presented at the ARC on a session titled, “Strengthening Local Public Health Capacity: Stories of Impact from the Public Health Infrastructure Grant,” and “The Impact of the Public Health Infrastructure Grant in Southern Nevada.”
2. Presented at the Region 9 PHIG Hub Convening conference, “The Impact of the Public Health Infrastructure Grant in Southern Nevada.”
3. Recorded presentation titled “Sexual Health Outreach and Prevention Program” detailing the impact of PHIG with an increase in patient engagement and decrease in patient backlog. Presented Behavioral Health Project at the QI Advocates group chaired by Nevada Department of Public and Behavioral Health (NVDPBH) with agencies across Nevada.
4. Presented “Sustaining Public Health Accreditation” in a national webinar facilitated by Association of State & Territorial Health Officials (ASTHO)
5. Recorded Healthy Start Improvement video testimonial on PHIG impact for National Network of Public Health Institutes (NNPHI) for national distribution.
6. Submitted Abstract for 2026 National Network of Public Health Institutes (NNPHI) titled *Empowering the Next Generation: Upgrading Leadership in Public Health through Emotional Intelligence & Collaboration*

GRANTOR REQUIRED REPORTS

1. Hiring Plan (January -December)
2. Targeted Evaluation Project (February & August)

3. Performance Measures (February & August)
4. Non-Compete Continuation Application (August)

Community Health Division

Health Equity

KEY ACCOMPLISHMENTS

1. Created communication and education strategies to inform and educate community stakeholders on health equity and other health related topics.
2. Conducted capacity building workshops for SNHD and community-based organizations.
3. Established, cultivated and implemented the Youth Advisory Council (YAC), Students Promoting Awareness, Responsibility and Knowledge (SPARK).
4. Provided technical assistance and provided resources for other SNHD programs.
5. Developed the Health Equity strategy to guide the organizations' efforts and increase organizational capacity to address public health emergencies.
6. Carried out community convening meetings to address brain health and developed a community action plan to reduce the risk of dementia.
7. Applied and awarded funding for the Brain Health Initiative Road Map Strategist cohort program.
8. Participated in coalitions and cross sectors workgroups.
9. Planned, coordinated and carried out the Brain Health is Public Health, Health District After Dark Pannel discussion.
10. Continuing relationship with NV Hands that allowed for participation in outreach events such as their senior wellness and back to school events that take place in all their communities.
11. Partnered with two (2) community partners to implement health equity strategies to provide and or expand services to individuals within specific racial, age, income, geographic or literacy level under the Centers for Disease Control and Prevention's finding to strengthen public health infrastructure in the U.S. Expanded areas of services include:
    a. Providing medical and culturally competent nutrition education, to groups experiencing barriers to healthy nutrition, due to environmental factors such as food deserts and lack of access to good quality food and produce.
12. Participated in activities to support the renewal of Public Health Accreditation Board Certification.

HIGH LEVEL GOALS FOR 2026

1. Provide technical assistance and capacity building resources and services to SNHD programs, partners and community-based organizations.
2. Continue to provide and expand community outreach activities and strengthen community knowledge and connections to SNHD programs and services.
3. Broaden community partnerships and relationships to sustain and expand Brain Health initiatives as they relate to reducing the risk of dementia within high-need groups in our community.
4. Sustain support for grant partners implementing health strategies and interventions to communities and groups disproportionally impacted by negative health outcomes.

Office of Chronic Disease Prevention and Health Promotion

OVERALL HIGHLIGHTS:

1. Worked with Three Square Regional Food Bank to develop a nutrition standards policy for the food bank that aligns with the Healthy Eating Research (HER) guidelines and supports efforts at over 150 partner agencies.

2. Campaigned with two (2) faith-based pantries to implement the Supporting Wellness at Pantries (SWAP) program and develop nutrition standards policies in alignment with the HER guidelines. These pantries serve over 900 people each month.
3. Collaborated with Together We Can (TWC), to expand the Double Up Food Bucks (DUFB) program, a fruit and vegetable nutrition incentive program for people with SNAP benefits, to two (2) new locations, the Obodo Green Grocer and the Just One Project Mobile Market and implement strategies to increase the uptake and utilization of the DUFB program at the other DUFB implementation sites.
4. Hosted twelve (12) Pop-Up Produce Stands in partnership with the RTC and Prevail Marketplace to connect people experiencing transportation and/or financial barriers with fresh produce. The 2025 Pop-Ups sold over 1,113 pounds on produce with 44% of all transactions being SNAP/EBT transactions.
5. Facilitated 206 blood pressure and prediabetes screening events in barber and beauty shops participating in the Barber and Beauty Shop Health Outreach Program (BSHOP/BeSHOP) screening over 950 people and referring over 750 people to healthcare resources.
6. Expanded the BSHOP initiative to include the first Hispanic-owned barber shop and launched the Pressure Point Challenge which increased screening participation rates by over 14%.
7. Provided 20 Diabetes Self-Management, Education & Support (DSMES) classes. Classes were provided in English, Spanish, in-person and virtually. Two (2) of the classes were held off-site at low-income housing properties. In total, 210 people attended at least one (1) of the classes.
8. Worked with Promotoras Las Vegas (PLV) to expand blood pressure and prediabetes screenings in the Hispanic community. Over 144 people at eleven (11) community and faith-based locations participated in blood pressure and/or prediabetes screenings. Nearly 70% of people screened were referred to local resources.
9. Partnered with ten (10) members of the PHN coalition to raise awareness of the 5210 guidelines during Childhood Obesity Awareness Month in September. Partners distributed 5210 Healthy Habits Every Day materials and education at over fifteen (15) community events, programs, and activities during September. Communication toolkits in English and Spanish were shared with all coalition partners, and a paid social media campaign ran in English and Spanish to raise awareness.
10. Implemented the annual Slam Dunk Health program in partnership with the Las Vegas Aces and the Clark County School District, to encourage physical activity and healthy eating among elementary school aged children. This year, 523 CCSD classrooms in 104 elementary schools signed up for the program, reaching over 12,200 students. Representatives from the Las Vegas Aces visited the grand prize-winning classroom in April.
11. Worked with the Regional Transportation Commission (RTC) to collect feedback from the community on future bike share locations that align with the All Access Mobility Plan. As part of this project, SNHD supported the expansion of the bike share network with six (6) new bike share locations. Each of the new bike share locations also features art by local artists that reflects the culture and diversity of the neighborhood in which they are located. SNHD continues to sponsor the reduced-fare bike share pass, allowing people with SNAP benefits to use the bike share at a discount.
12. Partnered with the City of Las Vegas (CLV) to implement safety enhancements at five (5) local parks as part of their Safe Routes to Parks Plan. Enhancements included speed-feedback signage to alert drivers to slow down. The Safe Routes to Parks Plan is an appendix in the CLV Vision Zero Plan.
13. Led and supported development, adoption, and implementation of a gold standard comprehensive tobacco and smoke-free campus policy at Nevada State University.

14. Launched awareness campaigns and Initiated partnerships with the Nevada State Apartment Association and Nevada HAND to promote smoke-free living and expanded the multi-unit housing directory by over 170 new smoke-free buildings and over 3,985 smoke-free units.
15. Hosted the Tobacco-Free Living Summit which focused on tobacco-related issues facing the African American community. Experts shared data on the disproportionate impact of tobacco use, barriers to cessation, harm reduction strategies, the dangers of flavored tobacco, and tobacco control policies. Over 120 people attended the summit.
16. Hosted the 4th annual INSPIRE youth cultural and educational summit at University of Nevada, Las Vegas (UNLV) and Faiss Middle School. Over 225 teens between the ages of 13-18 attended the 5-day summit that included health topics like vaping education, healthy eating, diabetes, physical activity, positive decision making as well as cultural classes like hula, Tahitian, Samoan, Maori and more. During the finale night, over 900 friends, family and community members came out to support the youth in their showcase.
17. Oversaw the completion of over 600 tobacco retailer compliance surveys in Southern Nevada.
18. Conducted 63 youth vaping prevention events in communities and schools reaching over 75,600 students and launched new initiatives on social media to increase awareness about the dangers of tobacco, e-cigarettes, and other emerging tobacco products.
19. Developed and implemented 25 multi-component media campaigns in English and Spanish that raised awareness of chronic disease prevention and self-management and helped connect people to available resources.
20. Participated in fifteen (15) large scale community events reaching over 3,500 people. Chronic disease prevention and self-management materials were provided to attendees.
21. SNHD's Office of Chronic Disease Prevention & Health Promotion was recognized with the 2025 Circle of Care Award at the Nevada Breastfeeding Coalition's Breastfeeding Symposium.
22. SNHD's Tobacco Prevention Program was recognized with a Certificate of Appreciation at the Nevada State University's (NSU) Breathe with Ease event for their work in supporting the development, adoption, and implementation of NSU's tobacco-free campus policy.

NUTRITION:

1. Partnered with the Obodo Collective to support the opening of the Obodo Green Grocer in the Historic West Side, a small produce store that also accepts SNAP/EBT. This will increase access to healthy foods for those in the Historic West Side.
2. Led three (3) grocery store tours at Marketon to provide guidance on how to read food labels and shop healthily on a budget. The tours were provided in Spanish by our bilingual Health Educator/Registered Dietitian.
3. Sponsored Breastfeeding Awareness Month Activities in August including the Human Milk Donor Drive on August 30, 2025. Over 30 people participated in the Milk Donor Drive and over 2,453 oz of milk was collected. SNHD also promoted Breastfeeding Awareness Month on social media and shared a Breastfeeding Awareness Month Communication Toolkit with partners.
4. Promoted the 2025 Nevada Breastfeeding Coalition's (NBC)Breastfeeding Symposium on October 11, 2025, featuring Melissa Cole as the keynote speaker. Approximately 42 people attended and CEUs were provided.
5. Facilitated a Faithful Families 4-week class in Spanish at the Iglesia Salem Tierra De Paz church. Sixteen (16) participants participated in the class and learned about food resource management, nutrition, and physical activity.
6. Partnered with CCSD Food Service to promote their Universal School Meals Program for the third consecutive year. The campaign includes paid social media and website banners in

English and Spanish developed in partnership with CCSD Food Service and developed with messages and themes identified from a focus group of CCSD students and parents. This year's rates increased slightly over last year's rates. Since the annual campaign began, school breakfast and lunch participation rates have steadily increased from 26% to 28.2% for breakfast and from 48% to 54.4% for lunch.

7. Partnered with the RTC and local jurisdictions to conduct a Transportation Assessment at three (3) DUFB locations to identify opportunities and barriers to accessing these DUFB locations by foot, bicycle, or public transportation. A report of short and long-term recommendations was provided to each jurisdiction that participated.

HEART AND STROKE:

1. Planned and implemented activities to commemorate Heart Month including:
    a. Heart of the Community Block Party: This event included collaboration with 27 community partners. Activities included health screenings including a women's mobile health clinic, a 'Talk with a Doc' panel, physical activities, free haircuts from BSHOP partners, and activities for children. Over 100 people attended the event.
    b. Blood Pressure Screenings at Barber Shop Health Outreach Program (BSHOP) and Beauty Shop Health Outreach Program (BeSHOP) locations with a special Go Red for Women screening at a BeSHOP partner.
    c. An appearance on the Healthier Tomorrow radio program to discuss heart disease and paid and earned social media to promote heart disease awareness, prevention, and self-management.
2. Partnered with the YMCA to offer a free, community Blood Pressure Self-Monitoring (BPSM) Class. The 12-week class wrapped up in May with eleven (11) of sixteen (16) participants completing the program. 50% of the participants decreased their blood pressure from an elevated or higher level to normal or a stage lower than where they were at the start of the class.
3. Hosted Salon Talk: Don't Put Your Health on Pause on May 18th during National Women's Health Week at Ego Tripp Salon. Councilwoman Summers Armstrong and Senator Dina Neal both participated. Other panelists spoke on topics including perimenopause, menopause, mental health and their impact on cardiovascular health. Blood pressure screening, education, and referral were provided. Over 40 people attended the event.
4. Partnered with Mountain Top Faith Ministries conducted a 6-week, With Every Heartbeat is Life (WEHIL) cardiovascular education class at Mountain Top Faith Ministries. Of the fifteen (15) people who registered, twelve (12) completed the class (80%). The average blood pressure reading of participants dropped from 138/81 mmHG to 123/81 mmHG from pre-to-post and nine (9) of the twelve (12) class participants lowered their blood pressure to a normal stage by the end of class.
5. Hosted the annual BSHOP/BeSHOP partner appreciation and training. Sixteen (16) BSHOP/BeSHOPs participated. The meeting featured opening remarks from our District Health Officer, impactful presentations on the power of barber and stylist engagement, and an inspiring testimonial from a Shop Talk participant. Winners of the Pressure Point Challenge were recognized.
6. Hosted our annual Shop Talk as part of the BSHOP program to address men's health issues that are particularly relevant in the African American community. This year's Shop Talk was open to father-son and mentees and focused on building generational health. Congressman Steven Horsford shared opening remarks about his personal cardiovascular health journey and

other panelists discussed tobacco use and mental health's relationship to cardiovascular health.

7. Launched a Social Determinants of Health (SDoH) screening in three (3) participating BSHOP/BeSHOP locations to support clients who need resources related to food, transportation, and healthcare. Referrals are made to community resources and/or the Roseman GENESIS program for follow up.

DIABETES:

1. CDPP staff submitted the Annual Status Report to the American Diabetes Association (ADA). This report is required to maintain ADA recognition for our Diabetes Self-Management & Education (DSMES) classes. Our report, which documented a 94% customer satisfaction rating, was approved by the ADA in January.
2. Partnered with AAA Healthcare to offer a free Diabetes Prevention Program class to the community. The class was held at Nevada Partners. Twenty people began the year-long class and seven (7) completed the course. 40% of the participants lost at least 5-7% of their weight, which significantly lowers their risk of developing type 2 diabetes.
3. Selected as one (1) of 25 awardees to receive a mini grant from The American Diabetes Association (ADA) to support ongoing DSMES classes and connect class participants with the ADA Diabetes Support Forum. To date, we have recruited 28 past DSMES class participants to participate in ADA's Diabetes Support forum.
4. Partnered with Comagine Health to recruit and host two (2), focus groups of people with type 2 diabetes. Ten (10) people participated in the focus groups which were held in English and Spanish. Participants provided feedback on community resources needed and available to support people with diabetes.
5. Planned an initiative to commemorate Diabetes Month in November to raise awareness of prevention and self-management resources for diabetes. Activities included social media posts, an SNHD-all email, and a press release.
6. Updated the online Diabetes Prevention Program in English to include four (4) newly developed modules that are interactive and user friendly. The program will launch in 2026 and will eventually be translated into Spanish.
7. Presented on a Project ECHO webinar to share data on our physical activity quality improvement measure for the American Diabetes Association (ADA) Recognition Program.

OBESITY:

1. Created a 5210 Shop Page on our Get Healthy website where healthcare and community champions can order free 5210 Healthy Habits Every Day materials to use with clients, students, and patients. To date, we've supported over 20 healthcare and community champions with materials and technical assistance. New 5210 Healthy Habits Every Day materials were created and added to the 5210 Shop Page inventory.
2. Provided a presentation on the 5210 Healthy Habits Every Day initiative and available resources to 27 SNHD FQHC healthcare providers. 5210 materials were distributed.
3. Sponsored and participated in three (3) outreach events to promote the 5210 Healthy Habits Every Day initiative. Over 1,000 people participated in the First 5, Healthy Kids Day, and Cinco de Mayo events. 5210 Healthy Habits Every Day materials including flyers, stickers, magnets and other obesity prevention resources were distributed.
4. Planned and hosted two (2) Partners for a Healthy Nevada (PHN) coalition meetings with over 40 people attending each meeting. PHN celebrated its 20-year anniversary this year. Presentations, updates, and obesity-related resources provided at each meeting.

PHYSICAL ACTIVITY:

1. CDPP worked with Greater Youth Sports Association (GYSA) and Girls on the Run (GOTR) to provide opportunities for youth at three (3) elementary schools in the Pathways from Poverty area to participate in sports during the 2024-2025 school year. GYSA had 78 students participate in three (3) sports: basketball, soccer, and track. GYSA provides coaching, equipment, uniforms, and mentoring to youth participants and over 95% of the participants qualified for Free/Reduced Lunch. GOTR served an additional fifteen (15) youth of which 88% reported an increase in physical activity and social-emotional skills.
2. Partnered with CCSD Safe Routes to School (SRTS) program to increase the number of schools who reach Achievement Level Program (ALP) status. Schools who reach ALP status have committed to participating in a variety of SRTS programs, activities and initiatives across the six (6) E's of SRTS (Engagement, Equity, Engineering, Encouragement, Education, and Evaluation). At the end of the 2024-2025 school year, 53 schools received ALP recognition status surpassing the goal of 48 schools. This included eleven (11) schools who met the Platinum level (highest level), seven (7) schools who met the Gold level, ten (10) schools who met the Silver level, and 25 schools who met the Bronze level.
3. The 2025 Move Your Way Summer initiative wrapped up in September. Over the course of the summer, eighteen (18) community events at local pools or recreation centers were held reaching 4,400 people. Separately, program partners also participated in fourteen (14) events and activities in the Hispanic community reaching an additional 5,150 people. The Move Your Way initiative provides education and free access to local pools and water activities to increase opportunities for physical activity during the summer months.

TOBACCO CONTROL PROGRAM (TCP):

Collaborated with Clark County Medical Society (CCMS) and reached over 750 healthcare providers with information on tobacco cessation, brief interventions, and tobacco prevention resources. Over 150 businesses voluntarily expanded their tobacco policy including limiting smoking/vaping indoors and near entrances and exits. A campaign to promote minimum distance policies was developed and signage was provided to support the new policies. Maintained four (4) distinct, population-focused initiatives to reduce tobacco use among priority populations: Because We Matter (BWM) – African American-focused; BreakDown (BD) – Youth-focused; Por Mi Por Ti Por Nosotros (PMPT) – Hispanic-focused; and Island eNVy (IE) – Native-Hawaiian/Pacific Islander-focused. Major activities, initiatives, and events included:

1. BMW
    - Participated in Black History Month events at the Springs Preserve and distributed resources and information to over 3,000 people.
    - Implemented the 4th annual No Menthol May initiative to raise awareness of the dangers of menthol tobacco use and the impacts of targeted marketing to the African American community. A total of 82 events were coordinated including a paid social marketing campaign and participation at the Historic Westside Drive-In Movie night, Jazz in the Park, Coffee & Conversations, Run-It-Back Game Night, Faith Based activities in fourteen (14) places of faith, Juneteenth, and the Black Music Appreciation event.
2. BD/Youth
    - Distributed tobacco prevention educational materials to decision-makers and the public including 150 attendees at the Veterans Community Roundtable events on the issue of flavored tobacco products, cessation, and policy restrictions.

- Partnered with the Nevada Association of Student Councils for their annual Zone Conference, reaching over 1,100 students to promote vape-free lifestyles.
- Partnered with the Nevada Interscholastic Athletic Association for their annual Athletic Director Conference to promote the importance of tobacco-free lifestyles for youth. Developed a social media package with key youth from local high schools to share vaping prevention messages on social media accounts.
- Provided training for Communities in Schools coordinators on vaping prevention and how to address the use of e-cigarettes and other tobacco products among middle school and high school students. Vaping prevention materials were distributed to 30 middle and high schools.

3. PMPT
    - Participated in multiple smoke-free community events to promote tobacco prevention and cessation resources in the Hispanic community including Dia de Los Reyes, Eggstravaganza, Dia del Niño, Cinco de Mayo, Mother's Day Brunch, ¡Celebrando Nuestra Cultura! festival and the Día de los Muertos event reaching over 12,000 people with culturally and linguistically relevant tobacco prevention and cessation materials.
    - Established a partnership with the Clark County School District (CCSD) Family Engagement Center to encourage tobacco-free lifestyles and participated in educational workshops and family wellness nights including the Fall into Healthy Fun event.
    - Partnered with Mater Academy to provide educational presentations on "Raising Smoke-Free Kids" during their open house to over 100 parents and guardians.
4. IE
    - Established a partnership with Papa Ola Lokahi; a Hawaii based non-profit organization whose mission is to improve the health status and wellbeing of Native Hawaiians to provide technical assistance for Island eNVy materials and outreach to ensure cultural correctness as well as provide additional resources to increase reach of the IE initiative.

HEALTHY COMMUNICATIONS:

1. Increased followers on all four (4) social media platforms by at least 20%:
    a. Get Healthy Facebook: 6,083 followers (20% increase)
    b. Get Healthy Instagram: 342 followers (30% increase)
    c. Viva Saludable Facebook: 702 followers (20% increase)
    d. Viva Saludable Instagram: 241 followers (25% increase)
2. Wrote and posted twelve (12) blogs in English and Spanish. On average, over 150 people read the blogs each month.
3. Supported and coordinated twelve (12) Healthier Tomorrow Radio Program shows. Shows air monthly on KCEP 88.1 FM. Guests include SNHD employees and community partners sharing information on topics of importance to the African American community.
4. Developed and sent twelve (12) Tobacco Control Program newsletters and two (2) Healthy Headlines community newsletters. The Tobacco Control Program newsletter is sent to over 378 people with an open rate of 61%. The Healthy Headlines newsletters are sent to over 7,200 people and have a 41% open rate.
5. Developed two (2) Communication Toolkits in English and Spanish for Childhood Obesity/5210 and Healthy Brains/Alzheimer's Disease. Toolkits include sample social media posts and graphics as well as sample newsletter and blog content.

COMMUNITY OUTREACH/ENGAGEMENT:

1. Received and processed over 513 E.H.R. referrals for hypertension, diabetes, and prediabetes and sent out over 213 E.H.R. educational packets to clients with tailored information and community resources for hypertension, diabetes, and prediabetes.

HIGH LEVEL GOALS FOR 2026

OCDPHP uses a strategic and collaborative planning process to develop goals, objectives, and identify evidence-based strategies. From there, we develop a comprehensive workplan that includes specific activities in each topic area. The workplan also includes baselines and timelines so that we can measure, assess and evaluate our work. The workplan, goals, objectives and strategies are revisited and updated annually as needed to ensure that our work is focused on meeting stated goals and objectives. A data dashboard on the Healthy Southern Nevada website has been created to display chronic disease indicator data. Where possible, data is displayed for our geographic region and by gender, income level, race and ethnicity where possible. This dashboard allows us to track the progress of our efforts to reduce chronic disease. The data is also publicly available for partners to review and utilize. Below are the high-level goals identified in our departmental strategic plan.

1. Issue Reduce initiation and use of tobacco, vapor and related products among youth and young adults.
2. Eliminate exposure to secondhand smoke and electronic smoking device emissions.
3. Adopt or strengthen commercial tobacco prevention and control policies.
4. Promote tobacco cessation.
5. Stimulate physical activity rates of people in Southern Nevada.
6. Increase health equity by reducing and eliminating physical activity-related health disparities in populations at greater risk.
7. Promote fruit and vegetable consumption among people in Southern Nevada.
8. Reduce soda and sugar sweetened beverage consumption among people in Southern Nevada.
9. Enlarge health equity by reducing and eliminating nutrition-related health disparities in populations at greater risk.
10. Strengthen obesity prevention efforts and spread and scale family healthy weight and treatment programs and strategies.
11. Boost the number of people with diabetes or pre-diabetes who have participated in self-management education and support programs and activities.
12. Multiply the number of people at risk for heart disease who have participated in blood pressure screenings and self-management programs and activities.
13. Build health equity by reducing and eliminating chronic disease-related health disparities in priority populations.
14. Develop and implement outreach and communication efforts that promote healthy behaviors and connect people to existing programs and resources.
15. Ensure Effective Delivery of Chronic Disease Prevention and Management Programs in Southern Nevada.

Office of Emergency Medical Services & Trauma System

KEY SERVICE ACCOMPLISHMENTS

1. Licenses Issued
    - Full Licenses 2,667
    - Provisional Licenses 47

2. Licensure Exams Provided
    - EMT 994
    - AEMT 454
    - Paramedic 331
3. Certification Exams Provided
    - Onsite 91
    - Offsite 0
4. Response Vehicle Inspections
    - Air Ambulance 15
    - Ground EMS Response Vehicle 530
5. Agency Audit
    - EMS 17
    - Training Center 13
    - Class/Course Audit 5
6. Investigations
    - Complaints 13
    - Protocol Deviation 136
7. Meetings
    - Public 21
    - Closed 9

OPERATIONAL ACHIEVEMENTS

1. Facilitated and ensured regular continuance of the Regional Trauma Advisory Board (RTAB) Meeting which has 23 board members that oversee, disseminate information to and govern over 300 trauma services within the Southern Nevada Region.
2. Facilitated and ensured regular continuance of the Medical Advisory Board (MAB) Meeting that has 25 board members that oversee, disseminate information to and govern over 17 different medical providers in the Southern Nevada Region.
3. Ensured public safety through active facilitation of public meetings to review and amend clinical care guidelines to provide the best clinical care possible to Southern Nevada residents and visitors.
4. Reviewed and updated training practices for EMS agency preceptors. Created new performance tools for paramedic students completing field internships.
5. Continued assessment of trauma services mapping based on zip codes.
6. Conducted multiple Stop The Bleed courses in conjunction with local stakeholders.

HIGH LEVEL GOALS FOR 2026

1. Issue RFP for new license management software as service.
2. Streamline workflows post potential changes in personnel.
3. ~~Creation of acceptable definitions of need for trauma services that address upgrades building upon current regulations and NACs. The RTAB will be the committee tasked with this development.~~Conduct 5-year review of the Southern Nevada Trauma System Plan and Trauma System Improvement plan with advise from RTAB.

Office of Public Health Preparedness

KEY ACCOMPLISHMENTS

1. Incident Command System (ICS) COVD19 Response Activities

a. Supported the coordination of community-based planning and response activities for targeted outreach and vulnerable population events. OPHP leveraged grants assistance and integration with community response partners to address challenges with emerging and re-emerging infectious diseases and maintained alliance with both partner agencies and the community in information sharing and resource coordination.
b. Supported the SNHD Incident Command to plan for and conduct operations during the Las Vegas Grand Prix, November 20-23, 2025.

2. Grant Support Activities
   a. Maintained agency 6-week supply of N-95 Mask Inventory to ensure agency 24/7/365 response readiness including ensuring staff have PPE available when responding to public health emergencies.
   b. Held a seminar on extreme heat in September to continue the discussion on the health impacts of extreme heat in Clark County. Bus passes were purchased using previous fiscal year grant funds and distributed to cooling centers to overcome mobility barriers of vulnerable populations so they may access cooling stations during summer and warming stations in winter 2025.
   c. Concluded activities working with State and Federal Partners to ensure level or increased funding for Public Health, educating legislators and federal oversight governing bodies.
   d. Engaged with other SNHD programs to fund staff on grants for grant supported activities.
   e. Aided Southern Nevada Healthcare Preparedness Coalition with staff and resources from HPP funding sources. OPHP completed over $153,000 of equipment and personal protective equipment reimbursements to SNHPC member agencies. These contribution supports emergency preparedness and response for the entire Southern Nevada Healthcare system including activations of the Medical Surge Support Team to address threats experienced in southern Nevada.
   f. Planners continue to offer support for technical assistance to community partners and healthcare facilities, as well as through liaison activities with the Southern Nevada Counter-Terrorism Center.
   g. Secured and fulfilled multiple training courses for SNHD staff and community partners including advanced Incident Command System and Hospital Decontamination team training.
   h. Continued proactive information sharing with local, state, tribal, and federal partners.
   i. Supported hazard specific training to strengthen the public health workforce to respond to public health emergencies:
      i. Continued to fit test appropriate employees.
      ii. Continued to provide CPR BLS training to employees and volunteers.
      iii. Continued to provide ICS 300 and 400 courses to appropriate staff and supported community-based ICS 300 and 400 courses.
      iv. Healthcare coalition and SNHD workforce completed training:
         1. MGT 452 Physical and Cyber Security for Critical Infrastructure, July 2025.
         2. L1301 Continuity of Operations Program Management, September 2025.
         3. L1302 Continuity of Operations Program Management, September 2025.
         4. Per 320 Personal Protective Measures for Biological Events, September 2025.
         5. G 197 Integrating Access & Functional Needs, October 2025
   j. Continued to work with public health partners within the state to implement the statewide strategic plan for public health preparedness.

OPERATIONAL ACCOMPLISHMENTS

1. Grant Support Activities
    a. Employed federal cooperative agreements through developed scopes of work and budgets to minimize the impact on the agency. Funding supports sustainment of responder safety and health capabilities for respirator fit testing and annual CPR recertification for MRC Volunteers.
    b. Redirected carryover and grant funding to support agency operational and community preparedness needs.
2. Morale building in Division/Offices
    a. Perpetual engagement with employees to support agency life-work balance initiatives.
    b. Continued to provide an open-door policy and one-on-one meetings to allow staff to participate in activities related to job duties, but that also build individual professional development skills. Professional growth has occurred in public health responses as staff take on leadership roles. These opportunities have led to continued professional development. Education is also attained through attendance at grant-supported professional conferences.
    c. Engaged all staff with resuming activities supporting grant deliverables to ensure team building and foster collective community engagement.
    d. Constant service and active participation in multiple federal, state, and local working groups multiple federal, state, and local working groups.
3. Secured New Funding Opportunities
    a. Worked with community partners including the Clark County Office of Emergency Management, the Resiliency and Justice Center, the Clark County Office of the Coroner and Medical Examiner, Las Vegas Metropolitan Police Department Victim Services, and hospitals to draft a State Assembly Bill (AB50) to establish a mechanism for hospitals to share patient information from a mass casualty incident to ensure patient identification and family reunification. This bill passed in the most recent legislative session.
    b. Interacted with SNCTC and situational awareness to emerging public health threats and ongoing response activities.

HIGH LEVEL GOALS FOR 2026

1. Grant Supported Activities
    a. Constant to work with the state on the state-wide strategic plan for public health preparedness.
    b. Maintained workforce access to key training and respirator fit-testing for District staff to assist in their ability to respond during a public health emergency.
    c. Provision of technical assistance to community and healthcare partners on public health preparedness issues.
    d. Perpetuate conduct exercises to test and develop preparedness plans.
    e. Continuous review and revision SNHD preparedness plans
2. Partnership Building
    a. Collaboration with community and hospital partners on the development of the Impacted Persons Database, collaborative training workforce on utilization.
    b. Planning for Las Vegas Grand Prix, New Year's Eve, and other large-scale special events with the community.
3. Morale Building within the Program
    a. Continue to conduct one-on-ones with staff monthly and conduct monthly staff meetings.
    b. Recognition of exemplary work of OPHP team members.

Southern Nevada Public Health Laboratory

KEY ACCOMPLISHMENTS

1. Using Hologic Panther Fusion high throughput instrument, with the Quad Plex assay for SC2/FLUA/FLUB/RSV, SNPHL tested 2,106 samples from January 1, 2025, to December 1, 2025.
2. Performed a total of 280 SARS-CoV-2 whole genome sequencing from January 1, 2025, to December 1, 2025, and uploaded the sequencing data to the Terra state database. Performed a total of 249 PulseNet whole genome sequencing from January 1, 2025, to December 1, 2025, and uploaded the sequencing data to the Terra state database and CDC. Performed a total of 154 Legionella whole genome sequencing from January 1, 2025, to December 1, 2025, and uploaded the sequencing data to the NCBI database. We retained a Bioinformatic Scientist to perform the data analysis and report the lineage information weekly.
3. Continued to receive environmental samples for Legionella testing. Maintained Legionella ELITE testing status for environmental samples January 1, 2025, to December 1, 2025 with a 100% passing grade. SNPHL received 397 samples for Legionella testing January 1, 2025, to December 1, 2025.
4. Tested over 2,716 pools of mosquitos for Arbovirus targets from January 1, 2025, to December 1, 2025. Reported over fourteen (14) West Nile Virus positive for the testing season. SNPHL also continues to test Dengue virus mosquito pool samples this year. All pools tested for Dengue virus surveillance remain Negative.
5. SNPHL performed a total number of 15,060 Candida auris PCR colonization screens from January 1, 2025, to December 1, 2025. SNPHL is conducting a community outreach plan to increase local site submission of Candida auris to SNPHL.
6. Packaged and shipped potential C. botulinum cases.
7. Performed the sentinel laboratory rule-outs. Coordinated shipment of samples relating to outbreak investigations including Botulism cases, Norovirus, and participated in public Health Investigations including Bacillus, Brucella, Burkholderia rule-outs, Legionella, and Candida auris.
8. Continues to perform the Biofire Global Fever panel for Malaria and Dengue. We are the only PHL in Nevada with Biofire Warrior panel testing capability.
9. A total number of the reportable diseases' tests from January 1, 2024, to December 1, 2025, listed as follows:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Total
Campylobacter	Campy ID	9	4	3	2	2	5	6	4	7	7	2	51
	Campy Screen	12	8	4	3	6	10	8	6	8	10	7	82
Neisseria species	Gonorrhoeae Culture	33	32	47	48	30	33	21	35	33	12	14	338
	Gram Stain/WBC	0	5	0	0	0	5	0	0	5	0	0	15
	Neisseria ID	2	0	0	0	0	0	0	0	2	0	0	4
Haemophilus Influenzae	Haemophilus ID	0	0	0	0	1	0	0	0	0	0	0	1
Unknown ID	Bacterial ID	6	0	8	0	2	0	14	0	0	0	0	30
Enteric pathogens	WGS (PulseNet)	14	12	20	14	26	25	33	21	24	35	25	249
Salmonella	Salmonella Screen	3	6	14	13	11	10	18	14	14	18	21	142

	Salmonella Serotype	3	7	13	13	9	8	17	10	14	14	18	126
Shigella	Shigella Screen	2	5	3	6	4	0	4	3	7	4	4	42
	Shigella Serotype	2	4	3	0	1	1	3	3	4	3	1	25
STEC	STEC Screen	0	3	3	1	5	4	3	4	4	1	1	29
	STEC Serotype	0	0	1	0	1	1	2	3	4	3	1	16
Unknown	Stool Culture	1	5	1	4	5	5	0	1	7	0	2	31
Vibrio	Vibrio ID	0	0	0	1	0	3	0	0	0	0	0	4
	Vibrio Screen	1	0	0	3	0	5	1	1	1	1	0	13
Yersinia	Yersinia Culture/ID	1	0	0	2	2	1	0	0	1	0	0	7

10. Continue to see increased number of TB outbreak sample tests related to community events, with QFT tests performed from January 1, 2025, to December 1, 2025.
11. Observed a consistent decrease in COVID samples starting January 2023. There has been no spike or rapid increase of the test number as the pattern in the past three years.
12. Continued participation in Influenza Surveillance 2025. SNPHL is part of the Influenza surveillance team with CDC where we will collect flu specimens from the hospital and perform influenza-SC2 multiplex panel to ensure there is no co-infection before performing subtyping and genotyping of the influenza specimens and upon confirmation, the VTM is shipped to CDC surveillance team.
13. Began testing FQHC samples in the new Clinical Chemistry laboratory.

OPERATIONAL ACCOMPLISHMENTS

1. Purchased and implemented Clinitek analyzers in FQHC.
2. Recognized by the Board of Health for the publication of Nature Communications (2025)16: 6272.
3. Achieved 100% LPX proficiency for select agent testing.
4. The laboratory expansion plan received a total of $10.5 million in funding support from Clark County and local city governments. The new laboratory will include an upgraded and improved BSL-3 laboratory.
5. Supervisors and Senior Laboratory Technologists undergoing continuous leadership training and mentoring with the HR department.
6. Resumption of bimonthly SNPHL All Staff department meetings.
7. Meetings with laboratory leadership (director, manager, and supervisors) occur every two (2) weeks.
8. Maintains roster of BT Response staff with an after-hours and on-call schedule for laboratory BT response staff.
9. Coordinated with Nevada state epidemiologists to grow the CDC NREVSS program in Southern Nevada. Discussion is ongoing to improve data collection and transmission for respiratory virus surveillance between Southern Nevada and state departments.
10. SNPHL Administrators continue to use the Agiloft contract software to upload our contract requests.
11. Continual bi-monthly cross departments meeting between Disease Surveillance and Control and SNPHL to review current issues related to data communication, creating programs and testing etc.
12. Completed the project of Installing a new double doors autoclave in BSL-3 laboratory using PHEP funding and complete sent the invoice to AP before end of fiscal year.

13. Expanded using the Sensititre method for Candida auris susceptibility testing for local hospital samples. This decreases the turnaround time of this test significantly from send out to Washington Public Health Laboratory.
14. Continued implementation and onboarding of clients to the Orchard Outreach portal for ordering and result delivery.
15. Retained ELITE certification by passing two (2) WSLH challenge panels in 2025 with a 100% passing grade.
16. Training and Competencies completed successfully for all tests.
17. Perpetuated successful CAP Surveys and Linearities for all tests.
18. Extended partnership with area sentinel laboratories, such as Sunrise Hospital and Valey Health Systems.
19. Improved Influenza Surveillance for 2025. Performed H5 testing for local sites per Nevada State testing mandate.
20. Maintained Preventative Maintenance (PM) for over a dozen instruments designated for Molecular and COVD testing, with no lapses in service or testing schedules.
21. Performed verification on all instruments after PM and operation quality (OQ) and performance qualification (PQ) with documentation and approval from QA staff.
22. Ensured all staff members' competencies were current and reflected a flexible testing model since COVD volumes decreased.
23. Passed all external PT challenges (CAP) from all laboratories.
24. Staff cross-training and scheduling in BSL3 and other departments to ensure efficiency of laboratory operations, teamwork, and resources remain available even if COVD testing numbers remain low.
25. Addition of a second Diasorin Liaison instrument to perform QFT testing for outbreaks and support Immunology workload of existing instrument.
26. Procured additional grant funds including SHARP 1 and SHARP 2, Influenza H5 Preparedness, and ELC Legionella funding.
27. Applied for APHL Legionella Molecular methods RFP.

HIGH-LEVEL GOALS FOR 2026

1. Will continue to diversify our test menu in conjunction with projects and directives from the SNHD main office. This includes any HAI testing, additional clinical chemistry tests, and Vaccine Preventable Diseases (VPD) such as Measles.
2. Search for additional grant projects and funding opportunities in conjunction with the SNHD grants department.
3. Complete the Orchard Outreach LIMS project.
4. Establish relationships with other FQHC and local clinics, to provide high-quality, reduced or no-cost testing with the best possible turn-around time.
5. Finalize upgrade to second floor ventilation system. Seek other bids and offers from outside contractors regarding the monthly ventilation checks and maintenance of our ventilation system.
6. Continuous planning and preparation for annex construction and possible disruption to normal laboratory operations and staff parking. This includes purchase of essential "owner furnished" equipment that must be in place before June of 2026
7. Perpetual meetings with other internal SNHD departments, especially ACDC and Epidemiology, to establish continuous communication and make any improvements to client investigations.

8. Preparation for implementation of a Wastewater testing program at SNPHL in conjunction with SNHD Epidemiology team.
9. Continuing to identify instrumentation that can be taken offline to reduce service agreement fees and operate more efficiently. This includes the Eppendorf, Kingfisher Flex, and any pipettes that are currently under service that could be retired.

Vital Records & Passport Services

VITAL RECORDS

KEY SERVICE ACCOMPLISHMENTS

1. Registration, Issuance and Processing – January 1, 2025 to November 30, 2025.
    - Registered 22,597 births; issued 46,882 birth certificates.
    - Issued 525 birth certificates, at no charge, to homeless adults and youth. (NRS 440.175).
    - Issued four birth certificates to inmates, at no charge, who were released within 90 days (NRS 440.175).
    - Issued 13 birth certificates at no charge, to assist OEDS Jail Project.
    - Witnessed 365 Declaration of Paternities, to add fathers to their child's birth certificate.
    - Registered 20,294 deaths; issued 88,814 death certificates.
    - Registered 195 fetal deaths.

OPERATIONAL ACHIEVEMENTS

1. Cross training staff.
2. Installed lockboxes to improve workflow for funeral homes.
3. Initiated and participated in our first back-to-school campaign to promote birth certificate access.
4. Working with the state to implement fetal death to be fully electronic and, meet NRS required standards.
5. Partnered with the Nevada Office of Vital Records to improve forms.
6. Obtained access from Nevada Office of Vital Records to begin backfilling records from 1973-2006.
7. Working with IT to migrate FormsAdmin system to a new platform. Working on improving forms.
8. Maintained and managed Vital Records messaging and communications; worked on call handler to reduce call volume.
9. Began meeting with hospital birth clerks for quality improvement.
10. Providing training for physicians regarding death certification.
11. Working with VR Epidemiologist and OEDS to monitor and register COVID-19 deaths.

HIGH LEVEL GOALS FOR 2026

1. Reorganizing operations, and defining roles for clarity and transparency.
2. Working with the state to begin backfilling all birth and death records into Nevada Vital Records System (NVVRS) to centralize data and improve efficiency and workflow.
3. Work on improving hospital birth timeliness and compliance with NRS 440; Implement hospital site visits, training and quarterly meetings.
4. Work with the State of Nevada on fetal death forms.
5. Perpetual work with SNHD IT on migration project.

PASSPORT SERVICES

KEY SERVICE ACCOMPLISHMENTS

1. Passport services processed 8,707 applications, an increase of 10.5% from FY24.
2. Conducted a successful Passport Fair with Congressman Steven Horsford's office, February 2024. Received a Certificate of Special Congressional Recognition from Congressman Horsford's office.

OPERATIONAL ACHIEVEMENTS

1. Completed Acceptance Facility Annual Certificate, November 2023.
2. Facilitated and maintained mechanisms for messaging regarding SNHD Passport services.

HIGH LEVEL GOALS FOR 2026

1. Harmonized with SNHD's Communications to develop additional advertising for Passport Services.
2. Increase Passport Service application intake by 10% (8,664 applications).

Disease Surveillance and Control Division

The Disease Surveillance & Control Division collaborates in partnership with the community to promote health and quality of life for residents and visitors and to protect the public from the spread of acute and chronic communicable diseases. To accomplish these objectives the Division conducts routine disease surveillance, monitors health status, uses statistics to come to inferences about disease causation, manages system information, delivers indirect and direct services, provides training, educational materials, program planning and technical assistance. Further, the Division provides both stationary and mobile screening and prevention services that engages people who use substances and those who have STI/HIV/HCV testing services who may not access traditional healthcare options. This Divisions also responses to public health emergencies. Offices and programs in the Division include but may not be limited to the Office of Disease Surveillance, the Acute Communicable Disease Control program, and the Office of Epidemiology.

Acute Communicable Disease Control

KEY ACCOMPLISHMENTS:

1. New Funding:
   - ACDC received a portion of the state public health funding in FY2025. This funding supports two separate public health priorities included in ACDC. The first priority is the implementation of Healthcare Acquired Infection Prevention and Control (HAI) activities in Clark County. The second priority is the maintenance of epidemiology and laboratory capacity established under the Epidemiology and Laboratory Capacity (ELC) grant.
   - SHARP (Strengthening HAI/AR Program Capacity'-ACDC will utilize funding from these awards in FY2025 to support training for the newly implemented HAI team.
2. Disease Investigations:
   - ACDC oversees and conducts disease surveillance and investigations for more than 75 disease and conditions, including but not limited to Vaccine Preventable Diseases, Enteric Illnesses, and Respiratory Diseases.
   - In calendar year 2025 (through 12/18/2025), ACDC conducted 2,215 Enteric Illness investigations, 872 Vaccine Preventable Disease Investigations, and received, processed and/or investigated more than 20, 000 reports of respiratory illness to include COVID-19, RSV, and influenza.

Respiratory Disease Type CY2025	**Estimated Number of reports and/or investigations**
Influenza	6,588
Influenza-associated death in a person under 18	3
Invasive Pneumococcal Disease	326
Novel Coronavirus	1,083
RSV	2,784
Grand Total	20,535

3. COVID-19 Vending machine project distributed 8,179 kits have been for CY25.
   - Successfully expanded the items in the Mesa View Hospital machine in Mesquite, NV to utilize machines for other public health products including Narcan and drug testing strips.

4. Partnered with 65 Community Based Organizations to distribute COVID-19 antigen home kits to underserved populations and populations with higher risk for COVID-19 distributing 64,800 kits for FY25. This program was discontinued in April 2025.
5. AS of December 1, 2025, ACDC staff processed and initiated surveillance entry and/or investigations on 32,628 faxed reports of communicable disease from medical providers and laboratories, over 160,000 electronic laboratory reports and more than 4,000 online morbidity reports.
6. Outbreak Investigations:
    - In the first quarter of calendar year 2025, 7 outbreak investigations were initiated. All seven were gastrointestinal in nature. The causative agent was identified in 3 of the outbreaks. One outbreak was a multistate outbreak of resistant strains of Campylobacter linked to puppies. All others were local investigations in Clark County schools. Pathogen identification is determined through investigative sampling and testing by our ACDC team (DIIS or DDCS II) or investigative work by obtaining medical charts and commercial laboratory results.
    - In the second quarter of calendar year 2025, ACDC initiated 7 outbreak investigations bringing the total for the first and second quarter to 14. Two of the outbreaks were multistate Salmonella investigations linked to egg consumption. Two were Norovirus outbreaks; one at a hotel and the other involving raw oysters from various restaurants. The remaining three were large scale Legionellosis outbreaks associated with resort hotels. The causative agent was determined in all quarter 2 outbreaks. This was not the case in quarter one as all “gastroenteritis, unspecified” cases belonged to that quarter.
    - In Q3 of calendar year 2025, ACDC initiated 1 outbreak investigation bringing the total for the first three quarters to 15. This was a Norovirus outbreak associated with a local sushi restaurant. ACDC worked closely with EH for restaurant inspection and was able to dispense 3 stool kits for testing. This investigation resulted in 1 confirmed and 6 probable cases.
    - In Q4 of calendar year 2025, ACDC initiated 6 outbreak investigations. Three investigations were local gastrointestinal investigations. One was a Monkeypox outbreak, One Norovirus, and one small COVID 19 cluster.
7. Continued partnership with UNLV to implement wastewater surveillance for SARS-CoV-2. This effort ended in March 2025.
8. Enhanced foodborne illness complaint response by adding 3 staff to the foodborne illness response team and increasing outbreak detection in Clark County. All online submissions of complaints are now called back to verify information, complete missing information, and provide education as needed.
9. Continued to collaborate on a QI project with Informatics, Epidemiology, Environmental Health to develop a new foodborne illness complaint system integrated within the existing EpiTrax surveillance system. This project is expected to go-live in 2026.
10. Continued enhanced Respiratory Illness Surveillance for 2024-2025 respiratory season to collect, obtain and analyze hospitalization data for COVID-19, RSV, and Influenza consistently. Modifications to the enhanced protocols were made for the 2025-2026 respiratory season but enhanced surveillance continues.
11. Continued a partnership with the family resource center HopeLink to refer clients impacted by COVID –19 or other communicable diseases to needed services such as housing assistance, utility assistance, and food assistance. In 2025, staff referred 80 clients for 121 services with a monthly linkage success rate of 26%-73%. This project ended in March 2025.

12. Continued to work with SNPHL to incorporate WGS findings as an early cluster identification mechanism and potential early outbreak identification for several enteric illnesses.
13. Staff presentations, committees, and accomplishments
    - Communicable Disease Supervisor serves on NACCHO's Infectious Disease Prevention and Control Subject Matter Expert Workgroup.
    - Communicable Disease Supervisor presented the HopeLink project at the Nevada Public Health Association meeting.
    - Communicable Disease Supervisor services on National Board of Public Health Examiners Disease Intervention Specialist Job Task Analysis Committee and served as a Disease Intervention Specialist Item Writer.
    - One Communicable Disease Supervisor was Certified in Infection Control (CIC).
    - "Equitable COVID-19 Testing Access for Underserved Communities: The Success of Vending Machines" published in the American Journal of Public Health.
    - On Communicable Disease Supervisor served on the National Board of Public Health Examiners (NBPHE) CDI Standard Setting Committee meeting.
    - Communicable Disease Supervisor selected to serve a three-year term on the Certification Board of Infection Control and Epidemiology, Inc (CBIC) Test Committee.
14. ACDC continues to collaborate with Informatics to enhance electronic case reporting, EMSA and EpiTrax functionally, and electronic message mapping guides. Ongoing meetings occur weekly.
15. ACDC completed a pilot project for in-office provider education with a special focus on utilizing the online morbidity reporting portal. The number of offices doubled between the initial and follow-up site visits.
16. ACDC monitors and identifies challenges and gaps in laboratory reporting completeness and accuracy and continues to work with informatics to onboard electronic laboratory reporting through HL7, and data modernization projects.
17. ACDC provides ongoing medical provider outreach and education to improve the quality and accuracy of communicable disease reporting to surveillance.
18. ACDC continues to work with Informatics on query connector and TEFCA projects, as well as SNHD internal EMSA/EpiTrax functions and master patient index project.

<u>UPCOMING ACDC PROJECTS:</u>

1. Develop and implement a Healthcare Associated Infection and Prevention and Control (HAI) Program. This program is part of the transition from state oversight and jurisdiction of these investigations to SNHD jurisdiction in Clark County facilities and takes effect 01/01/2026. Goals include:
    - Prevent the emergence of and control the spread of HAIs and related AR threats.
    - Advance the detection, response and containment of antimicrobial resistance (AR) within healthcare settings.
    - Promote antibiotic stewardship (AS), the practice of measuring and improving how providers prescribe antibiotics and patients use them.
    - Protect patients and healthcare personnel.
    - Improve healthcare safety and quality
2. Establish an ongoing outreach process to provide assessments for healthcare facilities utilizing the Infection Control Assessment and Response (ICAR) tool to support and improve infection prevention practices in Clark County.
3. Response to multi-drug resistance organisms (MDRO's) and control the spread of MDRO's.

4. Collaborate with SNHD informatics program to implement new ELR and ECR logic to consume reports of HAI into our Epitrax disease surveillance system.
5. Support training and CIC certification for the HAI team.
6. Develop collaborative public health responses with EH, SNPHL, and Epi teams.
7. Collaborate with SNHD Public Health and Preventive Care Division to further assist clients with exposure to rabies susceptible animals.
8. Deploy enhanced training for DDCS team responsible for disease surveillance and record searches to include onboarding of clinics with SNHD's online morbidity reporting system.
9. Enhance our ACDC foodborne illness response by Implementing the new Foodborne Illness Database and complaint system within our disease surveillance system and sunsetting the expired and outdated access database in collaboration with informatics, EH and Epi.

Office of Disease Surveillance

KEY ACCOMPLISHMENTS:

1. New Funding
   - State Opioid Response (SOR) funding received for period 1/1/2025-9/29/2025- SOR funds support expanded access to harm reduction supplies and linkage to care for persons with substance use disorder, reduce stigma in healthcare, and substance use prevention in youth. This new funding supports 3 FTE to implement and evaluate the work.
2. Publications
   - **Pulver, K., Johnson, J., & Mendez, M.** (2025). Substance Use: Working with Victims and Survivors of Gender-Based Violence. In Clements, P.T. et al. (Eds.), *The Expanding Continuum of Gender-Based Violence: Trauma-Informed Care, Volume 2*. STM Learning, Inc.
   - **Morales, S.** "Using Effective Media Campaigns to Raise Awareness about Syphilis," April 2025. NACCHO. https://www.naccho.org/uploads/downloadable-resources/Syphilis_Awareness_Media_Campaigns_Report.pdf
   - Bryant, R.Q., Reich, K., **Johnson, J.A. Delise, B, Zhang Y, Lockett, C**, Allen, S. Drug use and harm reduction practices of applicants to a public health vending machine service in Clark County, NV, 2021–2023. *Harm Reduction J* 22, 52 (2025). https://doi.org/10.1186/s12954-025-01207-x
   - Penney JA, **Stachnik A, Radeloff C, Eddleman, T, Laird, H, Zhang, Y, Lockett, C.** "Missed Opportunities for Congenital Syphilis Prevention — Clark County, Nevada, 2017–2022." MMWR Morb Mortal Wkly Rep 2025; 74:350–354. DOI: http://dx.doi.org/10.15585/mmwr.mm7420a3
   - Goyal, R., Wells, A., **Burris, V., Stachnik, A.**, Tang, P., Collins, L., Mehta, S.R., Dufresne, J., Little S.J. Individual- and Neighborhood-Level Predictors of HIV Care Continuum Progression: Clark County, Nevada, *Open Forum Infectious Diseases*, Volume 12, Issue 8, August 2025, ofaf409, https://doi.org/10.1093/ofid/ofaf409
3. Southern Nevada Post Overdose Response Team (SPORT)- ODS continues to respond to community partner reports of overdose by providing in near real time response upon receiving notification. ODS established an MOU with The Las Vegas Metropolitan Police Department (LVMPD) to work with area commands to receive referrals from their patrolling officers. In additional we receive alerts from LVMPD's High Intensity Drug Trafficking Agency (HIDTA). ODS is also working with PACT Coalition to develop a referral process with their peer navigation team. We are also working to obtain a DUA with the state to receive morbidity reports of overdose in Clark County.

4. CHA report completed in April 2025 Community Health Assessment Report – Media Release and Publication available at HealthySouthernNevada.org.
5. Launched Safe Sleep media campaign to provide awareness on AAP guidelines and educate on findings from the Child Death Review. This included launching the landing page: https://www.southernnevadahealthdistrict.org/suid/. over 30 safe sleep campaign graphics in collaboration with 11 social media influencers. SNHD's safe sleep digital advertising reports 40 million impressions and 34k clicks thrus for advertising.
6. CredibleMind Platform utilized by 8,123 users; reports 9,251 sessions and had 262 users registered for an account. There were 19 presentations to 330 people in the community sharing the CredibleMind platform. The platform is actively being promoted by 52 agencies in Clark County. https://clarkcountythrive.crediblemind.com/.
7. Completed translation of "Saber Es Poder" a cultural and linguistic adaptation of Nevada's Empower Change HIV Testing and Counseling Program. Training to launch Spring 2026.
8. Provided subject matter expert education and information on two legislative bills during the 2025 Nevada Legislative Session – AB360 (syphilis testing for pregnant women in emergency departments) and AB394 (emergency response plans for opioid overdoses on college/university campuses).
9. In collaboration with SNPHL and PPC, ODS worked to add CHEMBIO to our laboratory license with HCQC. Implementation began in June 2025.
10. In collaboration with TBC-streamlined TB cohort to focus on specific cases of interest to address unique treatment challenges and lessons learned. Successfully executed 5/2025 and 10/2025 TB Cohort reviews.
11. ODS held first HIV cluster tabletop event on 04/09/25. To support syndemic efforts, the mock scenario highlighted the potential cross over between populations at risk for HIV and people who inject drugs. Community partners invited were from various sectors including public safety, social services, SSP staff, LGBTQ Center staff, HIV consortium members, HIV service providers, and community partners who provide support to people who are unhoused.
12. Distributed 294,162 condoms to over 48 unique agencies in Clark County serving high risk populations.
13. Educated all major hospital labor and delivery units on perinatal HIV prevention and congenital syphilis.
14. Overdose Prevention Efforts
    - The ODS team distributed 209,082doses of naloxone throughout Clark County. This meets the naloxone saturation goal, identified by the State of Nevada for Clark County, for the first time. Since January 2025, ODS has partnered with 72 new community agencies for naloxone distribution.
    - The ODS Team reclaimed 2,325 doses of soon-to-expire naloxone and redistributed them to reduce waste. This is approximate savings of over $36,000. (Based on $31 per 2-dose kit)
    - The ODS team distributed 89,600 Fentanyl Test Strips and 69,200 Xylazine Test Strips.
    - Launched mail-based test strip services in English and Spanish ("The Strip Club") in
    - September 2024. We have distributed 1,802 test strips by mail to date. We also added naloxone distribution (the "Bring 'em Back Pack") in September 2025.
    - Launched a door-to-door canvassing campaign in partnership with Foundation for Recovery to expand naloxone, test strip, and educational material distribution in neighborhoods with high overdose burden. Since launching in July 2025, FFR canvassers have knocked on 41,353 doors across 29 census tracts in Clark County. A total of 11,508 doses of naloxone were distributed by canvassers, along with 15,730 each of fentanyl and xylazine testing strips, and 6,077 individuals received overdose response training.

- Partnership with PACT Coalition to deliver polysubstance use prevention program to youth.Partnership with Las Vegas-Clark County Library District to install a naloxone distribution kiosk at the main Clark County Library to allow after-hours access to naloxone as needed by community members. Following deployment of the kiosk in October 2025, a total of 188 doses of naloxone have been distributed to the community.
- Planned and executed the 2025S outhern Nevada Substance Misuse and Overdose Summit with over 250 attendees in Clark County community.
- Completed overdose prevention stigma reduction campaign with influencers in fall 2025 in partnership with Rescue Agency.
- Linkage to Action (L2A) completed 51 harm reduction outreaches around Clark County encampments and neighborhoods with a focus on people facing homelessness.
- ODS launched a pilot program to distribute low barrier self-collection HIV kits to individuals and organizations that serve people who are not likely to seek traditional screening in November 2025.
- On Dec 4th, 2025 ODS held our first TB Death Review internal meeting. This gave our internal team a chance to review missed opportunities for earlier TB intervention by providers and hospitals. Our goal is to use these reviews to help identify areas where we can do focused outreach in order to increase the likelihood of earlier diagnosis, prevention, and intervention in the TB disease process.

15. MOUs/interlocals to expand HIV/STI/HEP testing or overdose prevention efforts in Clark Couty
    - High Intensity Drug Trafficking Agency (HIDTA) for data sharing and referrals
    - CAN Community Health-HIV and Hepatitis testing and data collection
    - Community Counseling Center-HIV testing and data collection
    - Sagebrush Health-HIV testing and data collection
    - The Center-Hepatitis C testing and data collection
    - The HPV Center Las Vegas-HIV and Hepatitis C testing and data collection
    - Vegas Stronger for outreach collaboration and referrals
    - UMC Quick Cares HIV testing and data collection
16. Linkage to care efforts within correctional facilities:
    - HIV and STI testing, linkages and referrals for SUD and HIV

Jail Linkage service type	# offered	# achieved
Evidence Based SUD treatment	49	29
Medically Assisted Therapy	15	11
Peer Support Services	97	86
Supportive Services (SSi, food stamps, ID, mental health, etc)	60	46
HIV Medical Care	101	67
Naloxone	469	379

17. Disease Investigation Efforts

DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters[1]	Reactors/ Symptomatic/ Xray	OOJ/ FUP
Chlamydia	198	2	413	2
Gonorrhea	77	0	196	1
Syphilis	174	32	1,651	3

HIV/AIDS (New to Care/Returning to Care)	272	51	1,131	2
Tuberculosis	3,300	0	107	10
TOTAL	4,021	85	3,498	18

1. Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)

- Conducted large scale TB contact investigations in the following settings: hotels/casinos, healthcare facilities, homeless shelter, and correctional facilities.
- ODS conducted a total of 2,938 STI and HIV and 239 TB (including suspects which turned out not to be TB) investigations.

18. Outreach/Testing Efforts

Prevention - SNHD HIV Testing	
Outreach/Targeted Testing	14,448
Clinic Screening (SHC/FPC/TB)	5,596
Outreach Screening (Jails, SAPTA)	1,476
Collect2 Protect	72
TOTAL	**19,592**
Outreach/Targeted Testing POSITIVE	36
Clinic Screening (SHC/FPC/TB) POSITIVE	5
Outreach Screening (Jails, SAPTA) POSITIVE	7
Collect2 Protect POSITIVE	0
TOTAL POSITIVES	**48**

- Several encampments where individuals who are unhoused reside were identified during routine investigations where possible disease transmission was occurring. Based on information provided to our disease investigators several locations were identified as areas we should conduct additional testing. Our Mobile Testing Unit was deployed to conduct HIV, Syphilis, and Hepatitis C testing as part of clustering and contact investigation efforts. ODS worked with the HATS team to coordinate treatment, linkage to care and referrals to additional resources as appropriate. This resulted in the following:

Test	**#tests**	**#positives**
HIV	80	1
Syphilis	80	5
HCV	56	10*
CT/GC	2	1

*All HCV cases with viremia at time of investigation are included (6 are new cases, 4 are old cases with no proof of treatment).

19. Marketing Efforts

- Optimized ReThink HIV campaign to include ads in English and Spanish. In addition to promoting the ReThink HIV, ReThink Safe Sex and the She's Well (PrEP) campaigns on Facebook and Instagram, The ReThink HIV and She's Well campaign ads were placed on public buses and 115 transit shelters around Clark County. The Rethink HIV campaign had 56,601,233 total impressions, 303,075 video completions, 139,891 exploratory engagements, 272 active engagements, and 20,0999 web sessions. The Rethink Safe Sex campaign had 3,580,380 total impressions, 510,415 video completions, 599,956 exploratory engagements, 834 active engagements, and 15,413 web sessions.
- SNHD Social media platforms posted over 30 safe sleep campaign graphics on their feed from June-July 2025. They also collaborated with 11 social media influencers, including

one father figure, to post content about safe sleep and direct followers back to the SNHD safe sleep landing page. Influencer analytics report 23 media posted, a reach of 2.1 million, 501k impressions and 8,437 engagements. Additionally, SNHD collaborated on 2 Instagram posts with vetted influencers and reached over 39k landing page views from May-September 2025. SNHD's safe sleep digital advertising reports 36 million impressions and 18k clicks for web banners, and 4 million impressions and 16k clicks for desktop and mobile native advertising.

- Podcast Interviews:
  - Hua, C. Podcast Interview regarding the Community Status Assessment survey with "A Healthier Tomorrow" hosted by Will Rucker. July 2025.
  - Laird, H. Podcast Interview regarding the launch of CredibleMind platform with "A Healthier Tomorrow" hosted by Will Rucker. July 2025.
  - Pulver, K. Podcast Interview regarding Harm Reduction on CASAT Nevada Opioid Center for Excellence (NOCE) Dose: Opioid Crisis Unplugged podcast. September 2024.
  - Johnson, J. Podcast Interview on UNLV Student Podcast Las Vegas, Nevada Campus regarding public health, overdose prevention, and prescription drug monitoring program. March 2025.
  - Pulver, K. Podcast Interview regarding overdose prevention with "A Healthier Tomorrow" hosted by Will Rucker. August 2025.
  - Johnson, J. Podcast Interview regarding public health and overdose prevention with "EMPOWERED Voices: Recovery to Resiliency" co-hosed by Farzad Kamyar, MD and Amani Wilson, EMPOWERED's program coordinator. October 2025.
  - Radeoff, C. & Holbert, R. Podcast Interview on World AIDS Day with "A Healthier Tomorrow" hosted by Will Rucker. December 2025.

20. Health Education Efforts

Health Education Efforts	**TOTAL**
Total number of educational trainings facilitated:	**140**
Total number of trainees from educational trainings:	**2,970**
Total number of presentations to state or national agencies:	**38**
Total number of media interviews:	**10**
Total number of BOH/PHAB presentations:	**3**
Total number of coalition meetings attended:	**243**
Total number of memberships on state and community coalitions:	**25**

UPCOMING ODS PROJECTS:

1. ODS will transition ODS DIIS staff to work on Mpox investigation in January 2026.
2. Evaluate ChemBio rapid HIV/Syphilis test in the field, at outreaches and in Express Testing- will evaluate this test to see if it meets the needs for active surveillance process.
3. Complete Community Health Improvement plan- report expected in Spring 2026.
4. Contingency Management training for Clark County providers- UNR was selected through an RFP process and training is in development to educate Clark County providers on contingency management.
5. Conduct first Saber Es Poder training in Spanish for non-clinical community testing efforts
6. Finalize and distribute naloxone distribution guide for emergency departments.

7. Evaluate provider education on universal HIV testing to build county-wide capacity for prescribing PrEP.
8. Implement provider referral portal for people not in HIV care- "Return to Care" or "R2C": Providers will be able to access an on-line portal and refer people living with HIV who meet certain criteria for locating and re-engagement to care services.
9. Expand naloxone access through kiosks leveraging partnership with Las Vegas-Clark County Library District to install additional kiosks at more locations. We hope to work with the library in Mesquite and/or Indian Springs.
10. Educate community providers on the importance of screening for TB utilizing "Think, Test, Treat TB" campaign.

Office of Epidemiology

KEY ACCOMPLISHMENTS:

1. Building partnerships, applying for new grants, and maintaining existing grant deliverables.
2. Deployed and maintained SNHD's Respiratory Virus dashboard since Fall 2025.
3. Led the efforts to maintain SNHD's Institutional Review Committee (IRC).
4. Implemented enhanced gonorrhea surveillance.
5. Through the FR-CARA project, led by OEPHI, SNHD distributed 209,754 doses of naloxone in FY 2025.
6. Assisted with revamp of TB Cohort Review - procedures, indicators, and coding (ongoing).
7. Transitioned SNHD Weekly Influenza Report from SAS to RStudio
8. Created Annual Influenza Summary Report
9. Assisted with English to Spanish and English to Chinese translation checks for various surveys (e.g., COVID-19 surveys).
10. Met with EH division Food Operations staff and other jurisdictions to meet FDA FBI standards, 2025
11. Collaborated with the Clark County Office of the Coroner/Medical Examiner on a FHIR project to produce flat files supporting grant data submissions (e.g., NVDRS and SUDORS).
12. Collaborated with Clinical Services to develop and evaluate various reminder recall initiatives for COVID-19, MPOX and HPV vaccines.
13. Continue to collaborate with the American Cancer Society and SNHD clinical services on quality improvement initiatives to increase childhood vaccination rates for HPV and enhance staff education on age 9 recommendations for the vaccine.
14. Monitored heat related deaths and ED visits.
15. Monitored arbovirus activity.
16. Support drug overdose prevention efforts through the OD2A grant.
17. Support the EMS and traumatic injury surveillance and prevention.
18. Maintain childhood lead poisoning surveillance to support Nevada Childhood Lead Poisoning Prevention program.
19. Maintain and support PHEP grant activities.
20. Substance use dashboard maintenance consisting of drug overdose morbidity and mortality data, and drug checking data.
21. Offer educational opportunities in public health for graduate medical education residents and fellows.
22. Delivered epidemiology overview presentations to physicians, physician assistants, and nursing students.

23. Established and maintained a stillbirth surveillance system through the Pregnant People-Infant Linked Longitudinal Surveillance (PILLARS) grant
24. Launched a Perinatal Periods of Risk (PPOR) study to enrich epidemiological research in maternal and child health.
25. Continued in-depth data analysis of congenital syphilis risk factors and associated cost.
26. Expanded coccidioidomycosis epidemiology profile and risk factor analysis.
27. Supported the Community Health Assessment with survey development and evaluation of responses.
28. Maintained provider outreach, communication, and education via health alerts (Public Health Alerts, Advisories, Seasonal Influenza Reports – 55 HANs distributed).
29. Released Phase 1 of the Health and Equity Dashboard
30. Worked with ACDC to establish SNHD HAI team.
31. Collaborated with OCDPHP and OOC to develop data-driven press releases using the most current health data.
32. Conceptualized and developed public-facing infographics with BSHOP/BESHOP and OOC to translate complex health data into accessible visuals.
33. Reviewed and updated childhood lead poisoning prevention webpages on SNHD website with NvCLPPP and OOC
34. Reviewed and updated mosquito and arbovirus surveillance webpages on SNHD website with Environmental Health and OOC.

OUTBREAK AND OTHER INVESTIGATIONS:

1. Multiple large scale TB investigations.
2. Three Legionella investigations.
3. Five norovirus outbreak investigations.
4. Three gastrointestinal diseases (GI) outbreak investigations with no pathogen identified.

PARTICIPATE IN COMMITTEES AND PROVIDE EPIDEMIOLOGY TECHNICAL SUPPORT:

1. CSTE Injury Epidemiology and Surveillance Subcommittee.
2. CSTE Substance Use and Mental Health Subcommittee.
3. CSTE HIV Subcommittee.
4. CSTE STD Subcommittee.
5. CSTE VPD Subcommittee.
6. CSTE/CDC Forecasting Workgroup.
7. CSTE Surveillance Practice and Implementation Subcommittee.
8. CSTE eCR workgroup.
9. CSTE Data Modernization Initiative (DMI) Learning Community.
10. CSTE Workforce Steering Committee (Vice Chair).
11. CSTE Disaster Epidemiology Subcommittee Call.
12. Biosurveillance Advisory Committee (BioWatch).
13. NACCHO Academy of Science Board.
14. National Cluster Detection and Response Implementation Learning Collaborative.
15. NV Congenital Syphilis Steering Committee.
16. NV Pathogen Science Team.
17. NV Child Death Review Team.
18. Nevada Statewide Respiratory Epidemiology Meeting.
19. Nevada Childhood Lead Poisoning Prevention Program Advisory Board.
20. NV Advanced Child Death Review.

21. Statewide Epidemiology Organization Workgroup (SEOW) Committee.
22. Southern Nevada Opioid Advisory Council (SNOAC).
23. Southern Nevada Infectious Disease Society.
24. SNHD Health Equity Workgroup.
25. CSTE Forecasting & Modeling Peer-to-Peer Program.
26. CSTE Data Science Team Training (DSTT) Program.
27. CSTE Leading Epidemiologists, Advancing Data (LEAD) Program.
28. SNHD Academic Affairs Committee.
29. Scientific Advisory Board for the National Institutes of Health-funded Engaging Communities of Hispanics for Aging Research (ECHAR) to Address Disparities in Alzheimer's and Other Dementias.
30. Technical support for the Clark County Office the Coroner/Medical Examiner's FHIR project –
31. NVDRS.
32. Technical support for the Clark County Office of the Coroner/Medical Examiner's FHIR
33. project – SUDORS.
34. Technical support for SNHD intake forms QI on language accessibility.

EPIDEMIOLOGICAL AND PROGRAM REPORTS:

1. 2021 Clark County Antibiogram.
2. Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV
3. grant deliverables.
4. Weekly/Monthly Arbovirus Report (May-Oct).
5. Weekly Wastewater Report (April – Present)
6. Monthly - BOH report.
7. Annual - Trauma Needs Assessment Review.
8. Annual Health Equity Report.
9. Annual Influenza Summary Report
10. Submitted quarterly reports to ODS for HCV state grant.
11. Weekly MPOX case and vaccination report.
12. Quarterly CDC lead testing data submission.
13. Quarterly CLPPP lead testing data submission.
14. Biannual PILLARS data submission.
15. Annual PILLARS reports.
16. Quarterly SUDORS reports.
17. Quarterly NVDRS reports.
18. Annual CLPPP reports
19. Annual pediatric drowning/submersion report.
20. Annual leading causes of death report.
21. Weekly Hepatitis CQA report.
22. Weekly Perinatal Hepatitis B report.
23. Weekly influenza surveillance report (Oct-May).
24. Daily CLPPP referral line list report.
25. Daily legionella investigation line list report
26. Ryan White Reports (9).
27. MPOX reports.
28. Immunization Reports (7).
29. Semi-Annual EHE report for CDC submission.
30. EHE Report for University of Washington.

31. Trichomonas reports in eCW.
32. UCSD study Global Alert report.
33. UW Learning Collaborative – Metric reports.
34. Clark County Coroner's office reports (24).
35. Monthly (External) and Weekly Internal) Heat Related Death and ED Visit report (April – Oct).
36. Monthly and quarterly disease statistics reports.

CONFERENCES ATTENDED:

1. Overdose Response Strategy HIDTA conference.
2. 2025 CSTE Annual Conference.
3. 2025 IACME Annual Training Symposium.
4. 2025 Substance Misuse and Overdose Prevention Summit.
5. Global Health Corps Fellowship- Leadership Accelerator Conference.
6. ECHO Symposium: Translating Science to Action.
7. Western States Modeling Symposium.
8. Pacific AIDS Education and Training Center STI Update Spring 2025.
9. 2025 NASTAD National Cluster HIV Detection & Response Implementation Learning Collaborative.
10. 2025 American Conference for the Treatment of HIV.
11. 2025 International Association of Corner and Medical Examiners Annual Training Symposium.
12. Academy of Science National Conference 2025.
13. Attended CADCA 24th Annual Mid-Year Training Institute.
14. Big Cities 7-1-7 Workshop, September 2025.
15. APIC Southern Nevada 2nd Annual Microbe Monster Mash Conference.
16. SNHD Legionella Prevention and Response in Healthcare and Hospitality Settings seminar.

WORKFORCE RECRUITMENT AND DEVELOPMENT:

1. Hired one Wastewater Surveillance Epidemiologist.
2. Participated as a mentee in CSTE Peer-to-Peer Technical Assistance Program for VPD Surveillance.
3. Epidemiology staff member accepted to sixth cohort of CSTE LEAD Program.
4. Staff member provided mentorship to Immunization Outreach Intern Project.
5. Staff attended the following training opportunities:
    - Geospatial Analysis Workshop hosted by UNLV
    - SNHD Human Resources ABC's of Career Development: Boosting your Professional Skills-2 - Session 1, July
    - Introduction to Radiology/Nuclear WMD Operation, November 2025
    - Leveraging Machine Learning to Analyze Electronic Health Records, UNLV School of Public Health & Southern Nevada Health District, March 2025
    - Client Conversations Webinar: Introducing Bivariate Maps in Stories, Conduent HCI, April 2025
    - Building AI Readiness in Public Health (Two-Part Webinar Series), National Association of County and City Health Officials (NACCHO), May 2025
    - Building AI Readiness in Public Health (Two-Part Webinar Series), NACCHO, June 2025
    - Using the Census API with the American Community Survey, U.S. Census Bureau, July 2025
    - Client Conversations Webinar: Showing Platform Value Through Site Metrics, Conduent HCI, July 2025

- DSC "Just Did It" trainings
- DiSC Assessment Training, July 2025
- Clark County National Center for Fatality Review and Prevention Child Death Review Training, August

ABSTRACTS, POSTERS OR PRESENTATIONS AT CONFERENCES:

1. Submitted more than 20 abstracts for the 2026 CSTE Annual Conference.
2. Posters at the 2025 CSTE Annual Conference.
   - Prut Udomwattawee, BS, Matthew Kappel, MPH, CIC, Angel Stachnik, MPH, CIC, Greg Lang, BS, Haley Blake, MPH, CPH, CIC, Sony Varghese, MSHI, MSA, MLS, Anthony Asay, BS, Xurong Liu, MS and Lei Zhang, MS (June 2025). *Enhancing Public Health Surveillance: Impact of Electronic Case Reporting Integration at the Southern Nevada Health District*. [Poster presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
   - Matthew Kappel, MPH, CIC, Angel Stachnik, MPH, CIC, Prut Udomwattawee, BS, Laura Cicani, MS, Anilkumar Mangla, PhD, MPH, FRIPH and Cassius Lockett, PhD (June 2025). *Examining HIV, Substance Use, and Racial/Ethnic Disparities in Unintentional Overdose Deaths in Clark County, Nevada, 2019–2023*. [Poster presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
   - Sfurti Rathi, MPH, M.B.B.S, Marco Mendez, MPH, Anthony Asay, BS, Guillermo Ramirez, Ying Zhang, PhD, MPH, CPH and Cassius Lockett, PhD. *The Weight of Equity: Exploring Individual and Community Risk Factors for Preterm Births and Low Birth Weight in Clark County, Nevada from 2019 to 2023*. [Poster presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
   - Brandon Delise, MPH, Marco G. Mendez, MPH, Lizbeth Vasquez, MPH, and Ying Zhang, PhD. (June 2025). *8 Steps to Success: Developing a Substance Use Dashboard Using the Software Development Lifecycle Framework*. [Poster presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
   - Brandon Delise, MPH, Rebecca Topol, SM, Lei Zhang, MS, Geoff Melly, MPH, Eric Matesen, MPH, Gabriela Bran, MPH, Rosanne Sugay, MPH, Edwin Oh, PhD, Van Vo, MPH, Cassius Lockett, PhD, and Anil T. Mangla, PhD, MPH, FRIPH. (June 2025). *Health Under the Vegas Neon Lights: A Surveillance Framework for Major Events*. [Poster presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
3. Oral presentation at the 2025 CSTE Annual Conference
   - Kim, Y., Flatt, J., Kim, J., Bhandari, N., López, E. B, Mangla, A. T., Shen, J. J., Travis, T., Qiu-Shultz, Z., Topol, R., & Zhang, L. (2025, June). *Determinants of COVID-19 vaccination status and mortality among older adults hospitalized with COVID-19 in Southern Nevada*. [Oral presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
   - Xurong Liu, MS, Matthew Kappel, MPH, CIC, Josh Norris, BS, Sony Varghese, MSHI, MSA, MLS, Prut Udomwattawee, BS and Lei Zhang, MS (June 2025). *Developing a System for Real-Time Weather Data Collection to Support Public Health in Clark County, NV*. [Oral presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
   - Angel Stachnik, MPH, CIC, Cheryl Radeloff, PhD, Tabby Eddleman, MPH, Anilkumar Mangla, PhD, MPH, FRIPH and Cassius Lockett, PhD. (June 2025). *Missing Part of the Equation: Paternal Role in Congenital Syphilis in Clark County, Nevada, 2022-2023*. [Oral

presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.

- Tamera Travis, MSc, Jessica Johnson, MPH, CHES, CPS, and Carmen Hua, MPH, CHES. *In Community Health Assessments: New Approaches and Improved Outcomes of Reaching Underserved Populations of Clark County, Nevada*. [Oral presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
- Alexis Brignola, MPH, Rebecca Topol, SM, Lei Zhang, MS, Dr. Anikumar Mangla, PhD, MPH, FRIPH, and Dr. Cassius Lockett, PhD. *Heat and Mortality: Identifying Critical Temperature Thresholds for Preventing Heat-Associated Deaths in Clark County, NV*. [Oral presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.
- Benjamin J. Ashraf, PhD, CHES, Yuan Xu, MPH, Tamera Travis, MSc, Christian Murua, MPH, and Matthew Kappel, MPH. *Demographic Disparities in RSV Cases and Vaccinations Among Adults Aged 60 Years and Above in Clark County, Nevada*. [Oral presentation]. Council of State and Territorial Epidemiologists Annual Conference, Grand Rapids, MI, United States.

4. Poster at the National Immunization Conference
   - COVID-19 vaccine barriers, motivational factors, and informational sources among populations with low uptake rates within Clark County, NV
5. Oral presentations at 2025 Southern Nevada Substance Misuse and Overdose Prevention Summit:
   - Surveillance of the local illicit drug supply
   - Examining HIV, Substance Use, and Racial/Ethnic Disparities in Overdose Death, 2019-2023
   - The Intersection of Extreme Heat and Overdose Mortality
6. Syphilis in Primary Care ECHO (lecture series faculty)
   - 4/8/25: State of Syphilis in Nevada
   - 4/22/25: Complications of Syphilis: Signs & Symptoms Across All Stages
   - 5/6/25: Maternal Screening & Treatment for Congenital Syphilis Prevention
7. UNLV Kirk Kerkorian School of Medicine Grand Rounds Oral Presentations
   - 5/15/25: TB or not TB? A public health approach to latent tuberculosis infection (LTBI) screening and treatment
8. Oral presentation at the spring STI Update of the Pacific AIDS Education and Training Center, NV
   - Epidemiologic profile of sexually transmitted infections and HIV in Clark County, NV
   - PEP, PrEP, and DoxyPEP
9. Hepatitis B, C, and HIV Care
10. Valentino, L., Radeloff, C., López, E. B., & Mangla, A. T. (2025, April). *Keeping the party going: The importance of maintaining sustainability of the Health District After Dark through collaboration and funding* [Oral presentation]. Nevada Public Health Association Annual Meeting, Las Vegas, NV
11. Oral Presentation for the 26th Annual Autumn Update: Networking for HIV Care, University of Nevada, Reno
    - Not Throwing Away Our Shot: Vaccinations for Persons with HIV
12. Recorded CME presentation for Clark County Medical Society “Building Trust in Vaccines: Navigating Hesitancy in Clinical Practice”

13. Oral Presentation on SUDORS in Las Vegas, NV at the 2025 International Association of Coroners & Medical Examiners (IACME) Annual Training Symposium

OTHER PRESENTATIONS:

1. Staff were Featured on Healthier Tomorrow radio show for the Community Status Assessment.
2. Staff were Featured on State of Nevada radio show to discuss Respiratory Disease Dashboard.
3. Staff presented regarding Introduction to Wastewater Surveillance at West Career Technical Academy – One Health Day.
4. Syphilis Burden in Nevada at the Quarterly Congenital Syphilis Review Board meetings.
5. Presented Epi 101 to Valley Health System professionals.
6. Presented Epi 101 to CSN nursing students.
7. Advancing Health Equity Quarterly Collaboration.
8. Health District After Dark: Health Equity in Sin City.
9. Monthly Public Community Status Assessment update meetings.
10. 2025 Community Health Assessment Steering Committee.
11. Presentation on Community Status Assessment to SNHD FQHC.
12. Presented at the Center for National Asian & Pacific Islander HIV Awareness Day on 05/19/2025.
13. Presented at the Center for the World Hepatitis Day on 7/28/2025.
14. López, E. B., & Delise, B. (2025, March). *New tools for change: Introducing SNHD's Health and Equity & Substance Use Dashboards* [Invited presentation]. Part of the County Health Rankings Release, Southern Nevada Health District, Las Vegas, NV.
15. Travis, T. (Author) & López, E. B. (Presenter), (2025, April). *Improving data transparency to advance health equity: Implementation of the Health Equity Status Report in Clark County, NV*. [Oral presentation]. Presented at the Southern Nevada Health District Public Health Advisory Board Meeting, Las Vegas, NV.
16. EMPOWERED Voices podcast titled "The State of Substance Use".
17. Presented antibiogram to the SNHD HAI team.

JOURNAL PUBLICATIONS:

1. Penney JA, Stachnik A, Radeloff C, et al. Missed Opportunities for Congenital Syphilis Prevention — Clark County, Nevada, 2017–2022. MMWR Morb Mortal Wkly Rep 2025;74:350–354. DOI: http://dx.doi.org/10.15585/mmwr.mm7420a3.
2. Bryant RQ, Reich K, Johnson JA, Delise B, Zhang Y, Lockett C, Allen ST. Drug use and harm reduction practices of applicants to a public health vending machine service in Clark County, NV, 2021-2023. Harm Reduct J. 2025 Apr 12;22(1):52. doi: 10.1186/s12954-025-01207-x. PMID: 40221778; PMCID: PMC11992778.
3. Marquez, E., Haboush-Deloye, A., Kim, J., López, E. B, Mangla, A. T., Adhikari, B., & Shen, J. J. (2025). Factors Associated with Hospital Length of Stay and Intensive Care Utilization Among Pediatric COVID-19 Patients in Southern Nevada: A Multivariate Analysis. *Children, 12*(3), 332.
4. Kim, Y., Flatt, J., López, E. B., Kim, J., Bhandari, N., Mangla, A. T., Zhang, L., Travis, T., Topol, R., Qiu-Shultz, Z., & Shen, J. (2025). Identifying factors associated with vaccination status and mortality among older adults in Nevada during the COVID-19 pandemic. *Nevada Journal of Public Health, 22*(1), 1–10.
5. Goyal R, Wells A, Burris V, et al. Individual- and Neighborhood- Level Predictors of HIV Care Continuum Progression: Clark County, Nevada. *Open Forum Infectious Diseases*. Published online July 10, 2025. doi:https://doi.org/10.1093/ofid/ofaf409.

6. Pharr JR, Bhandari N, Shen J, López EB, Topol R, Zhang L, Mangla AT. Examining disparities in COVID-19 hospitalization outcomes in Southern Nevada by vaccination status. *Nevada Journal of Public Health*. 2025;22:18-32.

GRANT APPLICATIONS:

1. Applied for $58,000 of supplemental funds that's part of SNHD's FR-CARA grant.
2. Received two subawards from NV DPBH to purchase naloxone, totaling $1,768,412.

AWARDS:

1. Three Epidemiologists received On the Spot Awards for their work.
2. One Epidemiologist was recognized as SNHD Employee of the Month.

Environmental Health Division

Consumer Health

AQUATIC HEALTH OPERATIONS (AHOPS)

1. The AHOps team conducted 4,492 routine inspections, 332 complaint investigations, and responded to 42 drowning/diving incidents.
2. Staff was awarded the Dr. R. Neil Lowry grant in the sum of $5,000 in recognition of their risk factor survey program, which is currently in progress.
3. Staff conducted one public outreach meeting to educate stakeholders about the responsibilities of lifeguard supervisors and permit holders. Staff also discussed when pools should be management closed for maintenance issues.

AQUATIC HEALTH PLAN REVIEW (AHPR):

1. The AHPR team received 1,596 applications, a 26% increase in submissions over 2024.
2. Staff continue to spearhead review and revision of the 2018 Aquatic Facilities Regulations. This project is ongoing.
3. Staff conducted one public outreach meeting to educate stakeholders about the plan review process and counterfeit drain covers.

PLAN REVIEW (PR):

1. The PR team received 2,157 applications, a 3% increase over 2024.
2. PR staff fully implemented its Quality Assurance Program to ensure staff are adhering to program standards.

SPECIAL PROGRAMS:

1. Special Programs staff conducted 1,189 routine inspections for body art establishments, childcare facilities, schools, and institutions. Staff also conducted 104 complaint investigations.
2. Two inspectors completed training for and received their Certified Playground Safety Inspector certifications.

Engineering

INDIVIDUAL SEWAGE DISPOSAL SYSTEM (ISDS) PROGRAM:

1. Staff continue conducting outreach and water testing events in the Las Vegas Valley as part of grant activities that include groundwater and Legionella sampling for residential properties. Staff continue to survey participants to evaluate the effectiveness of the program.
2. Staff have received a subgrant from NDEP to begin testing private wells for per- and polyfluoroalkyl substances (PFAS).
3. The ISDS Regulations are being updated, with the objective of completing the process in 2026. The Business Impact Statement portion of the process was completed in July, and public workshops were conducted in September. Public outreach is ongoing and additional workshops are planned in 2026.

PUBLIC ACCOMMODATIONS PLAN REVIEW:

1. Staff continue working with jurisdictional building/permitting agencies so that new public accommodation permit applicants are instructed to contact SNHD prior to starting construction.

SAFE DRINKING WATER (SDW) PROGRAM:

1. Staff continue working to address SDW compliance issues in Trout Canyon.
2. Staff continue to work with the Elkhorn/Monte Cristo, Desert Sunrise, and other unpermitted public water systems. Staff conducted additional outreach to the unpermitted water system teams that have not yet engaged with SDW or NDEP staff.
3. Staff initiated discussions with event coordinators and contractors to ensure that potable water is provided to all handwashing stations at special events and temporary mass gatherings.
4. Staff drafted a new policy for monitoring water quality at temporary events.

SUBDIVISION PLAN REVIEW:

1. Staff continue to collaborate with local water and sewer agencies to resolve required review comments that are acceptable by the jurisdictions.
2. Staff revised the submittal and review process to improve customer service.
3. Staff began training with NDEP to evaluate incorporating the review of distribution piping water projects into SNHD's current subdivision improvement plan review process.

SOLID WASTE PLAN REVIEW:

1. Plan Review staff are working with Operations staff to revise the categories of solid waste materials to account for increasing requests to recycle non-traditional and manufactured materials such as metal oxides, solar panels, and rare earth metals.
2. Staff continue to hold joint meetings to increase cooperation between the programs.
3. Plan Review and Operations staff have met with NDEP representatives to discuss a possible elevated temperature landfill reaction at the Apex landfill.

Food Operations - Inspections

1. Staff presented at the National Environmental Health Association (NEHA) and Nevada Environmental Health Association (NvEHA) Conferences.
2. Staff hosted quarterly Food Safety Partnership (FSP) meetings to maintain industry outreach, communication, and education.
3. Staff successfully coordinated, organized, and inspected the third annual Formula 1 Grand Prix event on the Las Vegas Strip.
4. Staff successfully coordinated, organized, and inspected the Electric Daisy Carnival at the Las Vegas Motor Speedway.
5. Environmental Health (EH) leadership coordinated meetings and discussions with the American Kratom Association regarding the legalities of kratom in Clark County.
6. Staff developed an industry handout for unapproved additives (kava, kratom, charcoal, and Cannabidiol).
7. Staff developed a Food Safety Training Log for industry.
8. Staff participated in the Conference for Food Protection (CFP) committee on cold brew coffee.
9. Staff assisted with revisions for all Food Operations' comments and standard language for the EH inspection software program.

Food Operations – Regulatory Support

OUTBREAK RESPONSE OFFICE:

1. Staff planned and hosted a free Legionella Prevention Seminar for industry professionals.
2. Staff presented foodborne outbreak prevention information at the Integrated Foodborne Outbreak Response Management conference, the Centers for Disease Control and Prevention (CDC) National Environmental Assessment Reporting System meeting, and the NvEHA Annual Education Conference (AEC).
3. Staff gave a presentation on Legionella investigations at the NEHA AEC.
4. An investigation into norovirus associated with oysters led to an international recall.
5. Staff supported the state on a significant Legionella investigation at a local hospital.
6. Staff developed a tool to evaluate facility water management programs during investigations.
7. Multiple staff earned the Certified in Infection Control (CIC) credential in anticipation of assuming responsibility for hospital acquired infections investigations.

SPECIALIZED FOODS OFFICE:

1. Staff conducted two public "town hall" meetings, in conjunction with other government agencies, regarding unpermitted food vendors.
2. Staff met with Senator Donate and other Nevada public health agency representatives to discuss the sidewalk vendor bill, Senate Bill (SB) 295.
3. Staff attended the legislative hearing for SB295 and gave testimony in opposition to SB295 but worked closely with the bill sponsor to address agreed upon issues.
4. Staff met with certified builders and sidewalk vendors to discuss requirements for cart design in response to public comments at SB295 hearings.
5. Staff coordinated multiple enforcement actions with other government agencies, such as City of Las Vegas Business License, Clark County Business License, Clark County Code Enforcement, City of Las Vegas Code Enforcement, Las Vegas Metropolitan Police Department, City of North Las Vegas Police Department, City of Mesquite Code Enforcement, etc. regarding unpermitted food vending.
6. Staff presented information regarding unpermitted food vending and SB295 at the NvEHA AEC.
7. Staff presented information about unpermitted food vending in 2023, 2024, and 2025 for the SNHD Public Health Advisory Board.
8. Staff represented SNHD on the Southern Nevada Food Council, Nevada Human Trafficking Task Force, and at the CFP as a voting member of Council III.
9. Staff presented information and had an educational booth at the 2025 Food Truck Owners Expo conference.
10. Staff conducted meetings with the Virginia Department of Health to discuss the SNHD mobile vendor program, including permitting, plan reviews, and routine inspections.

REGULATORY SUPPORT OFFICE:

1. Staff participated in National Voluntary Retail Food Regulatory Program Standards and conducted a full self-assessment of all nine standards resulting in meeting Standards 1 (Regulatory Foundation), 2 (Trained Regulatory Staff), 4 (Uniform Inspection Program), 5 (Foodborne Illness and Food Defense Preparedness and Response), 7 (Industry and Community Relations), 8 (Program Support and Resources), and 9 (Program Assessment).
2. Staff created a Beer Line Cleaning Educational Handout for industry, trained staff on the associated hazards, and collected preliminary data on industry cleaning practices.
3. Staff presented at the Association of Food and Drug Officials (AFDO) Advanced Inspector Bootcamp, NEHA AEC, and NvEHA AEC.

4. Staff responded to legislation activities on Assembly Bill (AB) 352, SB295, and SB466 relating to cottage food, cottage cosmetics, and other vendor and agency changes associated with Nevada's 2025 legislative session.
5. Staff participated in various food safety national committees, including CFP Program Standards, NEHA Food Safety Program, Integrated Food Safety System, Regulatory Laboratory Training System steering committees, and the National Curriculum Standards Basic Core Competency Review.
6. Staff participated in and attended the CFP 2025 meeting in a leadership role as the Executive Board Chair, including attending pre-conference workshops.
7. In response to inquiries from kratom advocacy groups, staff researched and prepared a response for a request to vary from the food regulations based on the most recent medical and legal information available.

TRAINING OFFICE:

1. A new office (Training Office) was created in the EH Division to provide additional support to train staff and improve inspection skills.
2. Staff presented on Enhanced Digital Training at the NEHA conference.
3. Staff completed revisions for all Food Operations' comments and standard language within the EH inspection software.
4. Staff completed updates to the SNHD Training Manual to align with updated guidance from the
5. Food and Drug Administration.

Solid Waste & Compliance

ILLEGAL DUMPING / RESTRICTED WASTE MANAGEMENT (RWM) PROGRAMS:

1. Staff continue to work with Business License agencies (Clark County, City of Las Vegas, City of Henderson, and City of North Las Vegas) regarding the referral process for noncompliant Restricted Waste facilities.
2. Staff completed over 3,500 annual Restricted Waste inspections and conducted approximately 800 Illegal Dumping responses.
3. Staff continue to participate in multi-agency responses with Clark County, City of Las Vegas, Henderson, and North Las Vegas.

MOSQUITO DISEASE:

1. Staff set 3,184 mosquito traps and submitted over 2,296 mosquito submission pools, representing 54,288 mosquitoes, to the Southern Nevada Public Health Laboratory for disease analysis. West Nile Virus (WNV) was identified in 14 submission pools, representing 545 mosquitoes, with zero human cases reported; no St. Louis Encephalitis was identified.
2. Staff responded to 322 citizen mosquito activity complaints.

PERMITTED DISPOSAL FACILITIES (PDF) PROGRAM:

1. Staff continued to coordinate/host the Southern Nevada Environmental Task Force meetings as an avenue to increase communication with partner agencies.
2. Staff have completed 225 Permitted Disposal Facility inspections. Each facility is inspected either quarterly or semi-annually.
3. Biannual meetings have been scheduled with Solid Waste Plan Review staff to coordinate smoother program interactions.

4. Staff have developed procedural documents for the Waste Tire Hauler program, the Permitted Disposal Facility program, permitted facility closures, and leachate analytical data review.

PUBLIC ACCOMMODATION PROGRAM (HOTEL/MOTEL/MOBILE HOME/RV PARKS):

1. Staff have drafted a revision of the 2006 Public Accommodation Regulations and are proceeding with the approval process.
2. Staff conducted 274 routine inspections at hotel/motel facilities and investigated 155 guest complaints.
3. Staff completed 155 routine inspections of Mobile Home and Recreational Vehicle Parks and investigated 20 residents' complaints.
4. Staff conducted one Temporary Mass Gathering permit inspection for the Electric Daisy Carnival.

UNDERGROUND STORAGE TANK (UST) PROGRAM:

1. Staff completed 677 routine inspections and 8 facility closures. Staff performed 34 final inspections for new facilities.
2. Staff are working with the SNHD Safety Officer to create a Job Hazard Analysis for the UST program. During this process, staff have identified hazards and proposed corrective actions or engineering measures to reduce hazards met in the field.
3. Staff have coordinated with the Nevada Division of Environmental Protection (NDEP) and renewed the interlocal contract under which they perform UST inspections in Clark County, Nevada from July 1, 2025, through June 30, 2029.
4. Staff attended the 2025 National Tanks Conference in Spokane, Washington to further develop staff's knowledge of the UST field.

Public Health and Preventive Care Division

Community Health Nursing Program

1. The Maternal Child Health (MCH) programs consist of two home visiting nurses. One nurse works directly with Child Protective Services (CPS) and the second nurse provides lead case management services and follows up on newborn screening referrals received by the state. The MCH program served 52 referrals, enrolled 37 families, and completed 141 home visits.
2. The Thrive 0-3 program is in collaboration with the Department of Family Services. Community Health Workers provided home visiting services to families referred. The program received 538 referrals, enrolled 37 new families, and completed 37 one-time home visits.
3. Nurse Family Partnership (NFP) provided home visiting services to 246 families. The specially trained nurses enrolled 105 new pregnant mothers and graduated 21 families from the program.
4. Healthy Start received provided home visiting services to 140 families, including 89 new enrollments. Seven families have graduated from the program. In addition, the Community Consortium continues to meet quarterly and has increased the number of community partner participants. The program partnered with Anthen Blue Cross Blue Shield Medicaid to host a holiday educational event offering pictures with Santa. Molina Healthcare held their diaper bank during the Mama and Papa Bear clinic offering free diapers to families who attended in April 2025, and the program partnered with HPN to host a community baby shower in May 2025.
5. Embracing Fatherhood of Southern Nevada started promoting the program in the community in January 2025. The first father enrolled into the program in February. Since its inception, the program has received 25 referrals and enrolled 16 new fathers. The goal of the program is to support fathers to strengthen families and improve child health outcomes.

Employee Health Program

1. Assisted with the onboarding of 29 new hires.
2. Administered 350 vaccinations.
3. Completed 132 OSHA Medical Clearance forms.
4. Completed 270 employee TB assessments.
5. 41 employees assisted with COVID-19 related issues including monitoring others on home isolation and updated respiratory illness guidance.
6. Assisted in surge capacity in clinics, including during back to school and outbreak investigations, as needed.
7. Hosted Annual Flu Clinic with 182 employees vaccinated.
8. Updated the Exposure Control Plan.
9. Initiated Blood Borne Pathogen (BBP) SOP which is in progress.
10. Updated the TB Testing for Workforce Members Policy which is in progress.
11. Updated TB Education for SNHD which is in progress.
12. Implemented Skills Fair attended by 62 Workforce members
13. Served as resource to Workforce members by providing basic nursing assessment, guidance, and referral to appropriate level of care when needed

Immunization Clinic

1. The Immunization Clinic delivers essential vaccination services through four Public Health Centers (PHCs): Main, East Las Vegas, Henderson, and Mesquite. From January 1 through December 31, 2025, these locations served 27,782 patients and administered 67,405 immunizations.
2. Through this program, the Southern Nevada Health District supports disease prevention by maintaining community access to vaccines. Immunizations offered include protection against influenza, measles, mumps, rubella, hepatitis, and other vaccine-preventable diseases, helping reduce the spread of infectious illness and safeguard public health across Southern Nevada.
3. National Infant Immunization Week (NIIW) was observed April 21–28, 2025. During this annual event, the Immunization Team collaborated with community partners and other Southern Nevada Health District (SNHD) programs to promote the protection of infants and young children from vaccine-preventable diseases and to reinforce completion of the recommended vaccination series. The clinic focused on immunizations for children ages 0–3 across the four PHC's for this event. The Community Health Nursing Program partnered with Immunizations clinic to conduct a Mama Bear and Papa Bear clinic on April 23, 2025.
4. The Back-to-School (BTS) Immunization Campaign for the 2025–2026 school year launched in July 2025 and concluded in late August. Immunization services for school-age children remain available year-round at all Public Health Centers. The campaign encouraged families to "Don't Wait to Vaccinate," emphasizing timely immunizations before the start of the school year. Campaign objectives included supporting student compliance with school requirements, increasing vaccination coverage, and improving patient experience and clinic efficiency by reducing wait times.

   In the month of August 2025 alone, 3,985 children were served. Below is the breakdown of patients by age groups.

Age	# of Patients
< 1	17
1	19
2	13
3-4	201
5-6	325
7-10	235
11-12	1,073
13-18	2,102
19-24	90
25-44	1,281
45+	448
Total	**5,804**

5. The Southern Nevada Health District offers vaccinations to protect against respiratory diseases, including influenza (Flu), respiratory syncytial virus (RSV), COVID-19, and pneumonia.
   - The Flu vaccination campaign begins in late September and runs through the end of the flu season in June 2026.
   - The COVID-19 vaccine is available year-round, with updates to the vaccine provided each season to ensure continued protection.

- The RSV vaccine is offered to various groups during specific timeframes:
  - Infants: October through March
  - Pregnant women (during weeks 32-36 of pregnancy): September through January
  - Adults aged 50-74 who are at increased risk of severe RSV: Available year-round
  - Everyone aged 75 and older: Available year-round, with late summer to early fall being the optimal time for vaccination.

These vaccines are essential in protecting our community from serious respiratory illnesses. Individuals are encouraged to get vaccinated according to the recommended schedules.

Immunization Outreach Program

1. The Immunization Outreach team provided walk-in immunization clinics at the Clark County Family Support Center and select elementary, middle, and high schools in Clark County. The Team administered 5,062 vaccines to 2,033 clients from January 1, 2025 to December 31, 2025.
2. The Immunization Outreach team has strong collaborative relationships with community partners to expand access to vaccines in underserved areas. A total of 772 vaccines were administered to 405 patients. Partnerships include:
   - Nevada Homeless Alliance
   - Help of Southern Nevada
   - Mexican Consulate
   - Boulder City Library
   - The Office of Disease Surveillance to administer vaccines in underserved areas.
   - Childcare facilities through the School Located vaccine grant
3. The Immunization Outreach team conducted immunization education sessions in the community through and educational grant funded by the Nevada State. Childhood and adult immunization schedules on vaccine preventable diseases were distributed in outreach events.
4. The School Located Vaccine and educational grants ended on June 30, 2025.

Sexual Health Outreach and Prevention Program (SHOPP)

The Sexual Health Outreach and Prevention Program (SHOPP) consists of multiple programs and interventions including:

1. Congenital Syphilis Case Management Program (CSCMP) pairs specially trained nurses with pregnant and postpartum individuals diagnosed with syphilis to provide care and support that reduce the risk of mother-to-child (vertical) transmission.
2. Complex STI Nurse Navigator program (through funding from SB 118) provides individualized nursing support for patients diagnosed with STIs who require enhanced coordination of care, including cases such as neurosyphilis requiring emergency room navigation and STIs diagnosed during pregnancy, through warm handoffs and focused clinical navigation. CSCMP and Complex STI Nurse Navigation program work hand-in-hand and collectively enrolled 80 clients and conducted 44 provider/community trainings.
3. Express Testing (ET) clinic provides rapid, streamlined STI screening for asymptomatic individuals without the need for a provider visit. It offers convenient, low-barrier testing in clinic and community settings, helping to identify infections early and link clients to timely care. (ET) clinics completed 2,494 screenings among asymptomatic clients, with an overall positivity rate of 11%. ET partnered with the SNHD Harm Reduction and SURE Program teams to expand

testing to homeless outreach settings and offered services at the Henderson and Mesquite Public Health Centers, as well as through a community partner, the UNLV Student Health Center.

4. Partners for Better Health (PBH) completed its design year and moved into program implementation in the beginning of 2025. The program has 39 active clients.
5. Rapid PREVENT program completed its design year and moved into program implementation in the beginning of 2025. It has 21 enrolled clients.
6. Serving Unhoused through Resources and Engagement (SURE).Community Health Workers provided services at 75 unhoused community events.

Overall, SHOPP team members collaborate internally and externally with community partners to conduct testing, provide treatment, and connect patients to available resources, ensuring seamless coordination and continuity of care. SHOPP interventions utilized across different programs include:

1. Home-administered STI Treatment (HATS). HATS is an intervention by Community Health Nurses (CHN's) to strengthen public health efforts through timely, clinically guided care provided directly into the community- in the field. By reducing barriers such as transportation, cost, stigma, and limited resources, HATS expands access for people who might not otherwise receive care. This approach supports earlier treatment, advances health equity, and helps reduce ongoing STI transmission.
2. Neurosyphilis Emergent Onsite Navigation (NEON). NEON is an intervention which aims to assist patients suspected of neurosyphilis by having nurse navigators guide them through emergency department care, ensuring timely evaluation and diagnosis, and initiation of appropriate treatment. Its success is driven by strong collaboration among program nurses, diagnosing providers at SNHD and in the community, and UMC ER nurse navigators, which helps minimize patients being lost within the healthcare system.

Shared performance and outcomes among multiple SHOPP programs include:

1. Over 400 clients to linked to needed resources by SHOPP nurses and Community Health Workers.
2. CSCMP nurse case managers and Complex STI Nurse Navigators enrolled 80 clients and conducted 44 health provider/community trainings.
3. CSCMP and Complex STI Nurse Navigators provided navigation services to 37 clients suspected of having neurosyphilis and conducted 74 HATS visits, helping to ensure individual health, prevent further transmission to others, and connect clients to timely diagnosis, treatment, and follow-up care.

Street Medicine (SM) Program

1. Program Launch: The new Street Medicine program was launched to deliver essential primary care directly to unhoused individuals, meeting them where they are and centering their needs.
2. Care Team:
    - An APRN and a Senior Community Health Nurse provide primary care visits.
    - Two Community Health Workers (CHWs) will join in January 2026 to assist with resources and linkages to care.
3. Approach: The program uses a harm-reduction and trauma-informed care model, focusing on:
    - Building trust through consistent outreach
    - Nonjudgmental engagement
    - Meeting patients where they are with accountability

4. Community Partnerships: SM collaborates with local organizations including HELP of Southern Nevada and Shine a Light, and is developing partnerships with the Cities of North Las Vegas and Henderson street outreach teams.
5. Impact: The program began seeing patients in the first week of November 2025 and completed 24 primary care visits in just a little over a month.

This model emphasizes accessibility, trust, and collaboration to improve health outcomes for unhoused individuals.

Tuberculosis Control and Prevention

1. The TB Clinic provides testing, treatment, and education for all individuals in Southern Nevada to prevent and manage tuberculosis.
2. Active TB Treatment: 50 patients received treatment for active TB.
3. Latent TB Treatment: 925 of 1,454 referred patients received treatment for latent tuberculosis infection (LTBI).
4. Improving Treatment Completion for latent TB: Monthly quality reviews track patients who are late picking up medications. Phone reminders are made, and if barriers like transportation or work arise, a registered nurse conducts a field visit to assess and deliver medication.
5. Staffing Updates: One new pediatric provider and one new adult provider joined the TB Clinic team.
6. Collaboration & Education: The clinic works with multiple providers across Southern Nevada to offer guidance, education, and treatment recommendations for active and latent TB.

TB Clinic emphasizes accessibility, follow-up, and community collaboration to improve TB prevention and care outcomes.

Southern Nevada Community Health Center (FQHC)

1. As of December 2025, 15,093 unduplicated patients served.
   - *7.5% year-over-year increase*
2. As of December 2025, 48,834 unique encounters conducted.
   - *7% year-over-year increase*
     - Licensed Independent Providers (medical & behavioral health) visits: 29,747
     - Nurse visits: 9,394
     - Lab visits: 5,944
     - Case Management visits: 2,713
     - Community Health Worker visits: 1,036
3. As of December 2025, 7,560 unique patients served in the pharmacy.
   - *30.5% year-over-year increase*
4. As of December 2025, 34,948 prescriptions were filled.
   - *35% year-over-year increase*

Administration, Operations, and Finances

1. Recruited and onboarded three new board members.
2. Hired and onboarded a new Medical Director.
3. Ongoing participation of the FQHC CEO on the Nevada Primary Care Association Board of Directors.
   - Member of the Finance and Policy Committees
4. Ongoing participation in a Health Center Controlled Network.
5. Successfully received Federal Tort Claims Act (FTCA) redeeming.
6. Successfully completed the Health Resources and Services Administration (HRSA) Operational Site Visit audit with no findings.
7. Successfully completed Ryan White part A program audits with no findings.
8. Successfully completed Nevada Family Planning program audit with no findings.
9. Successfully completed a CLIA Laboratory audit.
10. Created and implement a new health center wide three-year strategic plan.
11. Revised the health center's mission and vision statements.
12. Formally added substance use disorder, psychiatry, infectious disease, and nutrition services to the health center's scope of work.
13. Opened a new Behavioral Health clinic at Decatur.
14. New intern opportunities provided in behavioral health and administration.
15. Employee fundraising program established by the Employee Engagement Committee.
16. Significant year-over-year employee engagement improvement realized through the Organization Vital Survey.
17. Revised the health center wide annual training program and tracking process.
18. Updated credentialing and privileging requirements and processes for clinical staff.
19. Revised quarterly risk assessment reporting processes and documentation.
20. Restructured leadership meetings and implemented new standard KPIs.
21. Established a plan and commenced work for achieving Patient Centered Medical Home (PCMH) accreditation.
22. Optimized sexual health access through the closure of an under performing site.
23. Expanded access to care through the implementation of stagger lunches and midday patient appointments.

24. Increased access to care through the standardization appointment templates.
25. Implemented cross training of providers in multi specialties.
26. Implemented new workflows to mitigated revenue loss resulting from changes to the Gilead assistance program.
27. Multiple quality improvement projects completed (BH, FP, & RW).
28. Purchased and commenced training on the eCW CCM module.
29. New clinical care gaps workflows established.
30. Redesigned clinical space at the Decatur and Fremont health centers.
31. Created and implemented patient education videos.
32. Completed provider specific coding training.
33. Launched a new behavioral health led Ryan White support group.
34. New integrated behavioral health workflows created and implemented.
35. Started a pharmacist led PREP service at Fremont.
36. Implemented minor office procedures.
37. Enhanced linkage to care for Hep-C patients.
38. Cultivated relationships with other SNHD divisions for referrals and coordination of care for mutual patients.
39. Designed and implemented a new PREP clinic workflows.
40. Implemented new workflows and tracking for in reach and outreach activities.
41. Created and implemented a new patient welcome packet.
42. New Same Day Clinics established.
43. New electronic patient registrations workflows established.
44. Created a new Medicaid Dashboard.
45. Refined the revenue calculation model for improved budgeting.
46. Increased the number of empaneled Medicaid patients by 149% (920 to 2,295).
47. Established new relationships and meeting cadences with payer provider relations departments.
48. Lowered lab expenses by negotiating better rates with Quest Diagnostic.
49. Finalized the Prospective Payment System rates for medical and behavioral health services.
50. Received $1.9 million in retroactive Medicaid reimbursement.
51. Awarded a new grant budget period for the Health Center program.
52. Improved financial stability by increasing revenue and reducing expenditures, resulting in exceeding financial performance compared to the original FFY25 budget.
    - *Revenues are up 5% year-over-year at $46.5 million.*
53. Implemented a new Sliding Fee Discount schedule.
    - *Total sliding fee adjustments for 2025 equal $6.6 million, an increase of 36% year-over-year.*

Community Partnerships

1. University of Las Vegas, Nevada (UNLV)
2. Mexican Consulate
3. El Salvador Consulate
4. Racial and Ethnic Approaches to Community Health (REACH)
5. Health Center Controlled Networks (HCCN)
6. Arizona Association of Community Health Centers (AACHC)
7. Nevada Primary Care Association (NVPCA)
8. Catholic Charities

9. Las Vegas Promotoras
10. Three Square
11. Dept of Welfare and Social Services. (DWSS)
12. Local Federally Qualified Health Centers
13. Center for HOPE/Huntsman Cancer Institute
14. The Center
15. Nevada HAND
16. University Medical Center
17. Health Plan of Nevada
18. Molina Healthcare
19. Silver Summit Healthplan
20. Anthem
21. SafeNest
22. Dignity Health
23. Just One Project
24. Chicanos Por La Causa (CPLC)
25. Women's Development Center
26. Puentes
27. Vegas Stronger
28. Local Ryan White Agencies
29. Volunteers in Medicine of Southern Nevada
30. Nathan Adelson Hospice

Grants Received

Health Center Program	$1,023,114
Ryan White Part A	$1,177,934
Ryan White Part B	$905,933
HIV Epidemic – Rapid start	$260,540
Title X Family Planning	$1,400,000
Family Planning of Nevada	$400,500

MEMORANDUM

Date: January 22, 2026

To: Southern Nevada District Board of Health

From: Jason Frame, *Acting Deputy District Health Officer-Administration*
Cassius Lockett, PhD, *District Health Officer*

Subject: **Administration Division Monthly Report – November 2025**

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Executive Summary

The Office of Communications issued seven News Releases and placed advertisements in El Nuevo Mundo newspaper and Google Ads to promote the Your Shot campaign designed the program mark for the Street Medicine program. In collaboration with Three Square, staff facilitated a food distribution event at the Main Public Health Center. Health Cards served 9,354 total clients, including 2,389 clients renewing online, and continued to develop the plan on notifying industry regarding the upcoming fee increases. As of December 5, 2025, the Health District had 795 active employees. Human Resources posted 4 employment opportunities, held 32 interviews, extended 10 job offers, and onboarded one new hire. The Human Resources Training team facilities the annual Managers' Conference.

Office of Communications

News Releases Disseminated:

- Pop-Up Produce Stands provide affordable access to fresh food this fall
- Southern Nevada Health District observes World AIDS Day
- Health District shares national recall information and guidance for families
- Health District launches new Respiratory Disease Dashboard
- First Measles Case Reported in Clark County
- First flu death of the season reported
- "A crisis hiding in plain sight" - Health District observes American Diabetes Month

Press:

- Pop-Up Produce stands
- World AIDS Day
- First flu death of season
- First confirmed case of measles since 2018
- New Respiratory Disease Dashboard

Two hundred seventy-four news clips related to the Health District, local news coverage and national coverage of public health topics were compiled in November. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at 202512-PI-Report.pdf.

Advertisements, Projects Completed and Social Media Summary:
In November, the Office of Communications placed advertisements in El Nuevo Mundo newspaper and Google Ads to promote the Your Shot campaign. Staff worked with the Environmental Health program to develop a survey and design postcard mailers for the Individual Sewage Disposal System (ISDS). Staff designed the program mark for the Street Medicine program. Staff also produced several videos for the month of November, including Diabetes Tips (English and Spanish), Diabetes Sign-up, Emergency Medical Services office visit, and local food assistance resource TikTok short.

The Office of Communications responded to 150 public information inquiries this month related to Health District programs and services, vaccine clinic requests, health fair invitations, and complaints. The team also received 53 internal project requests, including graphic design, website content updates, photography, advertising, marketing, outreach materials, and translation services. Staff continued regular updates to Health District websites, including SNHD.info and SNCHC.org.

On social media, staff focused on promoting the Strip Club (fentanyl and xylazine test strips), Your Shot campaign, healthy holiday tips, holiday closures, Great American Smokeout, Pop-up Produce stands, National Diabetes Month, Health District After Dark, Three Square food distribution, food resources, Emergency Medical Services visit, CredibleMind, and Board of Health recognitions.

Community Outreach and Other:

- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program clients processed: 12

- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 130
- Three Square food distribution outreach

Legislative Affairs Update:

- Prepared for and monitored public health issues during the November 2025 special legislative session, including updates to vaccine-administration rules for pharmacists and school zone traffic safety.

Meetings and Events of Note:

- 11/03/25: Coordinate Three Square – Emergency produce giveaway
- 11/04/25: Channel 13 Health Fair
- 11/04/25: State Board of Nursing Workshop related to Assembly Bill 319
- 11/05/25: Guinn Center's Report on Nevada's Budget Webinar
- 11/07/25: Three Square food distribution Main Public Health Center
- 11/14/25: Big Cities Health Coalition Monthly Communications call
- 11/12/25: Public Health Policy Strategy Meeting
- 11/18/25: Behavioral Health Association of Nevada Policy Forum
- 11/19/25: AP Workshop
- 11/19/25: Nevada Tobacco Control and Smoke-free Coalition Strategic Planning
- 11/20/25: Nevada Public Health Association Advocacy and Policy Meeting
- 11/20/25: Regional Transportation Commission Fare and Service Working Group Meeting
- Meetings for CHIP Public Health Funding Workgroup
- Meetings related to State Public Health Funds and SB118

Please see Appendix A for the following:

- Media, Collateral and Community Outreach Services
- Monthly Website Page Views
- Social Media Services

Facilities

Monthly Work Orders	Nov 2024	Nov 2025		YTD FY25	YTD FY26	
Maintenance Responses	446	336	↓	1,838	1,758	↓
Electrical Work Orders	39	26	↓	162	170	↑
HVAC Work Orders	125	80	↓	247	348	↑
Plumbing Work Orders	9	10	↑	93	64	↓
Preventive Maintenance	29	13	↓	167	118	↓
Security Responses	2,368	1,412	↓	12,822	9,979	↓

Finance

Total Monthly Work Orders	Nov 2024	Nov 2025		YTD FY25	YTD FY26	
Purchase Orders Issued	526	440	↓	6,498	2,535	↓
Grants Pending – Pre-Award	13	1	↓	24	6	↓
Grants in Progress – Post-Award	10	9	↓	53	40	↓

* Grant applications and NCCs created and submitted to agency
** Subgrants routed for signature and grant amendments submitted
No-Cost Extensions and Carryover requests are not quantified in this report.

Grants Expired – November 2025

KEY: P=Pass-through, F=Federal, S=State, O=Other

Project Name	*Grantor*	*End Date*	*Amount*	*Reason*	*FTE*	*Comments*
NE11OE000081-04-00, Public Health Infrastructure year 3 of 5 (phia2_25)	F-CDC	11/30/2025	$1,840,036	End of budget period	7.60	FY2026 expected to renew

Grants Awarded – November 2025

KEY: P=Pass-through, F=Federal, S=State, O=Other

Project Name	*Grantor*	*Received*	*Start Date*	*End Date*	*Amount*	*Reason*	*FTE*
Gilead Sciences, Inc. Master FOCUS Agreement Exhibit C.11 C1900067, Sexual Health Outreach Prevention Program, (gsshc_26)	O- Gilead	11/3/2025	10/1/2025	9/30/2026	$205,586	FY2026 renewal	1.80
UNLV Childhood Lead Poisoning Prevention - Amendment 4 (nclpp_22)	P- CDC	11/6/2025	9/30/2021	9/29/2026	$50,000	FY2026 renewal	1.24
15PBJA-23-GG-02351-COAP, Comprehensive Opioid, Stimulant, and Substance Use Site-based program, Year 3 of 3, (cossup26)	F-DOJ	11/6/2025	10/1/2025	9/30/2026	$711,854	FY2026 renewal	2.00

Grants Awarded – November 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
ELC Base Award, Amendment 1 (elcont26)	P-CDC	11/6/2025	8/1/2025	7/31/2026	$153,300	FY2026 renewal	7.25
State of Nevada, Nevada Home Visiting, Maternal, Infant and Early Childhood Home Visiting Grant Program, Year 2 of 2 (nfp_26)	P-HHS	11/12/2025	9/30/2025	9/29/2026	$709,629	FY2026 renewal	4.20
Comagine Integrated Maternal Health Services Year 4 of 5 (comag_26)	P-HRSA	11/12/2025	9/29/2023	9/29/2026	$222,373	FY2026 renewal	2.20
NE11OE000081 -04-00, Public Health Infrastructure, Amendment 1 (phia2_25)	F-CDC	11/14/2025	12/1/2024	11/30/2025	$0	Additional Terms	0.00
Pool and Hot Tub Foundation, Dr. R. Neil Lowry Grant (Lg_26)	O- P&HT Foundation	10/17/2025	10/17/2025	10/16/2026	$5,000	Nominated by Pool & Hot Tub Foundation	0.00
State of Nevada, Preventative Health and Health Services (phhsbg26)	P-CDC	10/19/2025	10/1/2025	9/30/2026	$36,398	FY2026 renewal	0.10

Contracts Awarded – November 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
Clark County HIV Status-Neutral Rapid Prevent Program Year 3 of 3 (ppcsna26)	Contract	11/19/2025	9/1/2025	8/31/2026	$325,000	FY2026 renewal	2.20

Health Cards

1. Appointments continue to be required for food handler card testing and open as follows:
   a. Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
   b. Additional same-day appointments at our Decatur and Fremont offices open for booking each working day by 7:30 a.m. as staffing allows.
   c. Same-day appointments for our Laughlin and Mesquite offices open for booking each working day at 5:00 a.m.
2. For the month of November, we averaged 80 "passing and paying" online renewal clients per day, with a total of 2,389 clients renewing online.
3. We have established a plan on how to notify industry about the fee increase approved in June by the Board of Health. A $5 increase will go into effect on January 1, 2026, raising the fee from $20 to $25. A further $5 increase will go into effect on January 1, 2028, raising the fee from $25 to $30. Industry will be notified via a variety of methods in the coming months.
4. Our Information Technology office continues to prepare the mobile wallet version of the food handler and body art cards that we intend to launch sometime in 2026.

CLIENTS SERVED	Nov 2025	Oct 2025	Sept 2025	Aug 2025	July 2025	June 2025
FH Cards – New	3,390	4,110	4,647	4,635	5,797	5,910
FH Cards – Renewals	2,107	2,420	2,476	2,550	2,161	1,194
FH Cards – Online Renewals	2,389	2,497	2,323	2,482	2,668	2,867
Duplicates	353	530	504	529	579	511
CFSM (Manager) Cards	175	192	257	221	256	191
Re-Tests	859	1,100	1,175	1,309	1,349	1,146
Body Art Cards	81	109	121	120	129	120
TOTALS	**9,354**	**10,958**	**11,503**	**11,846**	**12,939**	**11,939**

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for November
- 795 active employees as of December 5, 2025
- 1 New Hire, including 0 rehires and 0 reinstatements
- 4 Terminations, including 1 retirement
- 7 Promotion, 1 Flex-reclass
- 0 Transfers, 0 Lateral Transfers
- 0 Demotions
- 37 Annual Increases
- 32 Interviews
- 10 Offers extended (0 offers declined)
- 4 Recruitments posted
- Turn Over Rates
  - District Administration: 0.000%

  - Community Health: 3.226%
  - Disease Surveillance & Control: 0.962%
  - Environmental Health: 0.000%
  - Public Health & Preventive Care: 0.000%
  - FQHC: 0.000%
- Informatics Department (11 positions) moved to Division 9 effective 11/08/2025

Temporary Employees
- 8 Temporary Staff

Safety
- Inquiries – 109

Employee/Labor Relations
- 0 Coaching and Counseling, 1 Verbal Warning, 2 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Termination, 0 Probationary Releases
- 5 Grievances
- 0 Arbitrations
- 50 Hours of Labor Meetings (with Union)
- 60 hours investigatory meetings
- 5 Investigations
- 6 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 3

Interns

There were a total of 28 interns providing 752 applied public health practice hours in November 2025.

Interns and Clinical Rotations	Nov 2025	YTD
Total Number of Interns [1]	28	34
Internship Hours [2]	752	3,119

[1] Total number of students, residents, and fellows

[2] Approximate hours students, residents, and fellows worked in applied public health practice

Training (In-Person and Online)
- November 3, 2025 – Managers Conference (70+ attendees)

New Hire Orientation
- November 10, 2025: 1 New Hire

Informatics

A. EpiTrax

1. Work with the Epidemiology and Surveillance teams to monitor systems and applications, investigate and troubleshoot issues, and resolve them as they arise. Provide ongoing user account support.
2. Assist ODS team by importing TB contacts to EpiTrax for outbreak investigation.

3. Continue working with OpenEMPI integration with EpiTrax system:
    - Modified EMSA user interface to integrate with OpenEMPI for matching and assigning people for incoming lab messages per ACDC feedback
    - Updated OpenEMPI configuration to make name changes and gender changes in the Probable Matches section
    - Add OpenEMPI linking service to EpiTrax API logic
4. Continued work on facility deduplication and added new HAI conditions and facility types to support HAI investigations.
5. Resolved time zone issue in EpiTrax for Visit start and Visit end fields to use PT instead of UTC.
6. Updated the credential for NV WebIZ integration with EpiTrax.
7. Working on a new Creutzfeldt-Jakob Disease and Other Transmissible Human Spongiform Encephalopathies form. Resolved issue with drop down option for HIAV test-follow up form.
8. Enabled facility module in EpiTrax.
9. EpiTrax User Requests:

EpiTrax Requests	June 2025	July 2025	August 2025	Sept 2025	Oct 2025	Nov 2025
EpiTrax Requests Completed	9	9	12	12	11	13
EpiTrax Requests Opened	69	66	61	51	53	55
EpiTrax New Requests	7	6	6	2	13	11

B. <u>Electronic Message Staging Area (EMSA)</u>

1. Continue to work on EMSA2, including mapping new LOINC and ICD10-CM codes, integrating incoming labs, data processing, and reviewing logic for exceptions and errors.
2. Onboarded three additional facilities for Electronic Case Reporting (eCR).
3. Resolved an issue of an MPOX ELR that did not show the CLADE result.
4. Resolved the norovirus logic issue when checking for SNPHL lab results.
5. Added a new feature to map the master facility on the exception queue interface.
6. Updated C. auris, Norovirus, Sapovirus, and Astrovirus ELR logic.
7. ELRs and eCRs Volume:

ELRs	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025
Total Received	104,562	120,348	115,517	218,838	122,462	118,343
Total Processed	104,353	121,033	115,884	224,642	122,260	117,087
Under Review	609	725	1,461	809	752	1,039
Event Updated	15,867	19,075	16,595	53,047	17,971	15,949
Event Created	8,264	8,481	9,409	46,345	8,441	7,206

eCRs	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025
Total Received	455,242	85,864	139,146	103,838	99,140	49,580
Total Processed	44,134	233,966	52,141	35,319	165,472	100,899
Under Review	1,561,101	1,158,275	1,241,940	1,303,566	113,708	84,776
Event Updated	499	3,389	3,560	2,551	15,688	9,733

Event Created	59	629	1,017	648	1,601	784

C. Data Warehouse

1. Updated the facilities tables by keeping only event-based facilities.
2. Added person vaccine table.
3. Review issue with formbuilder tables with incorrect mapping field values.
4. Added STD event_id and disease onsent date to monkeypox coinfection table.

D. Pentaho Report

Pentaho Reports	June 2025	July 2025	August 2025	Sept 2025	Oct 2025	Nov 2025
Updated	6	4	3	1	2	2
Created	0	1	1	0	0	0

E. Dashboard

1. Respiratory disease ArcGIS dashboard went live.
2. Power BI eCW finance billing dashboard: updated new data fields to the report.

F. Southern Nevada Public Health Laboratory (SNPHL)

1. Ongoing support and maintenance of the Laboratory Information System (LIS) for SNPHL operations.
2. Ongoing support of Orchard Outreach. Added six hospital infection prevention programs as new clients.
3. Updated the Laboratory Response Network (LRN) feed as requested by CDC.
4. Ongoing monthly QA reports.
5. SNPHL Requestes:

SNPHL Requests	Oct 2025	Nov 2025
Requests Completed	43	50
Requests Opened	44	48

G. Electronic Health Record (EHR) System

1. Maintain the system to support patient care and documentation, with configuration adjustments to enhance charting, reporting efficiency, and to accommodate new locations and services.
2. Discussions to implement a universal care plan for the street medicine program.
3. Built structured questions and reports to capture patient Federal Poverty Levels.
4. Updated Clinical Rules Engine rules for automatically assigning CPT codes.
5. Working on migration of eBO reports from old sftp server to new sftp server.
6. Built Lab components to capture colon cancer screening (Cologuard) results.
7. EHR Requests and Reports.

EHR Requests	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025
Requests Completed	11	18	49	29	22	22
Requests Opened	15	20	71	18	25	23

eCW Reports	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025

FQHC	3	9	5	8	12	5
PPC	2	6	6	1	1	2

H. Clark County Coroner's Office (CCCO)

1. Reviewing quote and implementation details for electronic infectious disease test ordering.
2. Working with PowerBI contractor to implement upcoming public facing dashboard (anticipated go-live 1/1/26).
3. Produced quarterly reports for the Drug Enforcement Agency (DEA).
4. Finalized code solution for grant cases. Integrated solution requires only a list of case numbers and outputs all fields for CDC input. Automated address validation and Census block/tract extraction.
5. Produced case-specific toxicology data related to motor vehicle accidents for the Department of Public Safety.

I. Data Modernization Initiative (DMI)

1. Continue resolving validation errors reported in TB/LTBI MMG test scenario cases worksheet.
2. Completed Implementation Spreadsheet for Mumps, Pertussis, and Varicella MMGs.
3. Continue adding Public Health Information Network - Vocabulary Access and Distribution System (PHIN VADS) for Mumps, Pertussis, and Varicella in NMI.

J. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

1. Maintain and enhance syndromic surveillance system for new providers and future support.

K. Other Projects

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, data QA, and updates.
2. Reviewed Concentric AI results for data dictionary capabilities after initial database scan.
3. Working with IT and the Safety Office to design and implement an Electronic Incident Report Form.
4. Deployed the 2021 Antibiogram data into the main SNHD public site.
5. Sent NETSS 2023 - 2024 updated data files to the state.
6. Developed a new Mirth channel to download State COVID and Flu vaccination data.
7. Support PILLARS sites data extract request.

L. National and State Meetings/Workshops

1. Data Modernization Learning Community (DMLC) monthly call.
2. BCHC Data Modernization Workgroup: AI Workshop #1.
3. Statewide Syndromic Surveillance Monthly Workgroup.
4. SNHD Sync meeting with EpiTrax NV Team.
5. PubHealthAI Collaborative Network.
6. CSTE Electronic Laboratory and Disease Reporting Subcommittee Call.
7. CSTE/CDC Frontline Tools Year 2 Workgroup.
8. PHAST Consortium Technical, Weekly Collaboration and Learning, and Manager Meetings.
9. Google Public Sector GenAI Roadshow Series.

10. LHIT Meeting – Strengthening Cybersecurity Defenses at Health Departments Ahead of the Holiday Season.

Information Technology (IT)

Service Requests	Nov 2024	Nov 2025		YTD FY25	YTD FY26	
Service Requests Completed	1,159	643	↓	5,529	4,033	↓
Service Requests Opened	1,292	751	↓	6,232	4,498	↓

Information Services System Availability 24/7	Nov 2024	Nov 2025		YTD FY25	YTD FY26	
Total System	93.45	87.36	↓	95.20	88.19	↓

Total Monthly Work Orders by Department	Nov 2024	Nov 2025		YTD FY25	YTD FY26	
Administration	260	183	↓	1,438	1,111	↓
Community Health	99	70	↓	546	454	↓
Environmental Health	149	127	↓	926	693	↓
Primary & Preventive Care	270	101	↓	1,262	814	↓
Disease Surveillance & Control	161	111	↓	702	582	↓
FQHC	272	91	↓	1,095	651	↓
Other	18	16	↓	81	75	↓

First Call Resolution & Lock-Out Calls	Nov 2024	Nov 2025		YTD FY25	YTD FY26	
Total number of calls received	1,292	751	↓	5,420	4,498	↓

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
  - Monthly Position Review Committee cancelled for November 2025.
  - Prepared the November 2025 Hiring Plan for submission to CDC.
  - Participated in the November Board of Health Meeting (remotely).
  - Continued working with Finance Accountant(s) and Financial Analyst assigned to PHI Grant to make sure the budget is on-track.
  - November provided an informational and educational event; PHIG took part in the de Beaumont Foundation's Mission Critical: Rebuilding the Public Health Workforce.
  - Met with Grants Management Specialist at the CDC to discuss grant, budget, and status of Project Officer.

CDC Requirements

- Monthly CDC Project Officer meeting is on hold due to the Federal Government shutdown and P.O. is on furlough.
- Finalized, reviewed, and approved monthly hiring plan for submission to the CDC.
- Received updated NCC A2 (Foundational Capabilities) Budget returning amount to Year 3 levels versus Year 1 levels.

Performance Management

- Eight team hours spent participating in annual manager's conference.
- Participated in 1-hour workshop for Learning Agenda for Systems Change (LASC) Toolkit 2.0 from UC Denver.
- Two team hours invested in preparation and presentation at monthly manager's meeting on PHAB Reaccreditation and Strategic Plan progress and gaps.
- Three team hours invested in Mission Critical: Rebuilding the Public Health Workforce workshop from de Beaumont Foundation.
- Volunteered two team hours to support production of local active shooter video to be mandatory training for all SNHD staff.
- Invested six team hours in Strategic Plan analysis and process-design for leaders to upgrade strategic objectives to make the plan more effective while satisfying PHAB requirements for Reaccreditation.

Quality Improvement

- Eighteen hours spent on FQHC Appointment Utilization project
    - Six team hours spent on presentation design, collaboration, and delivery at the all-staff meeting.
    - Eleven team hours spent observing and documenting for analysis Medical Assistants and Nurses in FQHC Care Teams seeking best practices and elimination of waste.
- One-point-three hours spent in team coaching for PHAB deliverables.
- Two and a half hours spent in preparation, documentation, and delivery of monthly PMQI Team meeting.
- One hour spent on monthly QI Advocates call facilitated by peers at NVDPBH for statewide QI practitioners.
- Two team hours spent on training and support of an Environmental Health team in their first Just Did It QI projects.

PHAB Reaccreditation

- Six and a half hours spent in design, planning and communication with Stanford School of Design (d-School) to facilitate multiple workshops offsite in Las Vegas to drive innovation through human-centered design and working through ambiguity.
- One and a half hours spent in follow up with PHAB collaborator to identify and mitigate gaps.
- Two hours spent planning and collaboration with community partners and internal staff in CHIP Funding Workshop.
- Spent eleven team hours on PHAB deliverables concentrating on Performance Management.
- Overall documentation completion rose three percentage points to 88% from the last monthly report of 85%. Documentation is due for final submission after a mock site visit in January 2027.

PHIG

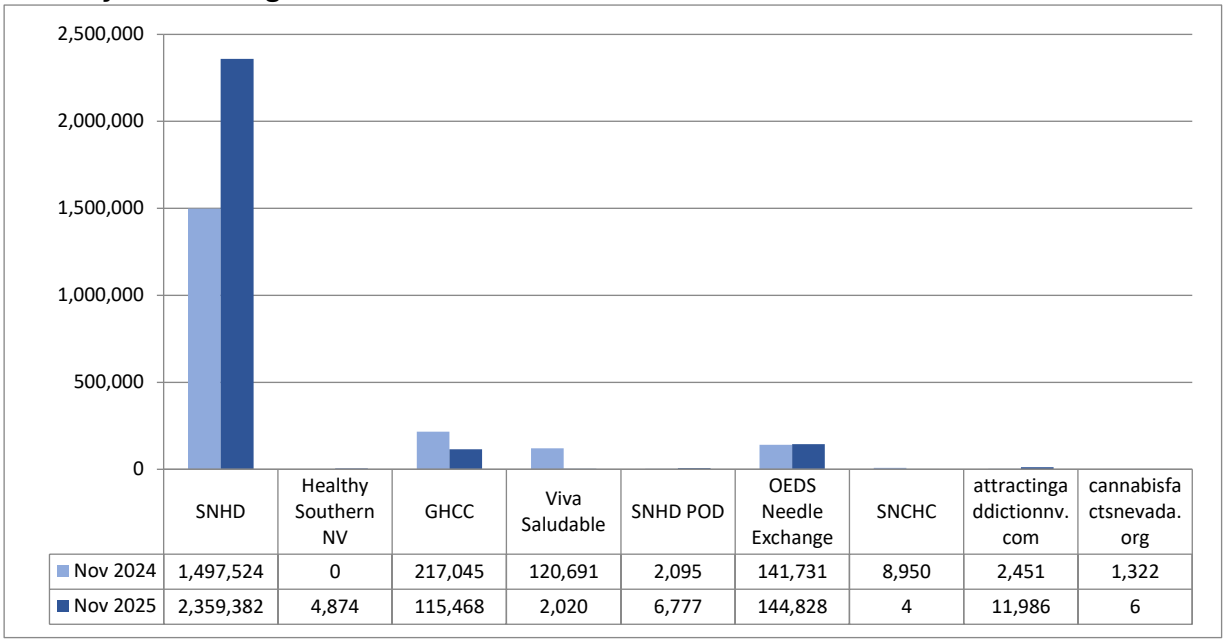
- Three team hours spent editing and designing a data slide additional to video regarding PHIG benefits for the Healthy Start program.
- Half an hour spent meeting CDC Grant Management Specialist seeking operational answers with termination of the Project Officer.
- Five team hours consumed in attendance of virtual ARC from NNPHI learning best practices of other PHIG recipients.
- Three hours spent in budget analysis and verification on project budgets through 11/30/2027
    - Anticipating no unspent funds for related projects on 12/1/2026 from prior periods.

Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:	**Nov 2024**	**Nov 2025**		**YTD FY25**	**YTD FY26**	
Media – Digital/Print Articles	17	26	↑	215	164	↓
Media - Broadcast stories	51	64	↑	616	510	↓
Collateral - Advertising/Marketing Products	16	15	↓	140	76	↓
Community Outreach - Total Volunteers[1]	11	1	↓			
Community Outreach - Volunteer Hours	688	21	↓	3,424	245	↓

[1]Total volunteer numbers fluctuate from month to month and are not cumulative.

Monthly Website Page Views:



	SNHD	Healthy Southern NV	GHCC	Viva Saludable	SNHD POD	OEDS Needle Exchange	SNCHC	attractingaddictionnv.com	cannabisfactsnevada.org
Nov 2024	1,497,524	0	217,045	120,691	2,095	141,731	8,950	2,451	1,322
Nov 2025	2,359,382	4,874	115,468	2,020	6,777	144,828	4	11,986	6

-Began reporting Health Southern Nevada monthly views in April 2025.

Social Media Services		**Nov 2024**	**Nov 2025**		**YTD FY25**	**YTD FY26**
Facebook SNHD	Followers	13,489	13,705	↑	N/A	N/A
Facebook GHCC	Followers	6,114	6,083	↓	N/A	N/A
Facebook SHC	Followers	1,637	1,610	↓	N/A	N/A
Facebook Food Safety	Followers	170	179	↑	N/A	N/A
Instagram SNHD	Followers	4,971	5,585	↑	N/A	N/A
Instagram Food Safety	Followers	527	535	↑	N/A	N/A
Instagram GetHealthyCC	Followers	235	341	↑	N/A	N/A
Instagram @Ez2stop	Followers	152	152	-	N/A	N/A
X (Twitter) EZ2Stop	Followers	152	248	↑	N/A	N/A
X (Twitter) SNHDflu	Followers	1,785	1,775	↓	N/A	N/A
X (Twitter) Food Safety	Followers	98	100	↑	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,107	9,944	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	343	340	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	123	103	↓	N/A	N/A
Threads SNHD	Followers	936	1,003	↑	N/A	N/A
TikTok @Ez2stop	Views	29	52	↑	N/A	N/A

Social Media Services		Nov 2024	Nov 2025		YTD FY25	YTD FY26
*TikTok SNHD	Views	112	366	↑	N/A	N/A
YouTube SNHD	Views	164,369	345,613	↑	1,005,263	1,038,643

Note: Facebook, Instagram and X (Twitter) numbers are not cumulative.
*SNHD added to TikTok in September 2024

Appendix B – Finance – Payroll Earnings Summary – October 25, 2025 to November 7, 2025

PAYROLL EARNINGS SUMMARY
October 25, 2025 to November 7, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	$ 314,014.82	$ 7,417,145.57	$ 3,254,666.53	$ 9,195,237.18	35%	
ENVIRONMENTAL HEALTH	$ 656,421.82	$ 15,178,369.53	$ 6,643,762.74	$ 17,951,295.42	37%	
COMMUNITY HEALTH	$ 309,169.23	$ 7,397,153.85	$ 3,297,857.47	$ 9,910,529.22	33%	
DISEASE SURVIELLANCE & CONTROL	$ 381,102.31	$ 8,974,587.96	$ 3,922,749.21	$ 10,671,639.69	37%	
FQHC	$ 342,046.06	$ 8,252,704.26	$ 3,515,818.94	$ 11,060,800.45	32%	
ADMINISTRATION W/O ICS-COVID	$ 598,288.17	$ 14,458,958.07	$ 6,424,689.27	$ 15,657,123.65	41%	
TOTAL	**$ 2,601,042.41**	**$ 61,678,919.24**	**$ 27,059,544.16**	**$ 74,446,625.61**	36%	38%
FTE	796					
Regular Pay	$ 2,148,777.96	$ 50,170,066.22	$ 22,490,256.43			
Training	$ 3,816.82	$ 113,235.29	$ 62,772.72			
Final Payouts	$ -	$ 702,212.47	$ 415,112.88			
OT Pay	$ 18,197.32	$ 368,376.54	$ 208,480.05			
Leave Pay	$ 394,977.37	$ 8,834,605.98	$ 3,247,819.92			
Other Earnings	$ 35,272.94	$ 1,490,422.74	$ 635,102.16			
TOTAL	**$ 2,601,042.41**	**$ 61,678,919.24**	**$ 27,059,544.16**			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
October 25, 2025 to November 7, 2025

Overtime Hours and Amounts | **Comp Time Hours Earned and Value**

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Viote, Jorge		5.00	340.30			
Hall, Steven		0.25	12.18			
Thede, Stacy		4.00	136.48			
Masters, Christopher		3.50	119.42			
Kuahiwinui-McGuire, Brandon		10.00	332.55			
Ines, Heinrich		4.00	133.02			
Murphy, Melissa		5.00	198.77			
Sanabria, Luis		4.50	145.62			
Sterling, Nathan		4.50	142.32			
Herrera Ortiz, Maria		11.00	415.62			
Anguiano, Cristina		3.00	113.35			
Total Administration		**54.75**	**2089.63**		**0.00**	**0.00**

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Total Community Health Services		**0.00**	**0.00**		**0.00**	**0.00**

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Avalos, Mayra		-0.75	-52.38	Avalos Mayra	0.75	34.92
Avalos, Mayra	FP_25 NO MILEA	0.75	52.38	Bingham Julie	0.38	17.90
Bingham, Julie		-0.38	-26.85			
Bingham, Julie	FP_25 NO MILEA	0.38	26.85			
Total FQHC-Community Health Clinic		**0.00**	**0.00**		**1.13**	**52.82**

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Mercado, Yarem		9.00	396.49			
Nagai, Sage		11.00	768.18			
Landini, Karleena		0.75	53.71			
Total Public Health & Preventative Care		**20.75**	**1218.38**		**0.00**	**0.00**

ENVIRONMENTAL HEALTH

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Brounstein, Jodi		0.75	51.04	Ahmed Maryam	11.25	375.72
Hall, Nancy		10.00	753.72	Charfauros Adair	6.00	205.40
Kaderlik, Patricia		7.00	476.41	Erickson Sarah	10.88	336.63
Schamaun, Kris		10.00	527.34	Garcia Jason	1.13	52.38
Edwards, Tara		1.00	73.42	Gonzalez Kimberly	2.25	73.21
Sheffer, Thanh		9.00	612.54	Hernandez Abel	2.25	67.84
Ortiz-Rivera, Vanessa		13.00	870.57	Herrera Carlos	2.63	79.15
Pontius, Kevin		3.00	198.85	Johnson Rabea	5.63	242.58
Lucas, Brianna		2.50	157.61	LeBeaux Bryanna	10.50	325.02
Moreno, Kristina		2.25	138.33	Vinh Jonathan	4.88	150.90
Cummins, Veronica		9.75	568.78	Schuler Emalee	5.25	158.29
Wills, Jerry		6.00	332.82			
Blackard, Brittanie		3.00	166.41			
Kuehn, Jennifer		0.50	27.02			
Valadez, Alexis		3.00	158.20			
Rakita, Daniel		10.50	539.17			
Diaz-Ontiveros, Luz		8.50	448.24			
Jones, Mallory		16.25	834.44			
Thein, Kelsey		0.50	25.67			
Wells, Jordan		1.25	64.19			
Brown, Tevin		16.75	860.11			
Sripramong, Jacqueline		15.75	808.76			
Najera, Luisa		5.25	269.58			
Craig, Jill		1.50	77.02			
Edmonds, Alexus		14.00	701.34			
Hall, Alyssa		11.00	536.90			
Gonzalez, Kimberly		5.00	244.05			
Vinh, Jonathan		6.50	301.80			
Figueroa, Natalya		7.75	359.84			
Concepcion, Derrell Glen		5.50	255.38			
LeBeaux, Bryanna		0.50	23.22			
Herrera, Carlos		5.00	226.14			
Roberts, Jamie		20.25	915.84			
Hernandez, Abel		9.25	418.34			
Flors, Ryan		0.75	33.92			
Gonzalez, Jorge		7.25	327.89			
Total Environmental Health		**249.75**	**13384.90**		**62.63**	**2067.12**

DISEASE SURVEILLANCE & CONTROL

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
O'Connor, Kelli	HV2PRV25	6.00	397.71	Raman Devin	0.38	18.84
Ewing, Tabitha	HV2PRV25	3.75	248.57			
Palmer, Treva		0.75	53.70			
Barnnett, Sarie	HV2PRV25	4.00	195.24			
Bravo Rosas, Jazmin	HV2PRV25	3.50	146.49			
Alvarez, Jeffrey	HV2PRV25	5.50	218.65			
Baltazar, Josephine	HV2PRV25	5.00	244.05			
Total Disease Surveillance & Control		**28.50**	**1504.41**		**0.38**	**18.84**
Combined Total		**353.75**	**18197.32**		**64.13**	**2138.78**

Appendix C – Finance – Payroll Earnings Summary – November 8, 2025 to November 21, 2025

PAYROLL EARNINGS SUMMARY
November 8, 2025 to November 21, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	$ 315,637.98	$ 7,732,783.55	$ 3,570,304.51	$ 9,195,237.18	39%	
ENVIRONMENTAL HEALTH	$ 652,971.71	$ 15,831,341.24	$ 7,296,734.45	$ 17,951,295.42	41%	
COMMUNITY HEALTH	$ 305,664.81	$ 7,702,818.66	$ 3,603,522.28	$ 9,910,529.22	36%	
DISEASE SURVIELLANCE & CONTROL	$ 341,724.35	$ 9,316,312.31	$ 4,264,473.56	$ 10,671,639.69	40%	
FQHC	$ 339,585.12	$ 8,592,289.38	$ 3,855,404.06	$ 11,060,800.45	35%	
ADMINISTRATION W/O ICS-COVID	$ 642,469.18	$ 15,101,427.25	$ 7,067,158.45	$ 15,657,123.65	45%	
TOTAL	**$ 2,598,053.15**	**$ 64,276,972.39**	**$ 29,657,597.31**	**$ 74,446,625.61**	40%	42%
FTE	795					
Regular Pay	$ 1,983,131.40	$ 52,153,197.62	$ 24,473,387.83			
Training	$ 1,804.04	$ 115,039.33	$ 64,576.76			
Final Payouts	$ -	$ 702,212.47	$ 415,112.88			
OT Pay	$ 22,150.60	$ 390,527.14	$ 230,630.65			
Leave Pay	$ 565,141.46	$ 9,399,747.44	$ 3,812,961.38			
Other Earnings	$ 25,825.65	$ 1,516,248.39	$ 660,927.81			
TOTAL	**$ 2,598,053.15**	**$ 64,276,972.39**	**$ 29,657,597.31**			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
November 8, 2025 to November 21, 2025

Overtime Hours and Amounts | **Comp Time Hours Earned and Value**

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Chamberlain, Robert (Bob)		8.00	343.84	Duque Armando	1.50	61.48
Galaviz, Monica		2.00	139.67	Tran Amy	5.25	220.65
Thede, Stacy		4.00	136.48	Anguiano Cristina	3.00	75.57
Kuahiwinui-McGuire, Brandon		4.00	133.02			
Ines, Heinrich		11.00	365.82			
Murphy, Melissa		2.00	79.51			
Total Administration		**31.00**	**1198.34**		**9.75**	**357.70**

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Total Community Health Services		**0.00**	**0.00**		**0.00**	**0.00**

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Fincher, Ina		1.00	79.36	Bingham Julie	0.38	17.90
Medina, Mirelly		0.50	21.49			
Del Rosario, Edna		0.50	25.05			
Valdes-Ayala, Beatriz		0.25	10.74			
Perez, Jose		0.50	20.92			
Romero, Esther		0.25	11.61			
Bingham, Julie		-0.38	-26.85			
Bingham, Julie	FP_25 NO MILEA	0.38	26.85			
Total FQHC-Community Health Clinic		**3.00**	**169.17**		**0.38**	**17.90**

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Sprance-Grogan, Carolyn		10.00	583.37			
Landini, Karleena		1.50	107.41			
Total Public Health & Preventative Care		**11.50**	**690.78**		**0.00**	**0.00**

ENVIRONMENTAL HEALTH

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Hall, Nancy		10	753.72	Brounstein Jodi	1.13	51.04
Taylor, George		2.5	170.15	Cavin Erin	9.00	408.36
Billings, Jacob		5	376.86	Charfauros Adair	7.13	243.91
Sheffer, Thanh		13	884.78	Dalton Jonathan	6.00	272.24
Piar, Diane		13.75	935.82	Ramakrishnan Veena	1.95	81.96
Lett, Kendra		0.25	17.46	Robinson Gary	5.25	238.21
Lucas, Brianna		2	129.38	Santiago Anthony	3.75	170.15
Moreno, Kristina		7.75	476.47	Smith Jess	3.75	149.63
Cummins, Veronica		1.25	72.92	Thompson William B	7.88	330.98
McCann, Alexandra		2	105.47	Valadez Alexis	1.88	65.92
Michel, Guillermo		2	102.7	Vinh Jonathan	1.88	58.04
Calzado, Neil		2.5	128.37	Welch Brenda	4.50	226.12
Jones, Mallory		1.75	89.86	Edmonds Alexus	5.25	175.34
Thein, Kelsey		1.5	77.02			
Brown, Tevin		5	256.74			
Sripramong, Jacqueline		23.25	1193.87			
Craig, Jill		5	256.75			
Wade, Cynthia		1	51.35			
Ahmed, Maryam		6.5	325.62			
Bidinger, Joy		7	359.44			
Edmonds, Alexus		3.25	162.81			
Hall, Alyssa		2	97.62			
Dunne, Rebecca		1.5	73.21			
Vinh, Jonathan		5.75	266.98			
Figueroa, Natalya		8.25	383.06			
Hernandez, Lilian		4.5	208.94			
Herrera, Carlos		10.25	463.58			
Roberts, Jamie		3.5	158.29			
Hernandez, Abel		2	90.45			
Rivera Perez, Alexia		3.5	158.29			
Gonzalez, Jorge		3	135.68			
Total Environmental Health		**160.50**	**8963.66**		**59.33**	**2471.90**

DISEASE SURVEILLANCE & CONTROL

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Johnson, Monique	HV2PRV25	4.00	252.17	Raman Devin	4.13	207.27
Constantin, Melissa	HV2PRV25	10.00	753.71			
Raman, Devin		4.50	339.17			
Donnell, Jessica		2.50	161.72			
Ewing, Tabitha	HV2PRV25	5.25	347.99			
Montgomery, Joshua	NV2EHE25	5.25	366.63			
Palmer, Treva	HV2PRV25	6.00	429.66			
Reyes, Rebecca	HV2PRV25	4.50	306.27			
Herrera, Reyna	HV2PRV25	5.00	307.40			
De Los Santos, Sherilyn	HV2PRV25	45.00	2196.39			
Contreras, Katherine	HV2PRV25	30.00	1356.78			
Solomo II, Lauro	HV2PRV25	20.00	775.85			
De Los Reyes, Bethany	HV2PRV25	32.00	1121.55			
Missel, Hannah	SBSTD25	20.00	700.96			
Lloyd, Victoria		1.25	58.04			
Dietz, Jessica		0.50	23.22			
DiGoregorio, Amanda		1.25	71.10			
DiGoregorio, Amanda	HV2PRV25	10.00	568.87			
Giang, Khang	SBSTD25	22.50	991.17			
Total Disease Surveillance & Control		**229.50**	**11128.65**		**4.13**	**207.27**
Combined Total		**435.50**	**22150.60**		**73.58**	**3054.77**

MEMORANDUM

Date: January 22, 2026

To: Southern Nevada District Board of Health

From: Jason Frame, *Acting Deputy District Health Officer-Administration*
Cassius Lockett, PhD, *District Health Officer*

Subject: **Administration Division Monthly Report – December 2025**

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Appendix B – Finance – Payroll Earnings Summary – November 22, 2025 to December 5, 2025 16

Executive Summary

The Office of Communications issued two News Releases and ,in collaboration with Three Square, staff facilitated two food distribution events at the Main Public Health Center. Health Cards served 10,320 total clients, including 2,331 clients renewing online, and continued to develop the plan on notifying industry regarding the upcoming fee increases. As of January 2, 2026, the Health District had 792 active employees. Human Resources posted 7 employment opportunities, held 35 interviews, extended 8 job offers, and onboarded one new hire. Staff collected 600 lbs. of donation drive items to Project 150.

Office of Communications

News Releases Disseminated:

- Pop-Up Produce Stands help families access healthy food this fall
- Health District reports recent measles case in visitor to Clark County

Press:

- World AIDS Day
- Respiratory Disease Dashboard
- Measles
- Whooping cough
- Flu

Five Hundred thirty-five news clips related to the Southern Nevada Health District, local news coverage and national coverage of public health topics were compiled in December. Coverage includes traditional print, broadcast, digital and online media outlets. A complete list is available at http://media.southernnevadahealthdistrict.org/download/oc/202601-PI-Report.pdf.

Advertisements, Projects Completed and Social Media Summary:
In November, the Office of Communications placed Google Ads to support the Your Shot campaign and coordinated the filming of an NBC commercial to promote services. Staff also designed and produced the Brain Health Initiative Community Convening Report for Health Equity and worked with the Environmental Health division to design postcard mailers for the proposed Individual Sewage Disposal System (ISDS) regulation.

The Office of Communications responded to 196 public information inquiries this month related to Health District programs and services, vaccine clinic requests, health fair invitations, and complaints. The team also received 61 internal project requests, including graphic design, website content updates, photography, advertising, marketing, outreach materials, and translation services. Staff continued regular updates to Health District websites, including SNHD.info and SNCHC.org.

On social media, staff focused on promoting the Strip Club (fentanyl and xylazine test strips), World AIDS Day, Your Shot campaign, CredibleMind, holiday clinic closures, healthy holiday tips and recipes.

Community Outreach and Other:

- Three Square Food Bank/Supplemental Nutrition Assistance Program, Low Income Energy Assistance Program and Temporary Assistance for Needy Families program clients processed: 12
- Department of Welfare & Supportive Services Medicaid/Supplemental Nutrition Assistance Program applications: 330
- December 05: Three Square food distribution
- December 12: Three Square food distribution
- December 18: Delivered 600 lbs. of donation drive items to Project 150

Government Affairs Update:

- Drafted and sent letters to congressional delegation related to HRSA 340B Rebate Pilot
- Planning for the legislative interim and public health week

Meetings and Events of Note:

- December 3: SPARK Youth Advisory Council meeting
- December 10: Vaccine Policy Meeting
- December 11: Regional Transportation Commission Fare and Service Working Group Meeting
- December 18: Interim Finance Committee Meeting

- December 18: Nevada Public Health Association Advocacy and Policy Meeting
- Meetings for Nevada Tobacco Control and Smoke-free Coalition
- Meetings for CHIP Public Health Funding Workgroup
- Meetings related to State Public Health Funds and SB118

Please see Appendix A for the following:

- Media, Collateral and Community Outreach Services
- Monthly Website Page Views
- Social Media Services

Facilities

Monthly Work Orders	Dec 2024	Dec 2025		YTD FY25	YTD FY26	
Maintenance Responses	510	399	↓	2,348	2,157	↓
Electrical Work Orders	36	49	↑	198	219	↑
HVAC Work Orders	149	60	↓	396	408	↑
Plumbing Work Orders	21	23	↑	114	87	↓
Preventive Maintenance	20	13	↓	187	131	↓
Security Responses	2,273	1,834	↓	15,095	11,813	↓

Finance

Total Monthly Work Orders	Dec 2024	Dec 2025		YTD FY25	YTD FY26	
Purchase Orders Issued	481	386	↓	6498	2921	↓
Grants Pending – Pre-Award	13	1	↓	25	7	↓
Grants in Progress – Post-Award	13	10	↓	66	50	↓

* Grant applications and NCCs created and submitted to agency
** Subgrants routed for signature and grant amendments submitted
No-Cost Extensions and Carryover requests are not quantified in this report.

Grants Expired – December 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
SNPHL Expansion Project City of Henderson (lbxcoh24)	Contract	12/31/2025	$50,000	End of project period	0.00	Not expected to renew
SNPHL Expansion Project City of Las Vegas, (lbxlv_23)	Contract	12/31/2025	$1,000,000	End of project period	0.00	Not expected to renew

Grants Expired – December 2025						
KEY: P=Pass-through, F=Federal, S=State, O=Other						
Project Name	***Grantor***	***End Date***	***Amount***	***Reason***	***FTE***	***Comments***
State of Nevada, DPBH Tuberculosis Program (tb_25)	P-CDC	12/31/2025	$363,887	End of project period	2.45	FY26 expected to renew

Grants Awarded – December 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
State of Nevada, Office of Analytics National Violent Death Reporting System (nvdrs_26)	P-CDC	10/13/2025	9/1/2025	8/31/2026	$147,315	FY26 renewal award	0.86
Board of Regents, NSHE, obo University of Nevada, Las Vegas, NVCLPP Building Local Capacity ARPA funds, Amendment 4 (anclp_23)	O-UNLV	12/2/2025	6/30/2023	10/31/2026	$6,467	Additional funding	0.44
NE11OE000081-04-00, Public Health Infrastructure year 4 of 5, (phia2_26)	F-CDC	12/2/2025	12/1/2025	11/30/2026	$1,840,036	FY26 renewal award	7.70
State of Nevada, Epidemiology and Laboratory Capacity Program, ELC Base Award, Year 2 of 5 Amendment 1, ELC, (elcont26)	P-CDC	12/8/2025	8/1/2025	7/31/2026	$373,099	Additional Funding	7.25
Council of State and Territorial Epidemiologists, Data Science Team Training-Modernizing Maternal and	O-CSTE	12/9/2025	1/1/2026	6/30/2026	$11,953	New effort	0.00

Grants Awarded – December 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
Infant Health (dstt_26)							
NH28CE000353 4-03- Overdose to Action Project, Year 3 of 5, (odta_26)	F-CDC	12/9/2025	9/1/2025	8/31/2026	$2,550,00 0	FY26 renewal award	9.10
State of Nevada, Public Health Preparedness Program, Hospital Preparedness Program, Year 2 of 5 (hpp_26)	P-ASPR	12/10/2025	7/1/2025	6/30/2026	$1,493,14 2	FY26 renewal award	7.05
State of Nevada, Nevada Home Visiting Program, TANF, Year 2 of 2 (nfptf_26)	P-ACF	12/10/2025	7/1/2025	6/30/2026	$744,481	FY26 renewal award	4.30
UNLV Childhood Lead Poisoning Prevention - Amendment 5 (nclpp_22)	P-CDC	12/12/2025	9/30/2021	9/29/2026	$24,594	Additional funding	1.24
State of Nevada, Public Health Emergency Preparedness, Amendment 1 (phep_26)	P-CDC	12/16/2025	7/1/2025	6/30/2026	$1,782,37 9	Additional funding	9.00

Contracts Awarded – December 2025							
KEY: P=Pass-through, F=Federal, S=State, O=Other							
Project Name	***Grantor***	***Received***	***Start Date***	***End Date***	***Amount***	***Reason***	***FTE***
Clark County, Ryan White Clinical Quality Management - Year 1 of 3 (rwacqm26)	P-HRSA	12/9/2025	9/1/2025	2/28/2026	$25,000	FY2026 renewal award	0.13

Health Cards

1. Appointments continue to be required for food handler card testing and open as follows:
   a. Advance appointments for our Decatur, Fremont, and Henderson offices open each weekday morning at 6 a.m. for that day in the following week.
   b. Additional same-day appointments at our Decatur and Fremont offices open for booking each working day by 7:30 a.m. as staffing allows.
   c. Same-day appointments for our Laughlin and Mesquite offices open for booking each working day at 5:00 a.m.
2. For the month of December, we averaged 75 "passing and paying" online renewal clients per day, with a total of 2,331 clients renewing online.
3. An email blast went to all our food industry permit holders and other contacts to notify them of the fee increases. Our website and in-office signage were also updated. A $5 increase will go into effect on January 1, 2026, raising the fee from $20 to $25. A further $5 increase will go into effect on January 1, 2028, raising the fee from $25 to $30.

CLIENTS SERVED	Dec 2025	Nov 2025	Oct 2025	Sept 2025	Aug 2025	July 2025
FH Cards – New	3,795	3,390	4,110	4,647	4,635	5,797
FH Cards – Renewals	2,521	2,107	2,420	2,476	2,550	2,161
FH Cards – Online Renewals	2,331	2,389	2,497	2,323	2,482	2,668
Duplicates	444	353	530	504	529	579
CFSM (Manager) Cards	189	175	192	257	221	256
Re-Tests	950	859	1,100	1,175	1,309	1,349
Body Art Cards	90	81	109	121	120	129
TOTALS	**10,320**	**9,354**	**10,958**	**11,503**	**11,846**	**12,939**

Human Resources (HR)

Employment/Recruitment:

- 0 New job title for December
- 792 active employees as of January 2, 2026
- 1 New Hire, including 0 rehires and 0 reinstatements
- 5 Terminations, including 2 retirements
- 4 Promotion, 4 Flex-reclasses
- 0 Transfers, 1 Lateral Transfer
- 0 Demotions
- 47 Annual Increases
- 35 Interviews
- 8 Offers extended (0 offers declined)
- 7 Recruitments posted
- Turn Over Rates
  - District Administration: 0.000%
  - Community Health: 0.000
  - Disease Surveillance & Control: 0.000%

- Environmental Health: 1.028%
- Public Health & Preventive Care: 0.0199%
- FQHC: 0.935%

Temporary Employees

- 8 Temporary Staff

Safety

- Inquiries – 65

Employee/Labor Relations

- 5 Coaching and Counseling, 1 Verbal Warning, 0 Written Warnings, 0 Suspensions, 0 Final Written Warnings, 0 Termination, 0 Probationary Releases
- 3 Grievances
- 0 Arbitrations
- 50 Hours of Labor Meetings (with Union)
- 60 hours investigatory meetings
- 3 Investigations
- 9 Complaints & Concerns
- 100 Hours ER/LR Meetings with managers or employees
- Number of EEOC/NERC and EMRB cases: 3

Interns

There were a total of 14 interns providing 224 applied public health practice hours in November 2025.

Interns and Clinical Rotations	Dec 2025	YTD
Total Number of Interns [1]	14	45
Internship Hours [2]	224	3,343

[1] Total number of students, residents, and fellows

[2] Approximate hours students, residents, and fellows worked in applied public health practice

Training (In-Person and Online)

- December 11, 2025 – Managers Conference Recap created and shared with DHO
- December 16, 2025 – Team Vital Signs Debrief with Disease Surveillance Leadership (7 attendees, 4 sub-teams with a total of 29 respondents)
- December 19, 2025 – OVS Pulse Survey Closed (238 attendees)

New Hire Orientation

- December 8, 2025: 1 New Hire

Informatics

A. EpiTrax

1. Work with the Epidemiology and Surveillance teams to monitor systems and applications, investigate and troubleshoot issues, and resolve them as they arise. Provide ongoing user account support.

2. Demonstrate OpenEMPI process integrated with EMSA2 new user interface based on ACDC feedback with ACDC staff.
3. Completed the first batch of facility deduplication within EpiTrax and EMSA, continue working on facility deduplication.
4. Replaced previous HAI conditions that are no longer used with new HAI conditions.
5. Completed adding new Multidrug-Resistant Organism and Candida form, MPOX clade additional questions to Monkeypox form, and Creutzfeldt-Jakob Disease and Other Transmissible Human Spongiform Encephalopathies (CJD) forms.
6. Reviewed novel Influenza form and Influenza severity form and added/updated new fields for a new Foodborne Illness form.
7. Completed a case review with an issue of pregnancy status.
8. EpiTrax User Requests:

EpiTrax Requests	Jun 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025
EpiTrax Requests Completed	9	9	12	12	11	13	16
EpiTrax Requests Opened	69	66	61	51	53	55	57
EpiTrax New Requests	7	6	6	2	13	11	18

B. <u>Electronic Message Staging Area (EMSA)</u>

1. Continue to work on EMSA2, including mapping new LOINC and ICD10-CM codes, integrating incoming labs, data processing, and reviewing logic for exceptions and errors.
2. Onboarded a new facility for Electronic Case Reporting (eCR).
3. Updated C. auris, Carbapenem-Resistant organisms (CRO), Carbapenem-Resistant Enterobacteriaceae (CRE), Carbapenem-Resistant Pseudomonas aeruginosa (CRPA), Carbapenem-Resistant Acinetobacter baumannii (CRAB), Vancomycin Resistant/intermediate Staphylococcus aureus (VRSA/VISA), Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-resistant Enterococcus (VRE), and Clostridioides difficile (C. Diff) ELR Logics.
4. Updated Mirth eCR channels for Oregon Community Health Information Network (OCHIN) facilities.
5. ELRs and eCRs Volume:

ELRs	Jun 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025
Total Received	104,562	120,348	115,517	218,838	122,462	118,343	135,111
Total Processed	104,353	121,033	115,884	224,642	122,260	117,087	135,038
Under Review	609	725	1,461	809	752	1,039	1,421
Event Updated	15,867	19,075	16,595	53,047	17,971	15,949	19,496
Event Created	8,264	8,481	9,409	46,345	8,441	7,206	8,516

eCRs	Jun 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025
Total Received	455,242	85,864	139,146	103,838	99,140	49,580	52,372
Total Processed	44,134	233,966	52,141	35,319	165,472	100,899	49,846
Under Review	1,561,101	1,158,275	1,241,940	1,303,566	113,708	84,776	87,028
Event Updated	499	3,389	3,560	2,551	15,688	9,733	4,190
Event Created	59	629	1,017	648	1,601	784	599

C. Data Warehouse

1. Updated ETL process to recreate foreign data schemas and restart replication nightly.
2. Addressed an issue with the value set code mapping.

D. Pentaho Report

Pentaho Reports	June 2025	July 2025	August 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025
Updated	6	4	3	1	2	2	2
Created	0	1	1	0	0	0	0

E. Dashboard

1. Power BI eCW finance billing dashboard: added new data fields to the report.

F. Southern Nevada Public Health Laboratory (SNPHL)

1. Ongoing support and maintenance of the Laboratory Information Management System for SNPHL operations.
2. Continued support for Orchard Outreach, successfully onboarding two additional locations.
3. Completed QA, server, and general preparations for the upcoming LIMS upgrade.
4. Ongoing monthly QA reports. Added two new weekly reports for lab operations.
5. Fixed scanning issues which interfered with LIMS functionality.
6. Fixed transmission issues for two instrument interfaced orders.
7. Completed operating system updates and security patching for five LIMS servers.
8. Fixed an issue with a Microsoft auto update causing problems with image viewing in LIMS.
9. Revised Candida auris ordering in Outreach for ordering sites.
10. SNPHL Requestes:

SNPHL Requests	Oct 2025	Nov 2025	Dec 2025
Requests Completed	43	50	56
Requests Opened	44	48	67

G. Electronic Health Record (EHR) System

1. Maintain the system to support patient care and documentation, with configuration adjustments to enhance charting, reporting efficiency, and to accommodate new locations and services.
2. Collaborated with SNHD clinic staff to implement a universal care plan for the street medicine program.
3. Updated Visit Type Durations for certain visit types.
4. Started Title X reports submission review process since it will have to be submitted early this year.
5. Started Healthy Start data submission review for January.
6. Successful migrated eBO reports to new SFTP server with increasing security.
7. Installed new instrument (Sofia) at FQHC Decatur Lab. Interoperability configuration with LIMS and EHR in progress.
8. EHR Requests and Reports.

EHR Requests	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025
Requests Completed	11	18	49	29	22	22	27

Requests Opened	15	20	71	18	25	23	20

eCW Reports	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025
FQHC	3	9	5	8	12	5	3
PPC	2	6	6	1	1	2	4

H. Clark County Coroner's Office (CCCO)

1. Approved development for electronic infectious disease test ordering. Awaiting deployment dates from vendor.
2. Finalized Power BI public facing dashboard. Expected to go live 1/5/26.
3. Completed additional formatting and output verification for US Census block/tract code solution; Code is ready for the next grant cycle.
4. Produced case-specific toxicology data related to motor vehicle accidents for the Department of Public Safety.

I. Data Modernization Initiative (DMI)

1. Submitted the updated TB/LTBI MMG test scenario cases worksheet and addressed CDC validation logic errors.
2. Resolved a condition mapping issue with one Encephalitis, primary case that should be mapped as Varicella.
3. Updated Candida auris logic for generic MMG reporting.
4. Reviewed epidemiologic interpretation of the type of test(s) performed for this case (INV290) field data with TB team.

J. National Syndromic Surveillance Platform/Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE)

1. Maintain and enhance syndromic surveillance system for new providers and future support.
2. Completed migration of UMC data feed from old SFTP server to the new SFTP server with upgraded security.

K. Other Projects

1. Maintain and enhance the iCircle web application, including user account support, site maintenance, data QA, and updates.
2. Continue reviewing Concentric AI results for data dictionary capabilities after initial database scan.
3. Working with IT and the Safety Office to design and implement an Electronic Incident Report Form.
4. Planning for PILLARS future projects.
5. Updated HAI conditions list in the online morbidity report form.
6. Added a new survey question in the Collect2Protect online program asking clients about their interest in taking the HIV rapid test, specifying whether they prefer oral fluid or blood.
7. Went live with ODTA Component B Online Portal to allow client to check their substance test results.
8. Submitted CSTE and NACCHO conference abstracts; Respiratory Dashboard, Wastewater Influenza Hospitalizations, Using OpenEMPI to improve timeliness in

reporting, PILLARS data completion using HIE, and Nevada's Dual-Jurisdiction Model for Unified MMG Case Notification Reporting, HL7-Based Coroner Lab Integration.

L. National and State Meetings/Workshops

1. Statewide Syndromic Surveillance Monthly Workgroup.
2. SNHD Sync meeting with EpiTrax NV Team.
3. PHAST Consortium Technical, Weekly Collaboration and Learning, and Manager Meetings.
4. PubHealthAI Collaborative Network.
5. DMLC Coffee Break – PHAST consortium.
6. eCR Consensus Criteria Workgroup.
7. National TB Surveillance System Case Reporting module (TB NTSSCR) meeting with the state to discuss a new TB data submission process.

Information Technology (IT)

Service Requests	Dec 2024	Dec 2025		YTD FY25	YTD FY26	
Service Requests Completed	1,159	721	↓	5,529	4,754	↓
Service Requests Opened	1,292	822	↓	6,232	5,320	↓

Information Services System Availability 24/7	Dec 2024	Dec 2025		YTD FY25	YTD FY26	
Total System	93.45	90.54	↓	95.20	89.37	↓

Total Monthly Work Orders by Department	Dec 2024	Dec 2025		YTD FY25	YTD FY26	
Administration	260	186	↓	1,438	1,297	↓
Community Health	99	80	↓	546	534	↓
Environmental Health	149	189	↑	926	822	↓
Primary & Preventive Care	270	125	↓	1,262	939	↓
Disease Surveillance & Control	161	124	↓	702	706	↑
FQHC	272	101	↓	1,095	752	↓
Other	18	7	↓	81	82	↑

First Call Resolution & Lock-Out Calls	Dec 2024	Dec 2025		YTD FY25	YTD FY26	
Total number of calls received	1,292	822	↓	5,420	5,320	↓

Workforce Team – Public Health Infrastructure Grant (PHIG)

Workforce Team

- Workforce engagements:
  - Monthly Position Review Committee cancelled for December 2025.

- Prepared the December 2025 Hiring Plan for submission to CDC.
- Participated in the NACCHO session on Harnessing Geospatial AI for Public Health: Lessons from Essex County, New Jersey
- Participated in the Disaster Review Journal's webinar on Breaking Down Silos: 10 Challenges and Proven Solutions for Organizational Resilience
- Participated in the ASTHO's December PHIG PI Peer Network Call re: post-government shutdown updates and year 4 information, if/as available for PHIG
- Set-up Certified Case Management (RN) Continuing Education Units Demonstration to determine if viable for CCMs to earn CEU at work
- Participated in the Health Executive Council (HEC) for December 2025
- Participated in Disaster Review Journal's webinar re: Reinventing Tabletop Exercises for Real-World Results
- Participated in the Emory University's Webinar Series on Serious Communicable Diseases ECHO program, re: Foodborne Illnesses
- Received and Reviewed PHIG progress reports for Year 3 – due to CDC February 1, 2026
- Participated in the ASTHO PHIG Peer Network in December: The Agenda:
  - Icebreaker: Year 3 Reflection
  - Q&A with ASTHO's Gov't Affairs Team
  - NOA Check-in and Yr 4 Planning
  - What are you carrying forward into Year 4 that has worked well?
  - What new strategy, project, or improvement are you launching?
  - What will you discontinue, modify, or streamline based on results from Years 1–3?
  - PI Peer Network Year 3 Wrapped and Looking Ahead to Year 4
  - What would you like to see or do during the PI Peer Network in Year 4?
- Met with the Director, DSC, and two of his staff to discuss upgrading two positions from DDCS to DIIS – Sent Grant Note to CDC re: change/upgrade of positions with salary/fringe as IN-KIND

CDC Requirements

- Monthly CDC Project Officer meeting TBD as the plan continues to evolve
- Finalized, reviewed, and approved monthly hiring plan for submission to the CDC
- Worked with Finance to make sure the HHS Policies and CDC Priorities are inculcated into current grants' policies
- Met with Grants Management Specialist at the CDC to discuss grant, budget, and status of Project Officer
- Received the Notice of Award for A2 (Foundational Capabilities) with a revised budget of $1,840,036, same as Year 3 of this grant
- Identified the need for an amendment for the NOA as the amounts provided by CDC did not match the required SF424A to accept the new amount re: above
- Submitted Food Request to CDC to support Lean Six Sigma Yellow Belt training for SNHD Managers, training event to be in January 2026; Request approved to support the training
- CDC Project Officer returned to work; later, term-contract was terminated; No plan from CDC for P.O. in the future

Performance Management

- Four and a half hours of coaching internal contributors on the 2025-2029 Strategic Plan Objectives and Activities
- Two and a half hour panel participation around communication and measuring effectiveness

Quality Improvement

- Four hours of project analysis and support of presentation to the HEC on outcomes of Back-to-School Immunization Gemba Walk
- Five hours clinical care-team observation and documentation for Appointment Utilization project
- Three hours of discussion, documentation, and administrative work for the next Gemba Walk for the HEC (VR)
- Four hours continuing education through Public Health Foundation
- Four hours in support of Healthy Start project
- One and a half hours continuing education through QI Advocates meeting facilitated by NVDPBH
- One hour continuing education on Wastes through Continual Impact

PHAB Reaccreditation

- Eleven hours in planning and negotiation with vendor to facilitate Design Thinking workshops to empower innovation and satisfy PHAB requirements
- Two and a half hours administrative time securing offsite classroom for Design Thinking at CSN
- Three hours in recurrent training as Accreditation Coordinator
- Three hours in preparation and participation in the CHIP Funding Workgroup

PHIG

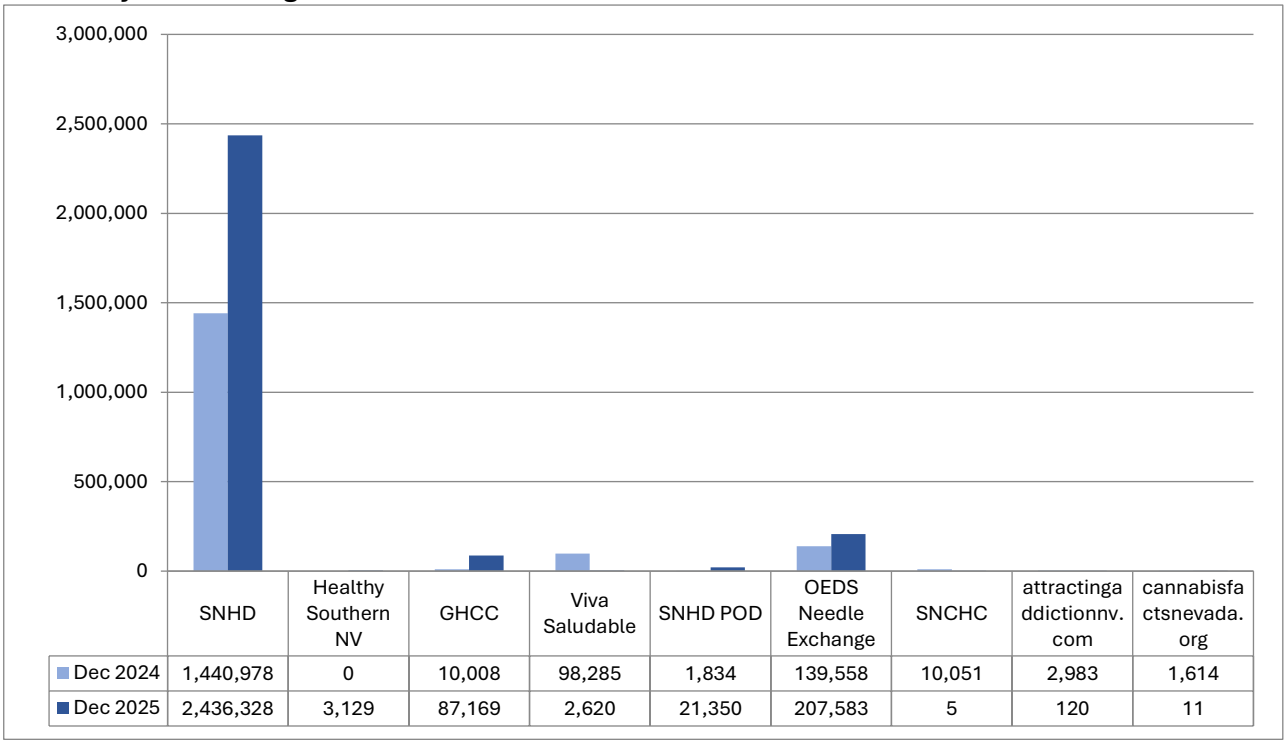
- Four hours in budget analysis and milestone documentation for PHIG funds utilized
- Six hours supporting annual accomplishment documentation of PHIG/Workforce Director team
- Four hours administrative work establishing new vendors and managing procurement

Appendix A – Office of Communications

Media, Collateral and Community Outreach Services:	**Dec 2024**	**Dec 2025**		**YTD FY25**	**YTD FY26**	
Media – Digital/Print Articles	13	10	↓	228	174	↓
Media - Broadcast stories	41	55	↑	657	565	↑
Collateral - Advertising/Marketing Products	13	14	↑	153	90	↓
Community Outreach - Total Volunteers[1]	10	9	↓			
Community Outreach - Volunteer Hours	630	365	↓	4,054	610	↓

[1]Total volunteer numbers fluctuate from month to month and are not cumulative.

Monthly Website Page Views:



	SNHD	Healthy Southern NV	GHCC	Viva Saludable	SNHD POD	OEDS Needle Exchange	SNCHC	attractingaddictionnv.com	cannabisfactsnevada.org
Dec 2024	1,440,978	0	10,008	98,285	1,834	139,558	10,051	2,983	1,614
Dec 2025	2,436,328	3,129	87,169	2,620	21,350	207,583	5	120	11

-Began reporting Health Southern Nevada monthly views in April 2025.

Social Media Services		**Dec 2024**	**Dec 2025**		**YTD FY25**	**YTD FY26**
Facebook SNHD	Followers	13,507	13,709	↑	N/A	N/A
Facebook GHCC	Followers	6,108	6,080	↓	N/A	N/A
Facebook SHC	Followers	1,639	1,609	↓	N/A	N/A
Facebook Food Safety	Followers	170	178	↑	N/A	N/A
Instagram SNHD	Followers	4,993	5,602	↑	N/A	N/A
Instagram Food Safety	Followers	529	535	↑	N/A	N/A
Instagram GetHealthyCC	Followers	243	339	↑	N/A	N/A
Instagram @Ez2stop	Followers	152	153	-	N/A	N/A
X (Twitter) EZ2Stop	Followers	422	411	↑	N/A	N/A
X (Twitter) SNHDflu	Followers	1,787	1,736	↓	N/A	N/A
X (Twitter) Food Safety	Followers	98	101	↑	N/A	N/A
X (Twitter) SNHDinfo	Followers	10,111	9,927	↓	N/A	N/A
X (Twitter) TuSNHD	Followers	347	339	↓	N/A	N/A
X (Twitter) SoNVTraumaSyst	Followers	122	120	↓	N/A	N/A

Social Media Services		Dec 2024	Dec 2025		YTD FY25	YTD FY26
Threads SNHD	Followers	937	1004	↑	N/A	N/A
TikTok @Ez2stop	Views	33	52	↑	N/A	N/A
*TikTok SNHD	Views	124	370	↑	N/A	N/A
YouTube SNHD	Views	137,438	526,332	↑	1,142,701	1,564,975

Note: Facebook, Instagram and X (Twitter) numbers are not cumulative.
*SNHD added to TikTok in September 2024

Appendix B – Finance – Payroll Earnings Summary – November 22, 2025 to December 5, 2025

PAYROLL EARNINGS SUMMARY
November 22, 2025 to December 5, 2025

	Pay Period	Calendar YTD	Fiscal YTD	Budget 2026	Actual to Budget	Incurred Pay Dates to Annual
PUBLIC HEALTH & PREVENTATIVE CARE	$ 314,732.63	$ 8,077,826.99	$ 3,915,347.95	$ 9,195,237.18	43%	
ENVIRONMENTAL HEALTH	$ 659,076.78	$ 16,581,974.52	$ 8,047,367.73	$ 17,951,295.42	45%	
COMMUNITY HEALTH	$ 307,422.55	$ 8,041,458.30	$ 3,942,161.92	$ 9,910,529.22	40%	
DISEASE SURVIELLANCE & CONTROL	$ 330,745.02	$ 9,679,830.84	$ 4,627,992.09	$ 10,671,639.69	43%	
FQHC	$ 342,510.53	$ 8,948,632.36	$ 4,211,747.04	$ 11,060,800.45	38%	
ADMINISTRATION W/O ICS-COVID	$ 653,083.45	$ 15,799,922.24	$ 7,765,653.44	$ 15,657,123.65	50%	
TOTAL	**$ 2,607,570.96**	**$ 67,129,645.25**	**$ 32,510,270.17**	**$ 74,446,625.61**	44%	46%
FTE	795					
Regular Pay	$ 1,844,514.13	$ 53,999,572.07	$ 26,319,762.28			
Training	$ 1,406.61	$ 116,445.94	$ 65,983.37			
Final Payouts	$ -	$ 704,629.79	$ 417,530.20			
OT Pay	$ 22,706.67	$ 413,233.81	$ 253,337.32			
Leave Pay	$ 704,558.89	$ 10,105,014.78	$ 4,518,228.72			
Other Earnings	$ 34,384.66	$ 1,790,748.86	$ 935,428.28			
TOTAL	**$ 2,607,570.96**	**$ 67,129,645.25**	**$ 32,510,270.17**			

BI-WEEKLY OT/CTE BY DIVISION/DEPARTMENT
November 22, 2025 to December 5, 2025

Overtime Hours and Amounts | **Comp Time Hours Earned and Value**

ADMINISTRATION

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Thede, Stacy		5.50	187.66	Duque Armando	4.50	184.44
Masters, Christopher		0.75	25.59	Hall Steven	0.75	24.37
Urena, Maite		4.00	133.02	Anguiano Cristina	2.50	62.97
Murphy, Melissa		4.00	159.01			
Sanabria, Luis		3.50	113.26			
Sterling, Nathan		3.00	94.88			
Herrera Ortiz, Maria		13.00	491.17			
Total Administration		**33.75**	**1204.59**		**7.75**	**271.78**

COMMUNITY HEALTH SERVICES

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Total Community Health Services		**0.00**	**0.00**		**0.00**	**0.00**

FQHC-COMMUNITY HEALTH CLINIC

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Medina, Mirelly		0.75	32.23	Romero Esther	0.38	11.61
Del Rosario, Edna		0.25	12.52	Valdes-Ayala Beatriz	2.25	64.47
Anderson, Renita		0.25	11.61			
Total FQHC-Community Health Clinic		**1.25**	**56.36**		**2.63**	**76.08**

PUBLIC HEALTH & PREVENTIVE CARE

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Robles, Cynthia		6.50	333.77			
McTier, Chika		6.50	465.46			
Mercado, Yarem		6.00	264.32			
Stockwell, Paul		6.00	257.87			
Morala, Dennis		6.50	489.92			
Wong, Michelle		6.00	408.36			
Landini, Karleena		0.75	53.71			
Total Public Health & Preventative Care		**38.25**	**2273.41**		**0.00**	**0.00**

ENVIRONMENTAL HEALTH

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Hall, Nancy		10	753.72	Castillo Christopher Jay	1.13	34.82
Garcia, Jason		14.75	1030.07	Diaz-Ontiveros Luz	3.00	105.47
Daspit, Theresa		4.5	306.27	Hernandez Abel	1.88	56.53
Cohen, Valerie		6.25	471.07	Herrera Carlos	0.75	22.61
Edwards, Tara		2.75	201.9	Roberts Jamie	3.75	113.07
Sheffer, Thanh		3	204.18	Smith Jess	13.50	538.66
Piar, Diane		1.25	85.07	Valadez Alexis	3.00	105.47
Ortiz-Rivera, Vanessa		3.75	255.22	Schuler Emalee	4.50	135.68
Pontius, Kevin		6	397.71			
Lucas, Brianna		6.5	420.47			
Smith, Jess		4.25	254.37			
Cummins, Veronica		10.75	627.12			
Martens, Gary		7.75	440.88			
Wills, Jerry		6.5	360.56			
Blackard, Brittanie		5.25	291.22			
Darang, Chase		6	316.41			
Rakita, Daniel		9.75	500.66			
Diaz-Ontiveros, Luz		9	474.61			
McCann, Alexandra		5.25	276.85			
Michel, Guillermo		6.75	348.35			
Calzado, Neil		6.5	333.77			
Wells, Jordan		13	667.55			
Brown, Tevin		7	359.43			
Sripramong, Jacqueline		10.5	539.17			
Najera, Luisa		11.5	590.53			
Wade, Cynthia		8.25	423.63			
Ross, Alyssa		7.75	368.8			
Harris, Raine		4.5	225.43			
Ahmed, Maryam		3.25	162.81			
Santos-Perez, Itchel		7	350.68			
Bidinger, Joy		4	205.39			
Bieser, Nickolas		4	200.38			
Castillo, Christopher Jay		-1.125	-52.24			
Castillo, Christopher Jay	FDILL_25	1.125	52.24			
Hall, Alyssa		3.75	183.04			
Dunne, Rebecca		8	390.48			
Vinh, Jonathan		0.5	23.22			
Figueroa, Natalya		3.75	174.12			
Oman, Gabriela		0.5	24.4			
Concepcion, Derrell Glen		13.25	615.22			
Ryan, Erica		2.5	125.24			
Herrera, Carlos		5	226.13			
Nwaonumah, Nosa		9.75	440.95			
Hernandez, Abel		5	226.14			
Flors, Ryan		8.25	373.12			
Ramos, Anabel		3.5	158.29			
Thompson, Deshawn		3	139.29			
Total Environmental Health		**284.00**	**15543.92**		**31.50**	**1112.31**

DISEASE SURVEILLANCE & CONTROL

Employee	Project/Grant Charged to	Hours	Amount	Employee	Hours	Value
Johnson, Monique	HV2PRV25	6.25	394.02			
Rossi Boudreaux-Thibodeaux, Dustin (T	HV2PRV25	5.50	374.33			
Ewing, Tabitha	HV2PRV25	12.75	845.13			
Montgomery, Joshua		9.00	628.52			
Herrera, Reyna	HV2PRV25	5.75	353.51			
McIntyre, Eric		4.00	252.17			
Martinez Sainz, Jose (Cassandra)	HV2PRV25	6.00	285.53			
Bravo Rosas, Jazmin	HV2PRV25	6.00	251.13			
Baltazar, Josephine	HV2PRV25	5.00	244.05			
Total Disease Surveillance & Control		**60.25**	**3628.39**		**0.00**	**0.00**
Combined Total		**417.50**	**22706.67**		**41.88**	**1460.17**

Memorandum

Date: January 22, 2025

To: Southern Nevada District Board of Health

From: **Xavier Gonzales, PhD,** *Community Health Director*
Cassius Lockett, PhD, *District Health Officer*

Subject: Community Health Division Monthly Activity Report – November 2025

I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION (OCDPHP)

A. Chronic Disease Prevention Program (CDPP)

Fall **Pop-Up Produce Stands** at the Regional Transportation Commission's Bonneville Transit Center started in October. Nearly 247 lbs. of produce was sold at November's Pop-Up, and over 36% of transactions were SNAP sales. This is lower than normal due to the government shutdown and the delay in issuing SNAP benefits. In November, the Nevada Division of Welfare & Supportive Services' SNAP outreach team attended the pop-ups and assisted clients with signing up for or renewing SNAP. The final pop-ups for 2026 are scheduled for December.

The CDPP staff commemorated **Diabetes Month** with an initiative to raise awareness and connect people to resources. The effort included two (2) new videos shared on social media on using My Plate to plan healthier meals and how to sign up for our free DSMES classes. SNHD also issued a press release and sent an SNHD-All email to staff. Two (2) blogs in English and Spanish were posted to our Get Healthy and Viva Saludable blogs. Additionally, staff partnered with the American Diabetes Association (ADA) to recruit 28 previous DSMES class participants to participate in ADA's new online diabetes support forum.

Our CDPP team established a partnership with Roseman University's GENESIS program to support the launch of a **Social Determinants of Health screening at our BSHOP/BeSHOP locations**. BSHOP/BeSHOP clients who complete a voluntary survey assessing housing, food, transportation, and/or healthcare needs will have an option to be referred to the GENESIS program and be connected to a case manager to assist them in accessing necessary resources and services. The program is being piloted in three (3) BSHOP/BeSHOP locations.

B. **Tobacco Control Program (TCP) Update**

TCP's **Por Mi Por Ti Por Nosotros** tobacco prevention initiative participated in the City of Las Vegas' Día de los Muertos event. Through a culturally meaningful ofrenda, staff engaged attendees in conversations about smoke-free living, shared Spanish-language cessation resources, and encouraged families to live tobacco-free. TCP staff also participated in an interview with the UNLV Scarlet & Gray newspaper where cessation services were promoted.

Our **Por Mi Por Ti Por Nosotros** also partnered with CCSD's Family Engagement Department, on their Raising Smoke-Free Kids workshop for parents/guardians at Gibson Middle School. TCP staff provided a presentation in English and Spanish on the impact of flavored tobacco products, youth vaping risks, and secondhand smoke exposure. Culturally and linguistically relevant resources to support tobacco-free homes and healthier communities were distributed.

The TCP staff attended the **Nevada Tobacco Control & Smoke-free Coalition's (NTCSC) Annual Strategic Planning Session** in Reno. The NTCSC Strategic Planning Session identified goals and action steps to help address and reduce tobacco and e-cigarette use in Nevada.

Collaboration was had with the **Nevada State Apartment Association (NVSAA)** to support property owners and managers in promoting smoke-free housing. Staff created and implemented a new campaign to promote and expand smoke-free housing policies. Campaign materials will be disseminated through social media and email blasts to NVSAA managers to support the adoption of smoke-free housing policies.

The **Nevada Tobacco Quitline** has reestablished cessation services after a brief pause due to funding limitations. Cessation services are now active until April 28, 2026, and will include My Life My Quit a program for youth, cessation services specific for young adults and American Indians, and financial incentives for pregnancy and postpartum mothers and menthol tobacco users. Twelve (12) weeks of Nicotine Replacement Therapy (NRT) is available in Nevada for all those who qualify. The TCP has updated all materials and will be promoting these services to health care providers and the community.

Three (3) businesses expanded their **tobacco-policy** this month. This includes limiting smoking/vaping indoors in locations excluded from State smoking laws and limiting tobacco use near entrances and exits to businesses**.**

II. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

The OEMSTS plays a vital role in maintaining a responsive, well-trained, and integrated EMS and trauma system that serves the diverse needs of Southern Nevada's population.

A. OEMSTS – November 2024 / 2025 Data

November EMS Statistics	Nov. 2024	Nov. 2025		Mo. Fiscal Average 2024-2025
Total certificates issued	80	88	↑	245
New licenses issued	67	82	↑	87
Renewal licenses issued (recert only)	7	1	↓	134
Driver Only	51	64	↑	58
Active Certifications: EMT	872	1163	↑	982
Active Certifications: Advanced EMT	1869	1892	↑	1891
Active Certifications: Paramedic	2101	2281	↑	2197
Active Certifications: RN	67	86	↑	81

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

Ongoing/Continuing Activities

(Emergency Planning & Preparedness)

1. Continued review and revision of:
   a) Nuclear and Radiation
   b) Administrative Preparedness
   c) SNHD Basic EOP and Direction and Control Annexes
   d) BioWatch
   e) Recovery Annex
   f) Medical Countermeasures Annex
   g) Tularemia Threat Response Guide
2. SNHD Continuity of Operations Plan
   a) A COOP working group comprised of staff from each office that will oversee regular updates to the approved plan. The group meets quarterly, and the next meeting will be in January.
   b) BioWatch Plan under review considering elimination in federal funding to support local operations and local impacts to future emergency management and preparedness operations.
   c) OPHP planners are continuing development of a Recovery Annex based on lessons learned from real world events and exercises.
   d) Our Planners are making updates to the medical countermeasures plan to incorporate lessons learned from Watership Down exercise and beginning creation of a Vulnerable Populations appendix.

e) The Tularemia Threat Response Guide was updated based on revised information from the MMWR.
f) Planners are serving as co-chairs for Access to Care working group as part of Community Health Improvement Plan Steering Committee.

3. State and Local Community Working Group meetings and OPHP Participation
   a) Monthly State of Nevada Division of Public and Behavioral Health Public Health Preparedness Strategic Plan Subcommittees (Required Activity under federal grants)
      i. Resources & Supply Chain Work Group
      ii. Health Equity Work Group
   b) Other Community Partner Meetings, Drills, and Exercises
      i. Local Emergency Planning Committee (LEPC) at Station 18
      ii. Extreme Heat Transportation Access to Parks (TAP) Discussion hosted by RTC.
      iii. Staff participated in the MACC activation for Formula 1 weekend on November 20th - 22nd.
      iv. Attended EOP reviews for Academica America schools and met with Academica emergency manager to go over the changes to their EPOs.
      v. Provided information to City of Henderson for flu related preparedness for senior citizens in the community.
4. Monthly SNHD Meetings
   a) Central Safety Committee
   b) Joint Labor Management Committee
   c) Policy Committee (Manager)
   d) Institutional Review Committee
   e) Community Health Improvement Plan Steering Committee
      i. Funding and Access to Care Working Group
   f) Resort Emergency Management Working Group

B. Training, Exercises, and Public Health Workforce Development

Ongoing/Continuing Activities

1. OPHP continues to support the City of Las Vegas with provision of ICS 300/400 training schedule. ICS 300 was provided on November 4th – 6th at City of Las Vegas OEM to eleven (11) community partners.
2. A CPR course and skills training scheduled for November 12th for five (5) SNHD staff at SNHD Decatur. November 13th was cancelled due to insufficient registration.
3. The next New Hire Orientation was provided on November 19th to three (3) SNHD staff at SNHD Decatur.
4. Introduction to Radiological/Nuclear WMD Operations AWR-140 was provided to 31 SNHD staff and coalition partners on November 4th at SNHD Decatur.
5. Trainers supported Active Assailant video production on November 21st at SNHD Decatur with Human Resources, Safety Officer and staff from Environmental Health and Workforce Development.

Upcoming Training and Exercise Events

1. Trainers prepared calendar for 2026 course offerings to include Introduction to Radiological/Nuclear WMD Operations AWR-140, ALERRT Civilian Response to Active Assailant, Response to Bombing Incidents and ICS Position Specific Training.
2. Our Planners held the Initial Planning Meeting for the SNHD Radiation Workshop 2026.
3. Planners rescheduled the SNHD Radiation Game practice day for December.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

Ongoing/Continuing Activities

1. Our trainers conducted HERT practical training at West Henderson Hospital on November 20th, 2025 for ten (10) staff.
2. SNHPC held its monthly meeting. Supervisor, Senior Planners, and Planners attended.
3. Our Trainer, Clinical Advisor, Senior Planner and Planner facilitated the SNHPC 2026 HVA update committee meeting following SNHPC on November 6th, 2025. Follow up communication with local SME provided edits for draft in December.
4. The OPHP Trainer attended UAS/Counter UAS working group inaugural meeting via Teams on November 18th. Members included community partners from Emergency Management jurisdictions, Nevada National Security Site (NNSS), LVMPD, jurisdiction law enforcement and other stakeholders in Clark County.
5. OPHP Planners attended Emergency Management Committee meetings for UMC and Dignity Health St. Rose Siena and De Lima Hospitals.
6. Staff conducted POETE review with the State.
7. SNHPC members staffed MSST at the MACC for ESF 8 for the F1 Race.

New/Upcoming Activities

1. Senior Planner has continuous planning and coordination for the Radiation/Community Reception Center workshop scheduled for February 2026.
2. Ongoing coordination for the 2026 TEEX trainings:
   a) Medical Management of Chemical l, Biological, Nuclear and Explosive (CBRNE) Events PER-211 August 26th – 27th, 2025 hosted by City of North Las Vegas (NLV City Hall).
   b) Pediatric Disaster Response and Emergency Management MGT-439 October 7th – 8th, 2025 hosted by Dignity Health Siena Campus.
3. Trainer confirmed HERT course at UMC on March 25th – 26th, 2026. This training will also open up registration for other hospitals in Clark County.

D. PHP Technician and N-95 Fit Testing

1. Fifty-four SNHD Employees were FIT tested for personal protective equipment during the month of November.

E. Fusion Center Public Health Analyst

Ongoing/Continuing Activities

1. Disseminated public health Information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC) in November.
2. Provided public health input for threat assessments on special events of local significance including Formula 1.
3. Monthly Analyst continues to provide weekly verbal public health briefings during SNCTC collaboration meetings.
4. Analysts continue to participate in weekly Counter Terrorism Analytic Group (CTAG) meetings.
5. Our analyst continues to develop appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
6. Collaborating with five (5) surrounding fusion centers on areas of public health concern for production of monthly joint public health bulletins.
7. Coordinated response to a special situation with SNHD management.

F. Grants and Administration

Ongoing/Continuing Activities

1. The manager continues to monitor grant renewal applications and budgets for FY 2026 with the State of Nevada Division of Public and Behavioral Health.
2. Our manager continues to represent Community Health Division management on various SNHD working group committees and initiatives.
3. The OPHP Manager and Supervisor in process of preparing budgets and scopes of work for continuation of unspent FY 2025 federal funds.
4. OPHP Manager continues to reduce physical inventory of miscellaneous stockpiled preparedness resources and transfer of excess grant purchased surplus property to community partners for use.

G. Medical Reserve Corps (MRC) of Southern Nevada

1. MRC Coordinator attended the SNHPC meeting, VOAD meeting, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.
2. MRC Volunteers provided health and preparedness information and 27 blood pressure screenings at Southwest Gas Safety & Health Fair and 27 screenings at the African-Caribbean Health Fair.
3. Volunteers provided a first aid station and health district program information to attendees at the Project Homeless Connect. There were three minor first aid encounters with no serious injuries or illnesses and ten clients with health district program inquiries.

MRC Volunteer Hours FY2026 Q1
(Economic impact rates updated April 2025):

Activity	October	November	December
Training			
Community Event	32.50	24	
SNHD Clinic			
Emergency Deployment			
Total Hours	**32.50**	**24**	
Economic Impact	**$1,318.53**	**$1,342.86**	
FY2025 Total Hours	**5.00**	**3.0**	
FY2025 Economic Impact	**$167.45**	**$100.47**	

Source: Department of Labor Economic Value Calculator for medical volunteers. For general volunteer help, which is most of the time, the Independent Sector calculates the value of volunteer time and publishes it each year. Current amount is $34.79. https://independentsector.org/research/value-of-volunteer-time/(Economic impact rates updated April 2025):

IV. VITAL RECORDS

A. November is currently showing a **9% decrease in birth certificate** sales in comparison to November 2024. **Death certificate** sales are currently showing a **1% increase** in comparison to November 2024. SNHD received revenues of $24,466 for birth registrations, $18,577 for death registrations; and an additional $5,840 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Nov 2024	Nov 2025		Yr Average 11/2024-11/2025
Births Registered	2,173	1,803	↓	2,006
Deaths Registered	1,462	1,527	↑	1,768
Fetal Deaths Registered	10	17	↑	16

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Nov 2024	Nov 2025		Yr Average 11/2024-11/2025
Birth Certificates Sold (walk-in)	4	2	↓	11
Birth Certificates Mail	86	50	↓	111
Birth Certificates Online Orders	2,944	2,653	↓	3,887
Birth Certificates Billed	85	123	↑	107
Birth Certificates Number of Total Sales	3,119	2,828	↓	4,117
Death Certificates Sold (walk-in)	20	6	↓	19
Death Certificates Mail	76	118	↑	151
Death Certificates Online Orders	6,460	6,534	↑	7,702
Death Certificates Billed	50	43	↓	45
Death Certificates Number of Total Sales	6,606	6,701	↑	7,917

Revenue	Nov 2024	Nov 2025		Yr Average 11/2024-11/2025
Birth Certificates ($25)	$77,975	$70,700	↓	$102,928
Death Certificates ($25)	$165,150	$167,525	↑	$197,926
Births Registrations ($13)	$27,456	$24,466	↓	$34,664
Deaths Registrations ($13)	$19,305	$18,577	↓	$22,627
Convenience Fee ($2)	$6,036	$5,476	↓	$7,821
Miscellaneous Admin	$532	$364	↓	$633
Total Vital Records Revenue	$296,454	$287,108	↓	$366,599

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	Nov 2024	Nov 2025		Yr Average 11/2024-11/2025
Passport Applications	637	484	↓	746

Revenue	Nov 2024	Nov 2025		Yr Average 11/2024-11/2025
Passport Execution/Acceptance fee ($35)	$22,295	$16,940	↓	$26,112

V. HEALTH EQUITY

Health Equity Program – November Highlights
The Health Equity Program continues to strengthen community partnerships and collaborations aimed at increasing the capacity of local communities to address health disparities.

Key Activities in November:

1. **Cultural Humility Workshop**
    A. On November 13th, 2025, the Health Equity team implemented the Cultural Humility workshop. Implementation of this workshop is in support of maintaining organizational capacity to address the needs of the community under the Public Health Infrastructure grant.
2. **Social Determinants of Health (SDoH) Workshop**
    A. On November 17th, 2025, our Health Equity team instituted the Social Determinants of Health workshop. Implementation of this workshop is in support of maintaining organizational capacity to address the needs of the community under the Public Health Infrastructure grant.
3. **Youth Advisory Council (YAC - SPARK)**
    A. On November 19th, 2025, SNHD's Youth Advisory Council SPARK (Students Promoting Awareness, Responsibility & Knowledge) completed their 5th meeting. The focus of this meeting included presentations on Preventative Health and the functions of the Office of Chronic Disease Prevention and Health Promotion.
4. **Brain Health Initiative**
    A. On November 21st, 2025, the Health Equity Program was awarded the Brain Health Initiative Road Map Strategist Program Funding. The funding consists of $50,000 and the program will increase SNDH's capacity to address dementia. Participation in this program will be from January 2026 to September 2026.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing: Key Updates

1. SNHD Nursing Division Support
SNPHL provides laboratory services to the SNHD Nursing Division, including:

a) Molecular and microbiological culture testing
b) Sexually Transmitted Disease (STD) diagnostics

2. STD Surveillance and Testing
SNPHL collaborates with the SNHD STD Department in the following activities:

a) Participation in the CDC's Gonococcal Isolate Surveillance Project (GISP) and the enhanced GISP (eGISP).

b) Performing Nucleic Acid Amplification Test NAAT and culture testing for *Neisseria gonorrhoeae* isolates, which are submitted to reference laboratories for antimicrobial susceptibility testing.
c) Participation in eGISP Part B to expand culture-independent testing for antimicrobial resistance genes in gonococcal isolates.
d) A detailed breakdown of monthly sample volumes provided on the accompanying table:

Test Name	Monthly Count	Avg Year to Date
GC Cultures	14	31
NAAT NG/CT	1132	1529
Syphilis	430	722
RPR/RPR Titers*	91/29	121/42
Hepatitis Total	1534	2314
HIV/differentiated	446/11	671/19
HIV RNA	95	119

***= RPR / RPR Titers refer to tests used to screen for and monitor syphilis; RPR = Rapid Plasma Reagin**

3. COVID-19 Testing Operations

a) SARS-CoV-2 PCR testing is performed exclusively on the KingFisher Flex platform exclusively.
b) SNPHL maintains a testing capacity of 2,000 tests per day, with a turnaround time (TAT) of less than 48 hours.
c) In November, the average daily testing volume was four (4) samples, with an average TAT of 48 hours from collection to report release.
d) IT enhancements include streamlined patient accession and direct report verification from SNPHL's Laboratory Information Management System (LIMS) into the SNHD patient portal.
e) High-throughput automation has been incorporated, including the Eppendorf 5073 specimen fluid handling station.

A detailed summary of COVID-19 testing volumes and performance metrics provided in the accompanying table:

Month	# PCR & NAAT/#POS	Month	# PCR & NAAT/#POS

January	471/74	July	280/58
February	656/55	August	156/83
March	630/22	September	146/57
April	195/22	October	121/29
May	141/9	November	71/13
June	190/43	December	-------

4. Reportable Disease Testing

a) SNPHL continues routine testing of reportable disease specimens submitted by community stakeholders.

b) A monthly summary of reportable disease testing provided on the accompanying table:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Campylobacter	Campy ID	9	4	3	2	2	5	6	4	7	7	2		51
	Campy Screen	12	8	4	3	6	10	8	6	8	10	7		82
Neisseria species	Gonorrhoeae Culture	33	32	47	48	30	33	21	35	33	12	14		338
	Gram Stain/WBC	0	5	0	0	0	5	0	0	5	0	0		15
	Neisseria ID	2	0	0	0	0	0	0	0	2	0	0		4
	Haemophilus ID	0	0	0	0	1	0	0	0	0	0	0		1
Unknown ID	Bacterial ID	6	0	8	0	2	0	14	0	0	0	0		30
	WGS (PulseNet)	14	12	20	14	26	25	33	21	24	35	25		249
Salmonella	Salmonella Screen	3	6	14	13	11	10	18	14	14	18	21		142
	Salmonella Serotype	3	7	13	13	9	8	17	10	14	14	18		126

Shigella	Shigella Screen	2	5	3	6	4	0	4	3	7	4	4	42
	Shigella Serotype	2	4	3	0	1	1	3	3	4	3	1	25
STEC	STEC Screen	0	3	3	1	5	4	3	4	4	1	1	29
	STEC Serotype	0	0	1	0	1	1	2	3	4	3	1	16
Unknown	Stool Culture	1	5	1	4	5	5	0	1	7	0	2	31
Vibrio	Vibrio ID	0	0	0	1	0	3	0	0	0	0	0	4
	Vibrio Screen	1	0	0	3	0	5	1	1	1	1	0	13
Yersinia	Yersinia Culture/ID	1	0	0	2	2	1	0	0	1	0	0	7

B. **Epidemiological Testing and Consultation** - **Key Updates:**

1. **Outbreak Investigation Committee Participation**
   SNPHL actively participates in the SNHD Outbreak Investigation Committee and the Foodborne Illness Taskforce. There was one (1) gastrointestinal (GI) outbreak samples were received for investigation in November.
2. **Influenza Surveillance Reporting**
   SNPHL continues to report influenza testing results to the CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS). In November, SNPHL performed seventeen (17) respiratory panel tests using the BioFire platform.

C. **Emergency response and reportable disease isolate testing report - Key Activities and Capabilities:**

1. **Reportable Disease Isolate Testing and Confirmation**
   SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance.
2. **Whole Genome Sequencing (WGS) Validation**
   SNPHL is clinically validated to use WGS for the identification of *Campylobacter* species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.

3. **PulseNet Surveillance**
   PulseNet Surveillance is a national laboratory network managed by the CDC that connects foodborne illness cases to detect and stop outbreaks early. **PulseNet Surveillance** is the CDC-coordinated national laboratory network that uses **DNA fingerprinting** (historically PFGE; now Whole Genome Sequencing) to detect and track **foodborne pathogens** such as:

   - *Salmonella*
   - *E. coli* O157 and non-O157 STEC
   - *Listeria monocytogenes*
   - *Campylobacter*
   - *Shigella*
   - *Vibrio* species

   Local, state, and federal labs upload pathogen genetic sequences to PulseNet. When multiple labs upload isolates with matching DNA fingerprints, PulseNet detects **clusters** that may represent:

   - Foodborne outbreaks
   - Multistate outbreaks
   - Contaminated product distribution
   - Environmental contamination patterns

   This allows CDC and health departments to rapidly identify outbreaks **earlier, more precisely, and with fewer illnesses**.

4. In November 2025, SNPHL performed 25 WGS tests as part of the PulseNet Foodborne Outbreak Surveillance program.

5. **Bacterial Isolate Screening**
   Using the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total identified 149 bacterial organisms in November.

6. **SARS-CoV-2 Sequencing**
   SNPHL is validated for sequencing SARS-CoV-2 and variants of concern, through the identification of lineages and clades.

   a) Current capacity: up to 96 SARS-CoV-2-positive RNA extracts per week
   b) November 2025: 13 SARS-CoV-2-positive RNA extracts sequenced.

7. **Legionella Surveillance**
   SNPHL collaborates with Environmental Health and Veritas Labs for Legionella surveillance. Monthly isolate counts for 2025 are as follows:

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	3	22	0	26	62	45	33	22	61	46	11	

8. **Vector-Borne Disease Testing**
   SNPHL provides viral testing for Zika, West Nile Virus (WNV), Western Equine Encephalitis, and Saint Louis Encephalitis.

   a) November 2025: 228 mosquito pool samples tested.
   b) Fourteen (14) WNV-positive mosquito pool identified.
   c) Results were communicated to Environmental Health and subsequently released to the public.

9. **Gonococcal Isolation Surveillance Program (GISP/eGISP)**
   In November, SNPHL collected fourteen (14) clinical isolates:

   a) *Neisseria gonorrhoeae*: six (6) isolates
   b) *Neisseria meningitidis*: one (1) isolate
   These will be sent to regional labs or the CDC for antimicrobial susceptibility testing (AST). Remnant NAATs or *N. gonorrhoeae* samples will be submitted to the CDC for molecular-based AST under eGISP Part B.

10. **C. auris PCR Screening**
    SNPHL performed 1,244 Real-Time PCR screenings for *Candida auris* in November 2025.

D. **<u>All-Hazards Preparedness</u>:**

1. **Coordination with First Responder Training**
   SNPHL collaborates on training and exercises with first responder agencies including the Civil Support Team, HazMat units, the Federal Bureau of Investigation (FBI), and the Las Vegas Metropolitan Police Department.
2. **Laboratory Packaging and Shipping Guidance**
   SNPHL offers guidance to local laboratorians on CDC protocols for packaging and shipping infectious substances, including chain of custody procedures.
3. **Onsite Training for Long-Term Care Facilities**
   SNPHL provided onsite training for long-term care facilities on the use of COVID-19 online ordering applications.
4. **Monkeypox Biosafety Guidance**
   Biosafety guidance was supplied to sentinel sites in response to Monkeypox surveillance and containment efforts.
5. **Vaccination Support for Laboratory Staff**
   SNPHL facilitated Monkeypox and bivalent COVID-19 booster vaccinations for laboratory personnel.
6. **Ongoing Biosafety Training for SNPHL Staff**
   The laboratory continues to provide perpetual biosafety training and updated guidance to SNPHL personnel.
7. **Training After Equipment Upgrade**
   SNPHL will provide training for all BSL-3 staff after installing the double door autoclave and fixing the leaking problem in November 2025.

E. **<u>November 2025 SNPHL Activity Highlights</u>:**

1. **COVID-19 Testing Supplies and Reagent Forecast**
   SNPHL has maintained a consistent supply of Viral Transport Medium (VTM) for COVID-19 collection kits, even following the cessation of ELC COVID funding.
2. **Proficiency Testing Performance**
   SNPHL achieved 100% proficiency across a wide range of tests, including:

   a) CAP LPX-B
   b) LN15-B Hemoglobin Automated Diff Series
   c) WSLH 2025-Legionella 3
   d) CAP C3X C-C Chemistry-DV
   e) WSLH 5080 Enteric Pathogens (Bacti_Viral3)
   f) HIV-C 2025 HIV Viral Load
   g) QF-B 2025 M. tuberculosis-Stimulated Infection
   h) HSCRP-C 2025 High Sensitivity C reactive Protein
   i) WSLH 6310 C. auris Detection LN15-B Hemoglobin Automated Diff Series
   j) **Summary of PT Events**
   k) **CAP LPX-B** – Lipid Panel Extended proficiency testing for cholesterol, HDL, LDL, and triglycerides.
   l) **LN15-B Hemoglobin Automated Diff Series** – Hemoglobin concentration and automated differential performance assessment.
   m) **WSLH 2025 – Legionella 3** – Legionella detection proficiency using culture or molecular methods.
   n) **CAP C3X C-C Chemistry – DV** – Comprehensive chemistry panel covering electrolytes, enzymes, and metabolic markers.
   o) **WSLH 5080 Enteric Pathogens (Bacti_Viral3)** – Detection and identification of bacterial and viral gastrointestinal pathogens.
   p) **HIV-C 2025 HIV Viral Load** – Proficiency assessment for HIV-1 viral load quantification.
   q) **QF-B 2025 M. tuberculosis – Stimulated Infection** – IGRA-based proficiency for *Mycobacterium tuberculosis* immune response testing.
   r) **HSCRP-C 2025 High Sensitivity C-Reactive Protein** – Evaluation of accuracy in hs-CRP cardiovascular-risk testing.
   s) **WSLH 6310 *Candida auris* Detection** – Fungal pathogen detection proficiency using culture or molecular systems.
   t) **Overall Purpose**
   u) These PT evaluations confirm laboratory performance, support continuous quality improvement, and maintain regulatory compliance. Successful completion demonstrates the lab's capability to produce accurate, reliable, and timely diagnostic results across all major testing divisions.
   v)

3. **Facility Infrastructure and Equipment Calibration**
   Phoenix Controls completed system integration adjustments for the installation of the

onsite monitor computer and network connection on the 2nd floor. This enables facility staff and Sunbelt Control employees to manage and modify the airflow, pressure, and temperature remotely or onsite.

4. **Genomic Surveillance – SARS-CoV-2**
   WGS and genomic data analysis indicate that the Omicron variant XFG lineage was the dominant strain among samples received in November. SNPHL will continue sequencing close-contact samples to support ongoing investigations by the Office of Disease Surveillance (ODS).
5. **Influenza Surveillance**
   Early data from the new influenza season show that A/H3, A/H1, and B/Victoria are the predominant subtypes of influenza.
6. **Avian Influenza Surveillance**
   SNPHL participates in the CDC's Avian Influenza Surveillance Project by distributing testing guidance and specimen collection procedures to local hospitals via the Health Alert Network (HAN). Any ICU patients testing positive for Influenza A are required to submit specimens for subtyping to rule out avian influenza. No suspect avian flu samples were received in November.
7. **Facility Expansion Planning**
   Phase I of the new facility design may focus on constructing BSL-3 and microbiology laboratories on the 2nd floor, with a semi-shell layout planned for the 1st floor.
8. **Expanded Clinical Testing Services**
   New test offerings in clinical chemistry, hematology, and urinalysis have formally opened for service for FQHC and DPP division. The SNPHL website of test menu has been updated and added those new additional tests.
9. **BSL-3 Equipment Services**
   Provide the BSL-3 equipment's list of purchases for the new BSL-3 lab.

F. **COMMUNITY HEALTH – SNPHL – Calendar Year Data**

November SNPHL Services	2024	2025	
Clinical Testing Services [1]	4,820	4,231	↓
Epidemiology Services [2]	433	287	↓
State Branch Public Health Laboratory Services[3]	0	0	=
All-Hazards Preparedness Services [4]	5	5	=
Environmental Health Services [5]	140	225	↑

[1] Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVD Ab immunologic tests.

[2] Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

[3] Includes COVD PCR, WGS, and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.

[4] Includes Preparedness training, teleconferences, and Inspections.

[5] Includes vector testing.

Memorandum

Date: January 22, 2025

To: Southern Nevada District Board of Health

From: **Xavier Gonzales, PhD,** *Community Health Director*
Cassius Lockett, PhD, *District Health Officer*

Subject: Community Health Division Monthly Activity Report – December 2025

I. OFFICE OF CHRONIC DISEASE PREVENTION & HEALTH PROMOTION (OCDPHP)

A. Chronic Disease Prevention Program (CDPP)

The 2025 fall **Pop-Up Produce Stands** wrapped up in December. In total, twelve (12) pop-ups were held during 2025, each offering low-cost, fresh, produce for people experiencing transportation and/or financial barriers to accessing healthy foods. In total, over 1,113 pounds of produce was sold and nearly 45% of all transactions were SNAP sales. The Nevada Division of Welfare & Supportive Services' SNAP outreach team attended several fall pop-ups and assisted clients with signing up for or renewing SNAP. The 2026 pop-ups will begin in March. Planning is underway.

We completed the **Partners for a Healthy Nevada (PHN)** (OCDPHP-facilitated coalition) End of Year Summary of progress towards goals and objectives. The summary was shared with members, and the PHN webpage was updated with the new 2026 goals and objectives.

Created and distributed **Healthy Headlines**, a quarterly e-newsletter that shares information on CDPP programs, resources, and services. The December issue featured a review of our successful 2025 initiatives. It was sent to over 6,700 people and had a 32% open rate.

B. Tobacco Control Program (TCP) Update

Successfully partnered with local healthcare providers, including SNHD's FQHC to promote tobacco cessation through the **Nevada Tobacco Quitline**. Through these efforts, local healthcare providers successfully referred 5,069 patients to free cessation resources in 2025.

The TCP's Hispanic/Latino initiative, Por Mi Por Ti Por Nosotros, Viva Saludable established a collaboration **with Latinas in Power (LIP)** to promote tobacco-free lifestyles through the power of shared stories. In a new media campaign, LIP members shared their personal reasons for living smoke-free, helping inspire healthier choices within the community through authentic, culturally relevant messaging. These video messages were shared via LIPs social media and distribution networks.

The **Nevada Tobacco Control & Smoke-free Coalition (NTCSC)** is comprised of various state and national partners whose mission is to work together to improve the health of Nevadans by reducing the burden of tobacco use and nicotine addiction. Each year, the NTCSC recognizes local community champions who work to reduce tobacco use and secondhand smoke exposure. This year, the TCP nominated Nevada State University, Papa Ola Lōkahi, Robin Crawford from the Nevada State Apartment Association, and Ms. Ginger from the Nevada Association of Student Councils for their commitment and efforts to reduce the toll of tobacco among Southern Nevadans.

In partnership with the Nevada Cancer Coalition, staff participated in the **NBA Cares Total Health Fair** on December 14, 2025, at the Heinrich YMCA to distribute tobacco cessation information, tobacco flavoring educational and chronic disease prevention and resource materials to the community. Event organizers estimate that over 300 community members attended the event.

The TCP's High School-focused vaping prevention initiative called BreakDown partnered with the **Nevada Interscholastic Athletic Association** to promote tobacco & vaping cessation resources at CCSD sporting events and championship games. This collaboration is estimated to reach over 65,000 teens with view impressions of over 320,000**.**

II. OFFICE OF EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (OEMSTS)

The OEMSTS plays a vital role in maintaining a responsive, well-trained, and integrated EMS and trauma system that serves the diverse needs of Southern Nevada's population.

A. Education Committee

The Education Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, editing, and approving new and existing education for initial training and continuing education purposes. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.
The Committee approved the finalized SNHD Paramedic Mentorship/Internship Program.

B. Drug/Device/Protocol Committee (DDP)

The DDP Committee assists the OEMSTS, the Medical Advisory Board (MAB), and the QI Directors Committee in researching, developing, and editing new and existing protocols. Members include volunteer representatives from permitted agencies, receiving hospitals, and individuals involved with the training of EMS professionals.

The DDP continued its discussion of the addition of the Emergency Medical Responder (EMR) level of certification and approved a new Chair and Vice Chair.

C. Medical Advisory Board (MAB)

The primary mission of the MAB is to support the Health Officer's role to ensure quality patient care within the EMS system by making recommendations and assisting in the ongoing design, operation, and evaluation of the EMS system from initial patient access to definitive patient care. The members include: 1) One (1) medical director of each firefighting/franchised agency; 2) One (1) operational director of each firefighting/franchised agency; 3) Chairman of the Regional Trauma Advisory Board; and 4) An employee of the District whose duties relate to the administration and enforcement of EMS Regulations as an ex-officio member.
The Board heard reports from the Education and DDP sub-committees and approved a new Chair and Vice Chair.

D. OEMSTS – December 2024 / 2025 Data

December EMS Statistics	Dec 2024	Dec 2025		Mo. Fiscal Average 2024-2025
Total certificates issued	103	88	↓	244
New licenses issued	100	82	↓	75
Renewal licenses issued (recert only)	3	1	↓	134
Driver Only	51	61	↑	54
Active Certifications: EMT	890	1165	↑	922
Active Certifications: Advanced EMT	1860	1885	↑	1732
Active Certifications: Paramedic	2126	2317	↑	2028
Active Certifications: RN	68	85	↑	75

III. OFFICE OF PUBLIC HEALTH PREPAREDNESS (OPHP)

A. Planning and Preparedness

Ongoing/Continuing Activities

(Emergency Planning & Preparedness)

1. Continued review and revision of:
   a) Nuclear and Radiation
   b) Administrative Preparedness
   c) SNHD Basic EOP and Direction and Control Annexes
   d) BioWatch
   e) Recovery Annex
   f) Medical Countermeasures Annex

g) Tularemia Threat Response Guide

2. SNHD Continuity of Operations Plan
   a) A COOP working group comprised of staff from each office that will oversee regular updates to the approved plan. The group meets quarterly, and the next meeting will be in January.
   b) Planners met with IT Manager to begin planning for Essential Record COOP Update.
   c) BioWatch Plan under review considering elimination in federal funding to support local operations and local impacts to future emergency management and preparedness operations.
   d) OPHP planners are continuing development of a Recovery Annex based on lessons learned from real world events and exercises.
   e) Our Planners are making updates to the medical countermeasures plan to incorporate lessons learned from Watership Down exercise and beginning creation of a Vulnerable Populations appendix.
   f) The Tularemia Threat Response Guide was updated based on revised information from the MMWR.
   g) Planners are serving as co-chairs for Access to Care working group as part of Community Health improvement Plan Steering Committee.
   h) Senior Planner finished draft of the Basic EOP and it is currently under review.
3. State and Local Community Working Group meetings and OPHP Participation
   a) Monthly State of Nevada Division of Public and Behavioral Health Public Health Preparedness Strategic Plan Subcommittees (Required Activity under federal grants)
      i. Resources & Supply Chain Work Group
      ii. Health Equity Work Group
4. OPHP Planner is serving as a panel evaluator for the RTC Extreme Heat Resilience Improvement Plan.
5. Monthly SNHD Meetings
   a) Central Safety Committee
   b) Joint Labor Management Committee
   c) Policy Committee (Manager)
   d) Institutional Review Committee
   e) Community Health Improvement Plan Steering Committee
      i. Funding and Access to Care Working Group
   f) Resort Emergency Management Working Group

B. Training, Exercises, and Public Health Workforce Development

Ongoing/Continuing Activities

1. OPHP continues to support the City of Las Vegas with provision of ICS 300/400 training schedule. ICS 300 was provided on December 2nd – 3rd at City of Las Vegas OEM to and G191 at the City of Henderson OEM Community Partners.
2. A CPR course and skills training scheduled for December 11th for four (4) SNHD staff at SNHD Decatur.

3. The next New Hire Orientation was not provided in December, the next orientation date is January 21st, 2026.
4. ALERRT Civilian Response Active Shooter Events (CRASE) briefing was presented to EH Engineering department on December 10th.

Upcoming Training and Exercise Events

1. Trainers updated the 2026 calendar for course offerings to include Introduction to Radiological/Nuclear WMD Operations AWR-140, ALERRT Civilian Response to Active Assailant, Response to Bombing Incidents and ICS Position Specific Training.
2. Our Planners held the Initial Planning Meeting for the SNHD Radiation Workshop 2026.
3. Planners executed the SNHD Radiation Game practice day for December 17th.

C. Southern Nevada Healthcare Preparedness Coalition (SNHPC)

Ongoing/Continuing Activities

1. SNHPC held its monthly meeting. Supervisor, Senior Planners, and Planners attended.
2. Our Trainer, Clinical Advisor, Senior Planner and Planner HVA Committee followed up with local SMEs and provided edits for draft.
3. The Planners attended the Emergency Management Committee meetings for UMC and Dignity Health St. Rose Siena and De Lima Hospitals.
4. OPHP Staff conducted the POETE review with the State of Nevada.
5. SNHPC members will staff MSST at the MACC for ESF 8 for New Year's Eve.
6. SNHPC members attended the National Healthcare Coalition Preparedness Conference 2025 in Grapevine, TX.
7. Senior Planner submitted HPP grant deliverables (HHC Governance/jurisdiction information review and update, HVA, Readiness Assessment, Readiness Plan, and Training and Exercise Plan) into CAAMP.
8. The Senior Planners, Planners, Clinical Advisor and Trainer will begin reviewing and updated the SNHPC COOP, Cybersecurity Assessment, Extended Downtime Health Care Delivery Impact Assessment, Information Sharing Plan, Med Surge Support Plan, Recovery Plan and Resource Management Plan.
9. Trainer and Readiness Response Coordinator updated the T&E Calendar/Readiness Plan for submittal by Senior Planner to State HPP.

New/Upcoming Activities

1. Senior Planner has continuous planning and coordination for the Radiation/Community Reception Center workshop scheduled for February 2026.
2. Ongoing coordination for the 2026 TEEX trainings:
   a) Medical Management of Chemical l, Biological, Nuclear and Explosive (CBRNE) Events PER-211 August 26th – 27th, hosted by City of North Las Vegas (NLV City Hall).
   b) Pediatric Disaster Response and Emergency Management MGT-439 October 7th – 8th, 2026, hosted by Dignity Health Siena Campus.
3. Trainer confirmed HERT course at UMC on March 25th – 26th, 2026. This training will also open up registration for other hospitals in Clark County.

4. Trainers confirmed instructional support to DEM Basic Academy March 2nd – 6th, 2026 at Station 18.

D. PHP Technician and N-95 Fit Testing

1. Thirty-five SNHD Employees were FIT tested for personal protective equipment during the month of December.

E. Fusion Center Public Health Analyst

Ongoing/Continuing Activities

1. Disseminated public health Information between SNHD and the Southern Nevada Counter Terrorism Center (SNCTC) in December.
2. Provided public health input for threat assessments on special events of local significance including religious festivals and New Year's Eve including religious festivals and New Year's Eve.
3. Monthly Analyst continues to provide weekly verbal public health briefings during SNCTC collaboration meetings.
4. Analysts continue to participate in weekly Counter Terrorism Analytic Group (CTAG) meetings.
5. Our analyst continues to develop appropriate connections to increase communication between SNHD, SNCTC and its partner organizations.
6. Collaborating with five (5) surrounding fusion centers on areas of public health concern for production of monthly joint public health bulletins.

F. Grants and Administration

Ongoing/Continuing Activities

1. The manager continues to monitor grant deliverables and budgets for FY 2026 with the State of Nevada Division of Public and Behavioral Health.
2. Our manager continues to represent Community Health Division management on various SNHD working group committees and initiatives.
3. The OPHP Manager and Supervisor in process of preparing budgets and scopes of work for continuation of unspent FY 2025 federal funds.
4. OPHP Manager continues to reduce physical inventory of miscellaneous stockpiled preparedness resources and transfer of excess grant purchased surplus property to community partners for use.
5. Manager, Supervisor and Senior Planners attended the Partners' Meeting.

G. Medical Reserve Corps (MRC) of Southern Nevada

1. MRC Coordinator attended the SNHPC meeting, planned training and activities for upcoming months, sent out newsletters, and continued to recruit and deactivate volunteers.

MRC Volunteer Hours FY2026 Q1
(Economic impact rates updated April 2025):

Activity	October	November	December
Training			
Community Event	32.50	24	
SNHD Clinic			
Emergency Deployment			
Total Hours	**32.50**	**24**	**0**
Economic Impact	**$1,318.53**	**$1,342.86**	**$0**
FY2025 Total Hours	**5.00**	**3.0**	**0**
FY2025 Economic Impact	**$167.45**	**$100.47**	**$0**

Source: Department of Labor Economic Value Calculator for medical volunteers. For general volunteer help, which is most of the time, the Independent Sector calculates the value of volunteer time and publishes it each year. Current amount is $34.79. https://independentsector.org/research/value-of-volunteer-time/(Economic impact rates updated April 2025):

IV. VITAL RECORDS

A. December is currently showing a **19% decrease in birth certificate** sales in comparison to December 2024. **Death certificate** sales are currently showing a **16% increase** in comparison to December 2024. SNHD received revenues of $23,192 for birth registrations, $25,012 for death registrations; and an additional $6,304 in miscellaneous fees.

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Dec 2024	Dec 2025		Yr Average 12/2024-12/2025
Births Registered	1,773	1,765	↓	1,974
Deaths Registered	1,808	1,578	↓	1,777
Fetal Deaths Registered	8	14	↑	16

COMMUNITY HEALTH Vital Statistics Program – Fiscal Year Data

Vital Statistics Services	Dec 2024	Dec 2025		Yr Average 12/2024-12/2025
Birth Certificates Sold (walk-in)	7	3	↓	11
Birth Certificates Mail	92	89	↓	112
Birth Certificates Online Orders	3,124	2,507	↓	3,847
Birth Certificates Billed	150	124	↓	110
Birth Certificates Number of Total Sales	3,373	2,723	↓	4,081
Death Certificates Sold (walk-in)	7	28	↑	19
Death Certificates Mail	122	182	↑	160
Death Certificates Online Orders	7,321	8,442	↑	7,852
Death Certificates Billed	24	52	↑	45
Death Certificates Number of Total Sales	7,474	8,704	↑	8,077

Revenue	Dec 2024	Dec 2025		Yr Average 12/2024-12/2025
Birth Certificates ($25)	$84,325	$68,075	↓	$102,017
Death Certificates ($25)	$186,850	$217,600	↑	$201,913
Births Registrations ($13)	$28,028	$23,192	↓	$34,336
Deaths Registrations ($13)	$20,982	$25,012	↑	$23,066
Convenience Fee ($2)	$6,130	$5,678	↓	$7,794
Miscellaneous Admin	$795	$626	↓	$640
Total Vital Records Revenue	$327,110	$340,183	↑	$369,766

COMMUNITY HEALTH Passport Program – Fiscal Year Data

B. PASSPORT SERVICES – Passport Services is appointment only.

Applications	Dec 2024	Dec 2025		Yr Average 12/2024-12/2025
Passport Applications	633	465	↓	732

Revenue	Dec 2024	Dec 2025		Yr Average 12/2024-12/2025
Passport Execution/Acceptance fee ($35)	$22,155	$16,275	↓	$25,649

V. HEALTH EQUITY

Health Equity Program – December Highlights
The Health Equity Program continues to strengthen community partnerships and collaborations aimed at increasing the capacity of local communities to address health disparities.

Key Activities in December:

1. **Youth Advisory Council (YAC - SPARK)**
    A. On December 3rd, 2025, SNHD's youth advisory council SPARK (Students Promoting Awareness, Responsibility & Knowledge) completed their sixth meeting. The focus of this meeting included a workshop on social media and a presentation on the functions of the Office of Communications.
2. **Mobility for All Workgroup**
    A. On December 10th, 2025, the Health Equity Coordinator participated in the second Mobility for All workgroup. The Reginal Transportation Commission of Southern NV assembled this workgroup to help guide the development of their All-Access Mobility Plan, which goal is to develop and identify strategies to improve access through enhanced transit stops and better connections to other modes of travel.
3. **Youth Advisory Council (YAC - SPARK)**
    A. On December 13th, 2025, SNHD's youth advisory council SPARK (Students Promoting Awareness, Responsibility & Knowledge) participated in a team building and networking in-person event at the Gold Coast Bowling Center. During this event, advisory council members had the opportunity to explore team building, teamwork and collaboration principles.

VI. SOUTHERN NEVADA PUBLIC HEALTH LABORATORY (SNPHL)

A. Clinical Testing: Key Updates

1. SNHD Nursing Division Support
SNPHL provides laboratory services to the SNHD Nursing Division, including:

a) Molecular and microbiological culture testing
b) Sexually Transmitted Disease (STD) diagnostics

2. STD Surveillance and Testing
SNPHL collaborates with the SNHD STD Department in the following activities:

a) Participation in the CDC's Gonococcal Isolate Surveillance Project (GISP) and the enhanced GISP (eGISP).
b) Performing NAAT (Nucleic Acid Amplification Test) and culture testing for *Neisseria gonorrhoeae* isolates, which are submitted to reference laboratories for antimicrobial susceptibility testing.

c) Participation in eGISP Part B to expand culture-independent testing for antimicrobial resistance genes in gonococcal isolates.

d) A detailed breakdown of monthly sample volumes provided on the accompanying table (RPR - Rapid Plasma Reagin):

Test Name	Monthly Count	Avg Year to Date
GC Cultures	30	31
NAAT NG/CT	1473	1524
Syphilis	593	712
RPR/RPR Titers*	113/32	121/41
Hepatitis Total	1951	2284
HIV/differentiated	552/13	661/18
HIV RNA	129	119

*= RPR / RPR Titers refer to tests used to screen for and monitor syphilis; RPR = Rapid Plasma Reagin

3. COVID-19 Testing Operations

a) SARS-CoV-2 PCR testing is performed exclusively on the KingFisher Flex platform exclusively.

b) SNPHL maintains a testing capacity of 2,000 tests per day, with a turnaround time (TAT) of less than 48 hours.

c) In December, the average daily testing volume was twelve (12) samples, with an average TAT of 48 hours from collection to report release.

d) IT enhancements include streamlined patient accession and direct report verification from SNPHL's Laboratory Information Management System (LIMS) into the SNHD patient portal.

e) High-throughput automation has been incorporated, including the Eppendorf 5073 specimen fluid handling station.

A detailed summary of COVID-19 testing volumes and performance metrics provided in the accompanying table:

Month	# PCR & NAAT/#POS	Month	# PCR & NAAT/#POS
January	471/74	July	280/58
February	656/55	August	156/83
March	630/22	September	146/57

April	195/22	October	121/29
May	141/9	November	71/13
June	190/43	December	239/26

4. Reportable Disease Testing

a) SNPHL continues routine testing of reportable disease specimens submitted by community stakeholders.

b) A monthly summary of reportable disease testing provided on the accompanying table:

		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep	Oct	Nov	Dec	Total
Campylobacter	Campy ID	9	4	3	2	2	5	6	4	7	7	2	10	61
	Campy Screen	12	8	4	3	6	10	8	6	8	10	7	11	93
Neisseria species	Gonorrhoeae Culture	33	32	47	48	30	33	21	35	33	12	14	30	368
	Gram Stain/WBC	0	5	0	0	0	5	0	0	5	0	0	0	15
	Neisseria ID	2	0	0	0	0	0	0	0	2	0	0	0	4
	Haemophilus ID	0	0	0	0	1	0	0	0	0	0	0	0	1
Unknown ID	Bacterial ID	6	0	8	0	2	0	14	0	0	0	0	0	30
	WGS (PulseNet)	14	12	20	14	26	25	33	21	24	35	25	33	282
Salmonella	Salmonella Screen	3	6	14	13	11	10	18	14	14	18	21	18	160
	Salmonella Serotype	3	7	13	13	9	8	17	10	14	14	18	16	142
Shigella	Shigella Screen	2	5	3	6	4	0	4	3	7	4	4	2	44
	Shigella Serotype	2	4	3	0	1	1	3	3	4	3	1	0	25

STEC	STEC Screen	0	3	3	1	5	4	3	4	4	1	1	4	33
	STEC Serotype	0	0	1	0	1	1	2	3	4	3	1	2	18
Unknown	Stool Culture	1	5	1	4	5	5	0	1	7	0	2	1	32
Vibrio	Vibrio ID	0	0	0	1	0	3	0	0	0	0	0	0	4
	Vibrio Screen	1	0	0	3	0	5	1	1	1	1	0	0	13
Yersinia	Yersinia Culture/ID	1	0	0	2	2	1	0	0	1	0	0	2	9

B. **Epidemiological Testing and Consultation** - **Key Updates:**

1. **Outbreak Investigation Committee Participation**
   SNPHL actively participates in the SNHD Outbreak Investigation Committee and the Foodborne Illness Taskforce. There was one (1) gastrointestinal (GI) outbreak sample received for investigation in December.
2. **Influenza Surveillance Reporting**
   SNPHL continues to report influenza testing results to the CDC's National Respiratory and Enteric Virus Surveillance System (NREVSS). In December, SNPHL performed 31 respiratory panel tests using the BioFire platform.

C. **Emergency response and reportable disease isolate testing report - Key Activities and Capabilities:**

1. **Reportable Disease Isolate Testing and Confirmation**
   SNPHL performs reportable disease isolate testing and confirmation. Isolates submitted by local laboratories are serotyped and/or confirmed by Whole Genome Sequencing; stored on-site; and results reported and/or samples submitted to CDC through various national programs; Public Health Laboratory Information System (PHLIS), National Antimicrobial Resistance Monitoring System (NARMS), and Influenza Surveillance, and PulseNet Bacterial Outbreak Surveillance.
2. **Whole Genome Sequencing (WGS) Validation**
   SNPHL is clinically validated to use WGS for the identification of *Campylobacter* species (select species), pathogenic Escherichia coli, and Salmonella species. SNPHL is also validated for the determination of Salmonella serotypes and STEC (Shiga toxin-producing E. coli) serotypes and Shiga toxin genes.
3. **PulseNet Surveillance**
   In December 2025, SNPHL performed 33 WGS tests as part of the PulseNet Foodborne Outbreak Surveillance program. PulseNet is a national laboratory network managed by the **CDC** that connects foodborne illness cases to detect and stop outbreaks early.
4. **Bacterial Isolate Screening**
   Using the Bruker MALDI-TOF instrument for streamlined screening of bacterial isolates. A total identified 206 bacterial organisms in December.

5. **SARS-CoV-2 Sequencing**
   SNPHL is validated for sequencing SARS-CoV-2 and variants of concern, through the identification of lineages and clades.

   a) Current capacity: up to 96 SARS-CoV-2-positive RNA extracts per week
   b) December 2025: 13 SARS-CoV-2-positive RNA extracts sequenced.

6. **Legionella Surveillance**
   SNPHL collaborates with Environmental Health and Veritas Labs for Legionella surveillance. Monthly isolate counts for 2025 are as follows:

2025	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Legionella	3	22	0	26	62	45	33	22	61	46	11	31

7. **Vector-Borne Disease Testing**
   SNPHL provides viral testing for Zika, West Nile Virus (WNV), Western Equine Encephalitis, and Saint Louis Encephalitis.

   a) No mosquito pool samples were tested in December.
   b) In December no WNV-positive mosquito pool was identified.
   c) Results were communicated to Environmental Health and subsequently released to the public.

8. **Gonococcal Isolation Surveillance Program (GISP/eGISP)**
   In December, SNPHL collected eleven (11) clinical isolates:

   a) *Neisseria gonorrhoeae*: four (4) isolates
   b) *Neisseria meningitidis*: one (1) isolate
      These will be sent to regional labs or the CDC for antimicrobial susceptibility testing (AST). Remnant NAATs (NAAT - Nucleic Acid Amplification Test) or *N. gonorrhoeae* samples will be submitted to the CDC for molecular-based AST under eGISP Part B.

9. **C. auris PCR Screening**
   SNPHL performed 1,443 Real-Time PCR screenings for *Candida auris* in December 2025.

D. **<u>All-Hazards Preparedness</u>:**

1. **Coordination with First Responder Training**
   SNPHL collaborates on training and exercises with first responder agencies including the Civil Support Team, HazMat units, the Federal Bureau of Investigation (FBI), and the Las Vegas Metropolitan Police Department.

2. **Laboratory Packaging and Shipping Guidance**
   SNPHL offers guidance to local laboratorians on CDC protocols for packaging and shipping infectious substances, including chain of custody procedures.

3. **Onsite Training for Long-Term Care Facilities**
   SNPHL provided onsite training for long-term care facilities on the use of COVID-19 online ordering applications.
4. **Monkeypox Biosafety Guidance**
   Biosafety guidance was supplied to sentinel sites in response to Monkeypox surveillance and containment efforts.
5. **Vaccination Support for Laboratory Staff**
   SNPHL facilitated Monkeypox and bivalent COVID-19 booster vaccinations for laboratory personnel.
6. **Ongoing Biosafety Training for SNPHL Staff**
   The laboratory continues to provide perpetual biosafety training and updated guidance to SNPHL personnel.
7. **Training After Equipment Upgrade**
   SNPHL will provide training for all BSL-3 staff after installing the double door autoclave and fixing the leaking problem in December 2025.

E. **<u>December 2025 SNPHL Activity Highlights</u>:**

1. **COVID-19 Testing Supplies and Reagent Forecast**
   SNPHL has maintained a consistent supply of Viral Transport Medium (VTM) for COVID-19 collection kits, even following the cessation of ELC COVID funding.
2. **Proficiency Testing Performance**
   SNPHL achieved 100% proficiency across a wide range of tests, including:

   a) WSLH 6310 C. auris Detection LN15-B Hemoglobin Automated Diff Series
   b) CAP MVP-C 2025 Molecular Vaginal Panel and CAP IDR-C Infectious Disease
   c) Respiratory BIOFIRE

3. **Facility Infrastructure and Equipment Calibration**
   Phoenix Controls completed system integration adjustments for the installation of the onsite monitor computer and network connection on the 2nd floor. This enables facility staff and Sunbelt Control employees to manage and modify the airflow, pressure, and temperature remotely or onsite.
4. **Genomic Surveillance – SARS-CoV-2**
   WGS and genomic data analysis indicate that the Omicron variant XFG lineage was the dominant strain among samples received in December. SNPHL will continue sequencing close-contact samples to support ongoing investigations by the Office of Disease Surveillance (ODS).
5. **Influenza Surveillance**
   Early data from the new influenza season show that A/H3, A/H1, and B/Victoria are the predominant subtypes of influenza.
6. **Avian Influenza Surveillance**
   SNPHL participates in the CDC's Avian Influenza Surveillance Project by distributing testing guidance and specimen collection procedures to local hospitals via the Health Alert Network

(HAN). Any ICU patients testing positive for Influenza A are required to submit specimens for subtyping to rule out avian influenza. No suspect avian flu samples were received in December.

7. **Facility Expansion Planning**
   Phase I of the new facility design may focus on constructing BSL-3 and microbiology laboratories on the 2nd floor, with a semi-shell layout planned for the 1st floor.
8. **Expanded Clinical Testing Services**
   New test offerings in clinical chemistry, hematology, and urinalysis have formally opened for service for FQHC and DPP division. The SNPHL website of test menu has been updated and added those new additional tests.
9. **BSL-3 Equipment Services**
   Provide the BSL-3 equipment's list of purchases for the new BSL-3 lab.

F. **COMMUNITY HEALTH – SNPHL – Calendar Year Data**

December SNPHL Services	2024	2025	
Clinical Testing Services [1]	5,090	5,545	↑
Epidemiology Services [2]	351	392	↑
State Branch Public Health Laboratory Services[3]	0	0	=
All-Hazards Preparedness Services [4]	4	4	=
Environmental Health Services [5]	17	31	↑

[1] Includes N. Gonorrhoeae culture, GISP isolates, Syphilis, HIV, CT/GC molecular, Gram stain testing, and COVD Ab immunologic tests.

[2] Includes Stool culture, EIA, Norovirus PCR, Respiratory Pathogen PCR, Epidemiological investigations, or consultations.

[3] Includes COVD PCR, WGS, and LRN testing, proficiency samples, reporting to CDC, courier services, infectious substance shipments, teleconferences, training, presentations and inspections, samples submitted to CDC or other laboratories' submissions.

[4] Includes Preparedness training, teleconferences, and Inspections.

[5] Includes vector testing.

MEMORANDUM

Date: **January 20, 2026**

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, MPA, Chief Executive Officer, FQHC RS

Cassius Lockett, PhD, District Health Officer

Subject: Community Health Center FQHC Chief Executive Officer Report – November 2025

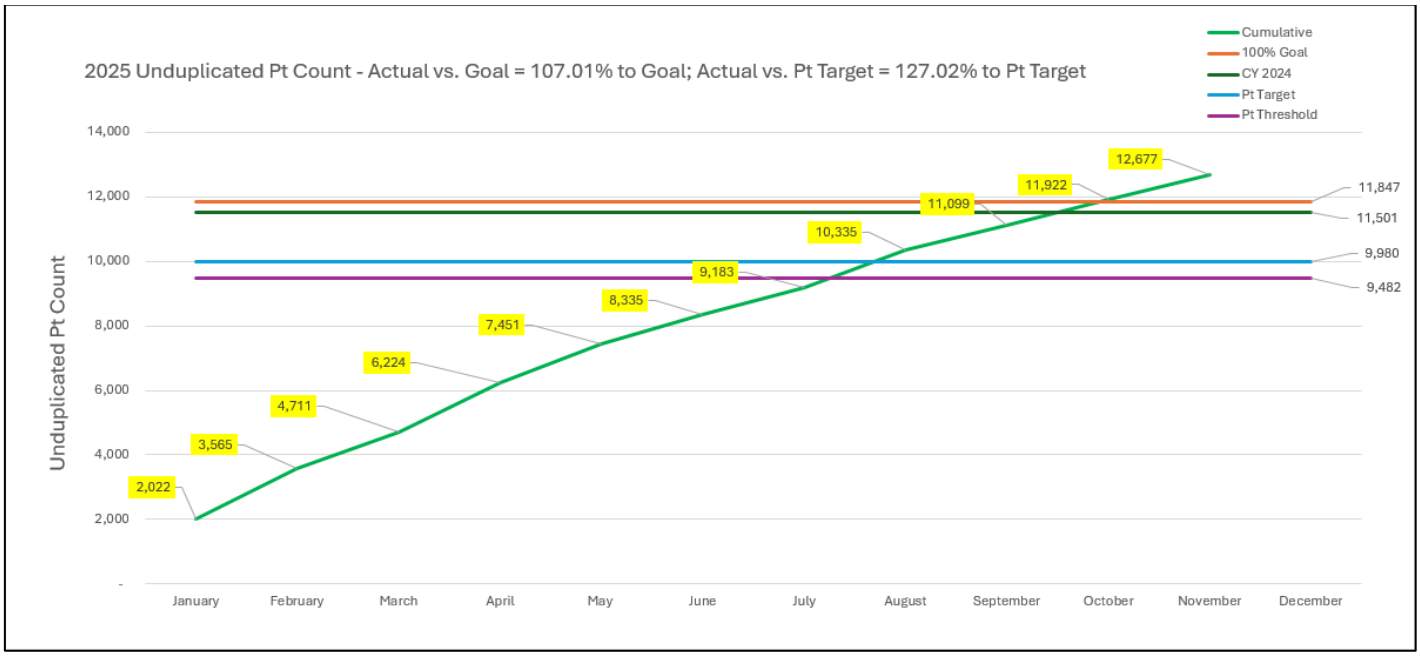
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

November Highlights - Administrative

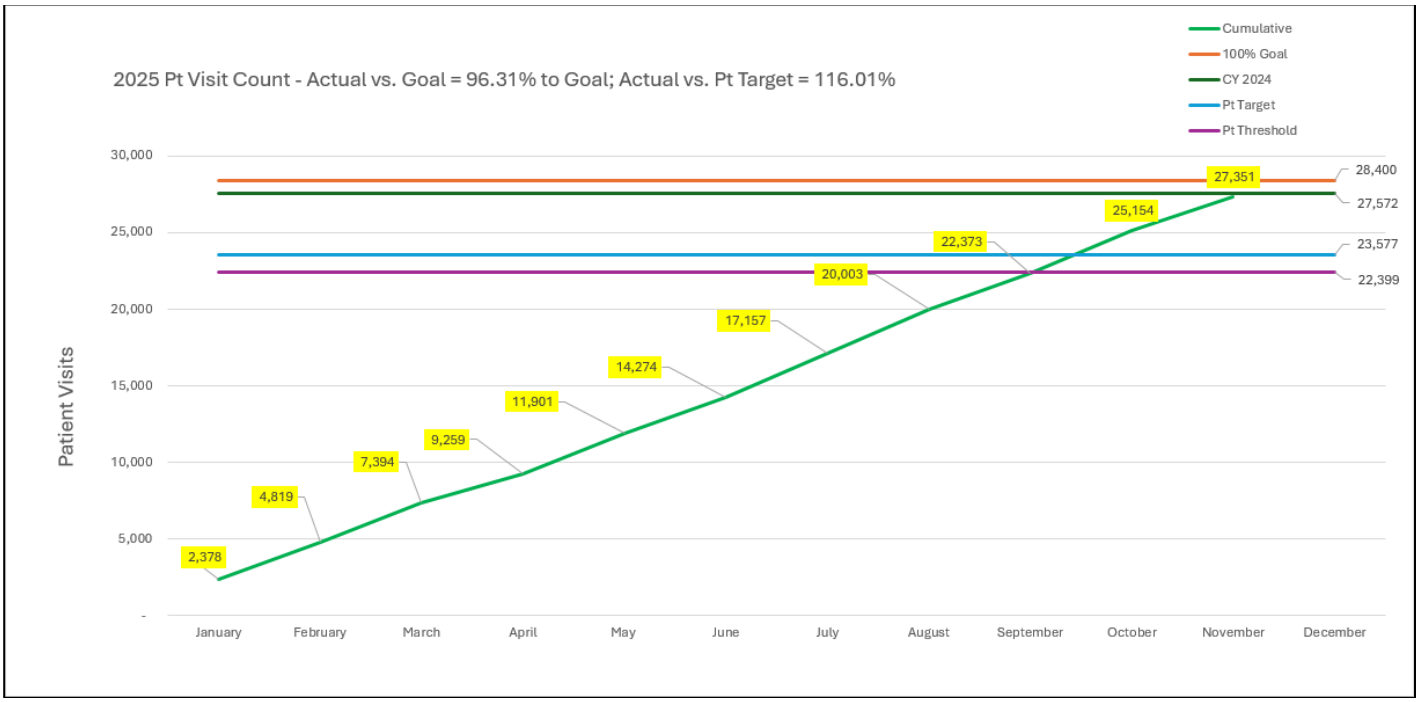
- Recruitment for a doctor for the Fremont Public Health Center ongoing.
- Notice of Intent to apply for Patient Centered Medical Home (PCMH) recognition filed with HRSA.
- Training, contracting, and testing underway in preparation for Medicaid shadow billing commencing in January 2026.
- Revised workflows are being created for the Sliding Fee Discount program in response to Title X program audit findings.

Access

Unduplicated Patients – November 2025



Patient Visits Count – November 2025



Provider Visits by Program and Site – November 2025

Facility	Program	NOV '25	NOV '24	NOV YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	706	515	27%	3,974	2,904	27%
Fremont	Family Health	425	317	25%	2,434	1,728	29%
Total	**Family Health**	**1,131**	**832**	**26%**	**6,408**	**4,632**	**28%**
Decatur	Family Planning	151	132	13%	636	797	-25%
Fremont	Family Planning	66	55	17%	873	578	34%
Total	**Family Planning**	**217**	**187**	**14%**	**1,509**	**1,375**	**9%**
Decatur	Sexual Health	504	392	22%	2,599	2,611	0%
Fremont	Sexual Health	76	131	-72%	579	637	
ASEC	Sexual Health				0	113	
Total	**Sexual Health**	**580**	**523**	**10%**	**3,178**	**3,361**	**-6%**
Decatur	Behavioral Health	165	108	35%	900	604	33%
Fremont	Behavioral Health	126	115	9%	725	596	
Total	**Behavioral Health**	**291**	**223**	**23%**	**1,625**	**1,200**	**26%**
Decatur	Ryan White	210	133	37%	1,222	1,108	9%
Fremont	Ryan White	25	32	-28%	133	110	
Total	**Ryan White**	**235**	**165**	**30%**	**1,355**	**1,218**	**10%**
FQHC Total		**2,454**	**1,930**	**21%**	**14,075**	**11,786**	**16%**

Pharmacy Services

	25-Nov	24-Nov		FY26 YTD	FY25 YTD		% Change YOY
Patient Encounters (Pharmacy)	1,473	1,265	↑	8,400	7,004	↑	**19.9%**
Prescriptions Filled	2,695	2,058	↑	15,530	11,418	↑	**36.0%**
Patient Clinic Encounters (Pharmacist)	65	61	↑	302	283	↑	**6.7%**
Financial Assistance Provided	9	24	↓	57	162	↓	**-64.8%**
Insurance Assistance Provided	9	9	→	49	46	↑	**6.5%**

A. Dispensed 2,695 prescriptions for 1,473 patients.
B. Pharmacist completed 65 patient clinic encounters.
C. Assisted nine (9) patients to obtain medication financial assistance.
D. Assisted nine (9) patients with insurance approvals.

Medicaid Managed Care Organization (MCO)

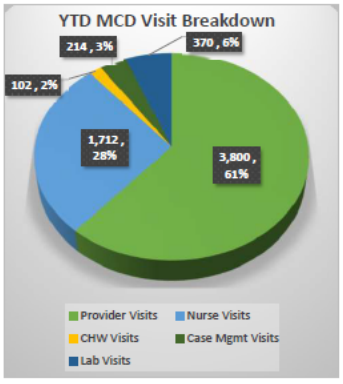
Medicaid MCO	Current # Of Medicaid Pts Empaneled
Anthem	227
HPN	1,993
Molina	178
SilverSummit	92
Total	2,490

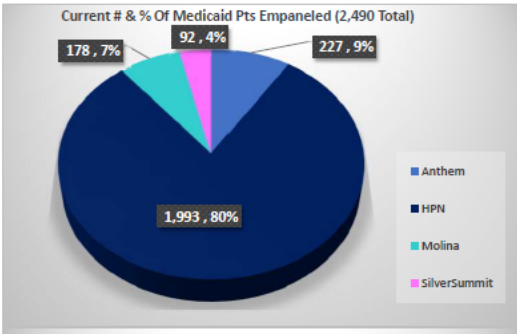
Empanelment Growth YoY	171%
2025 # of MCD Undup Pt Goal	2969
YTD # of MCD Undup Pts Seen	2,871
% of Unduplicated Pts to Goal	96.70%
# of Medicaid Pts Assigned to SNCHC	2,490
# of Empaneled Pts Not Yet Seen	?

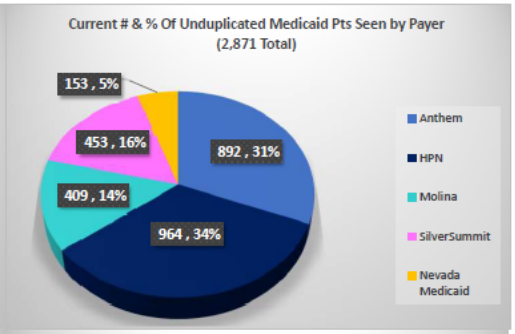
2025 # of MCD Visits Goal	4104
YTD # of MCD Visits Completed	3800
% of Medicaid Pts Visits to Goal	92.59%
Average # of Medicaid visits per undup pt	1.32

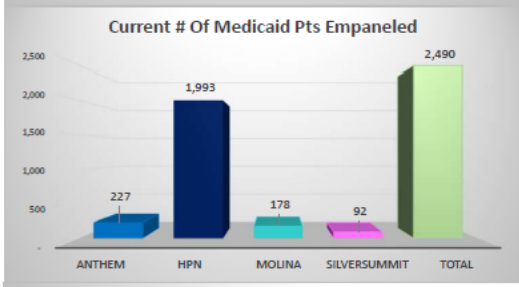
2025 # of Unduplicated MCD Pts Seen	
Anthem	892
HPN	964
Molina	409
SilverSummit	453
Nevada Medicaid	153
Total	2,871

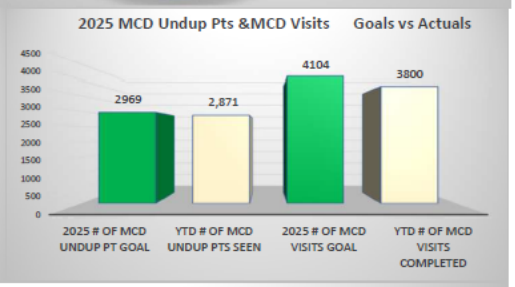
YTD MCD Visit Breakdown	
Provider Visits	3,800
Nurse Visits	1,712
CHW Visits	102
Case Mgmt Visits	214
Lab Visits	370
Total Visits	6,198

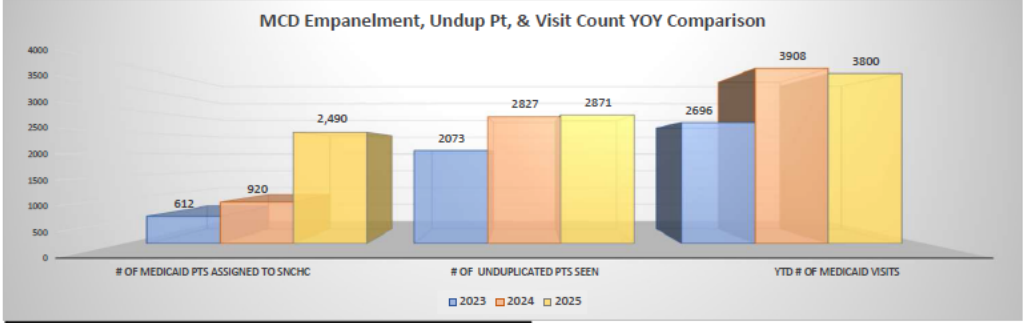












Calendar Year	2023	2024	2025
# of Medicaid Pts Assigned to SNCHC	612	920	2,490
# of Unduplicated Pts Seen	2073	2827	2871
Goal of Medicaid Visits		2831	4104
YTD # of Medicaid Visits	2696	3908	3800
% of Medicaid Pts Seen to Goal	#DIV/0!	138.04%	96.70%
Average # of Medicaid visits per undup pt	1.30	1.38	1.32

Behavioral Health Services

A. From January 1, 2025, through October 31, 2025, the Behavioral Health team completed 2,820 patient encounters.

B. The Behavioral Health Manager is collaborating with the Quality Management Coordinator to enhance the accuracy and consistency of capturing the depression remission measure.

C. The Behavioral Health Manager and Medical Director are addressing the findings from the Q3 Risk Management Assessment, which reported an overall score of 91%.

Family Planning Services

A. Family Planning program access is up 14% in November and up 9% year-over-year.

B. Program administrators and clinical staff are working with SNHD's Quality Improvement and Accreditation Program Manager on a quality improvement project to increase access to care by

simplifying the scheduling process and reducing waste in the appointment templates. Standardized metrics are being used to track the percentage of appointments scheduled per provider per day, appointment no-show rates, and the third next available appointment (TNAA) for new and established appointment types. Meetings with key staff stakeholders and clinic observations are being conducted to fine tune potential interventions. Shadowing across both health center locations is being conducted with the medical clinical support staff and providers to better understand existing workflows and capacity. The goal is to implement new, streamlined and standardized appointment templates and operational workflows in early 2026.

C. SNCHC received the final report from its comprehensive Title X audit. The report indicates that the health center was compliant with 82/85 criteria. The areas requiring correction include adding language to program forms indicating the document was created with support of Title X funding and updates to the health center's sliding fee discount policy and procedure. The health center has been notified that its correct plan has been approved. Actions to correct these findings include revisions to the health center's Sliding Fee and Materials Review and Approval Process policies.

HIV / Ryan White Care Program Services

A. The Ryan White program received 44 referrals between November 1st and November 30th. There were two (2) pediatric clients referred to the Medical Case Management in November, and the program received one (1) referral for a pregnant women living with HIV during this time.

B. There were 659 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 332 unique clients served under these programs in November.

C. The Ryan White ambulatory clinic provided a total of 427 visits in the month of November, including 18 initial provider visits, 196 established provider visits including four (4) tele-visits to established patients. Additionally, there were 20 nursing visits and 193 lab visits provided. There were 43 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of November. There were eight (8) Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in November.

D. The Ryan White clinic provides Rapid StART services, with a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There was one (1) patient seen under the Rapid StART Program in November.

FQHC-Sexual Health Clinic (SHC)

A. The Sexual Health Clinic (SHC) clinic provided 992 unique services to 709 unduplicated patients for the month of November. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).

B. The SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC - Sexual Health and Outreach Prevention Programs (SHOPP) on the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services. The SHC continues to refer pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services.

Refugee Health Program (RHP)

Refugee Health Program for the month of November.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	0
Clients encounter by program (adults)	0
Refugee Health Screening for November 2025	0
Total for FY25-26	**12**

Outreach/In Reach Activity

Month of November 2025

Number of events	3 – Outreach 0 – In reach
Number of people reached	246
Number of people linked to the clinic	2
Number of hours dedicated to outreach	7

Eligibility and Insurance Enrollment Assistance

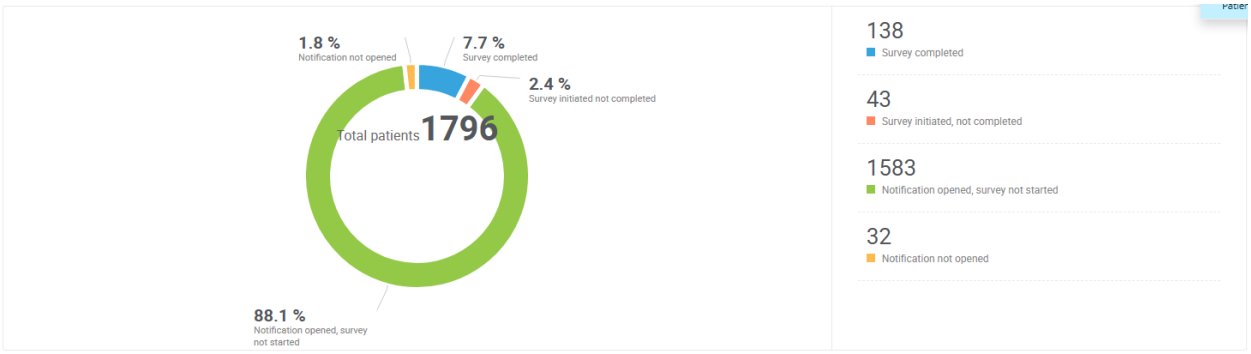
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

Patient Satisfaction: See attached survey results.

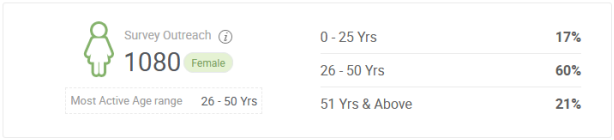
SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Southern Nevada Community Health Center
Patient Satisfaction Survey – November 2025

Overview

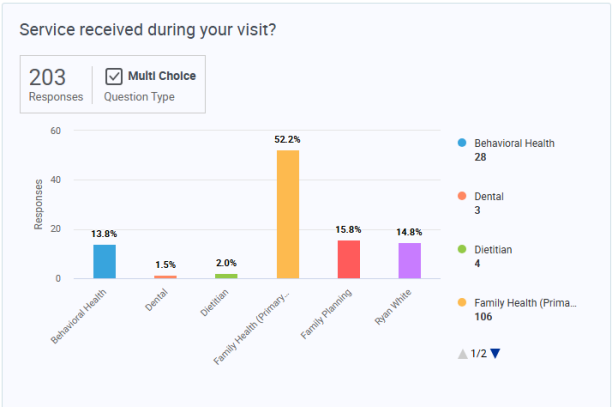


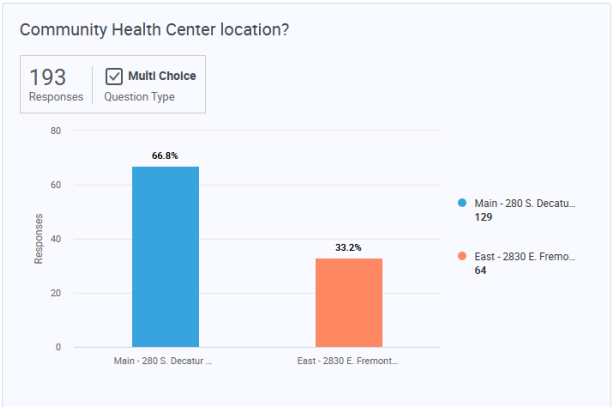
Gender





Service and Location

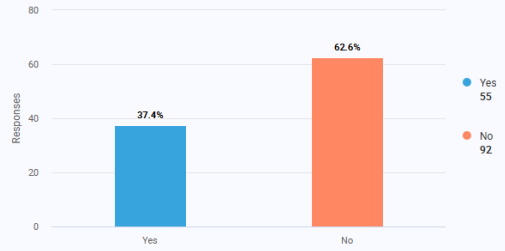




Provider, Staff, and Facility

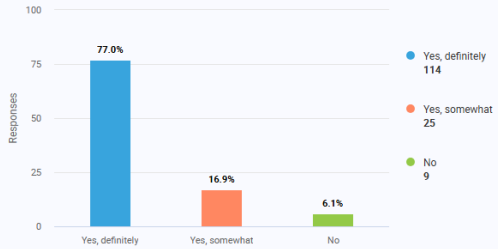
Was your most recent visit for an illness, injury or condition that needed care right away?

147 Responses | Multi Choice Question Type



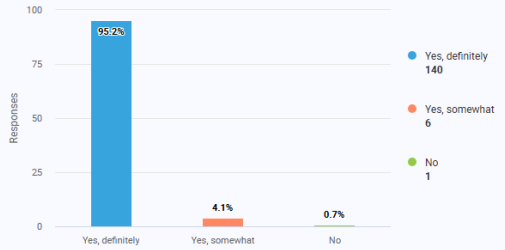
Was the recent visit as soon as you needed?

148 Responses | Multi Choice Question Type



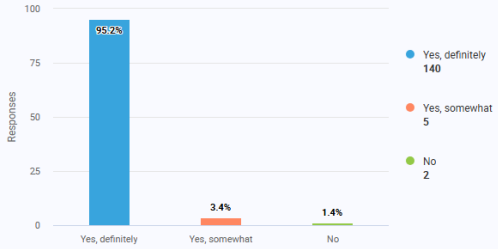
During your most recent visit, did this provider explain things in a way that was easy to understand?

147 Responses | Multi Choice Question Type



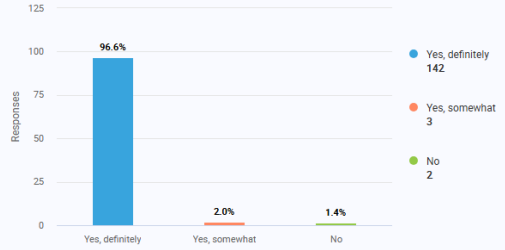
During your most recent visit, did this provider listen carefully to you?

147 Responses | Multi Choice Question Type



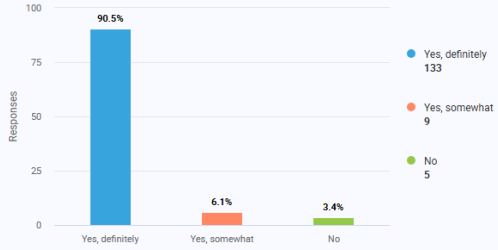
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147 Responses | Multi Choice Question Type



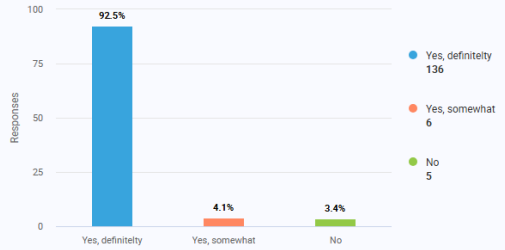
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147 Responses | Multi Choice Question Type



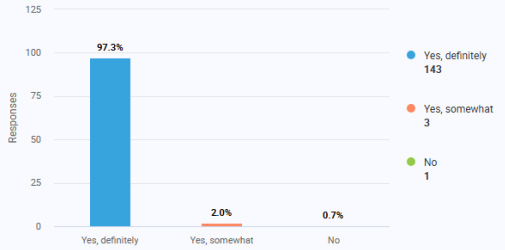
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

147 Responses | Multi Choice Question Type



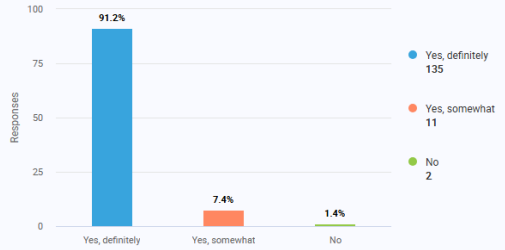
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147 Responses | Multi Choice Question Type



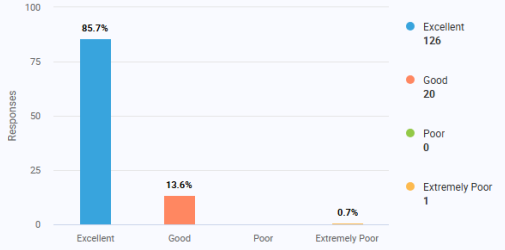
Thinking about your recent visit, was it easy to schedule an appointment?

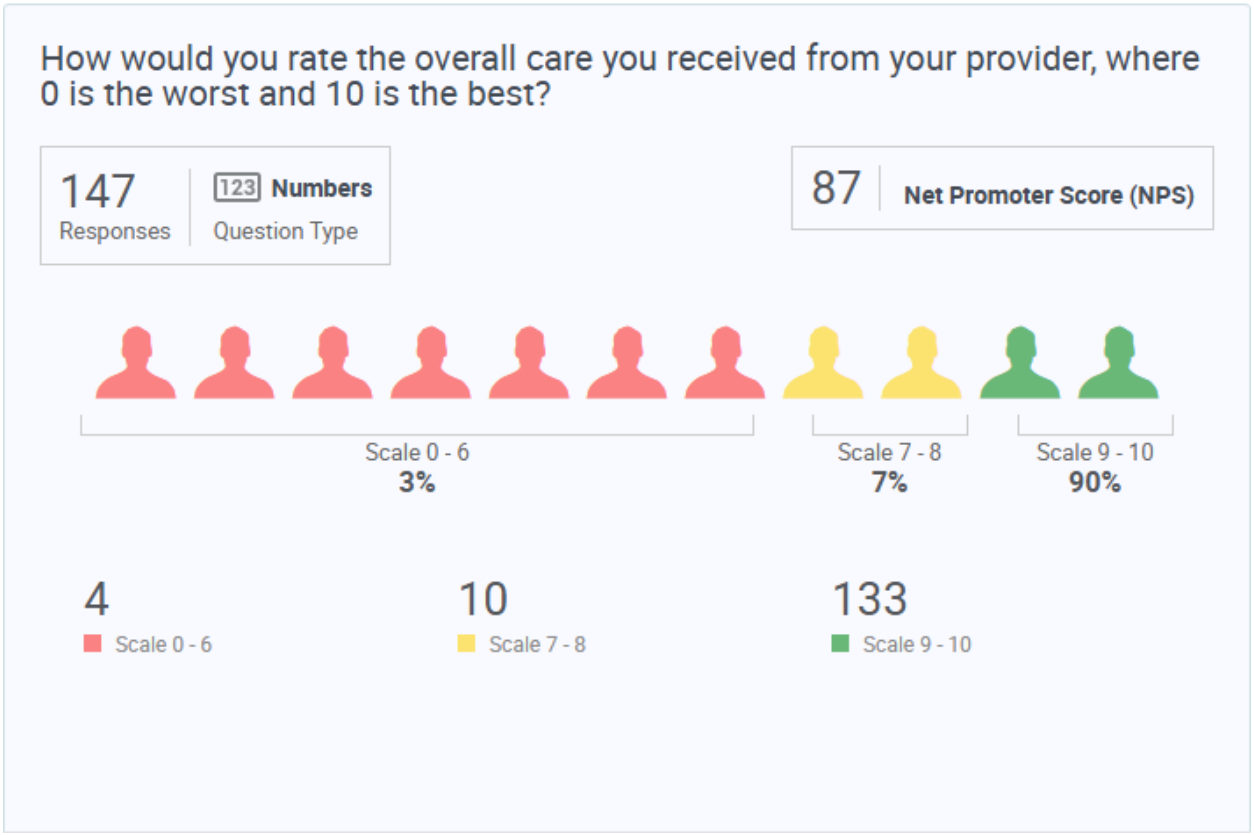
148 Responses | Multi Choice Question Type



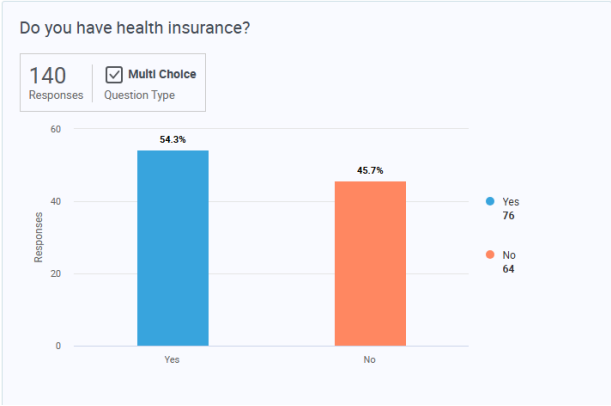
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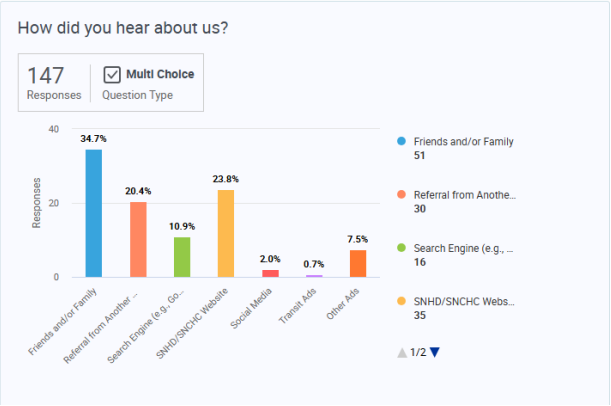
147 Responses | Multi Choice Question Type





General Information





MEMORANDUM

Date: **January 20, 2026**

To: Southern Nevada Community Health Center Governing Board

From: Randy Smith, MPA, Chief Executive Officer, FQHC RS

Cassius Lockett, PhD, District Health Officer

Subject: Community Health Center FQHC Chief Executive Officer Report – December 2025

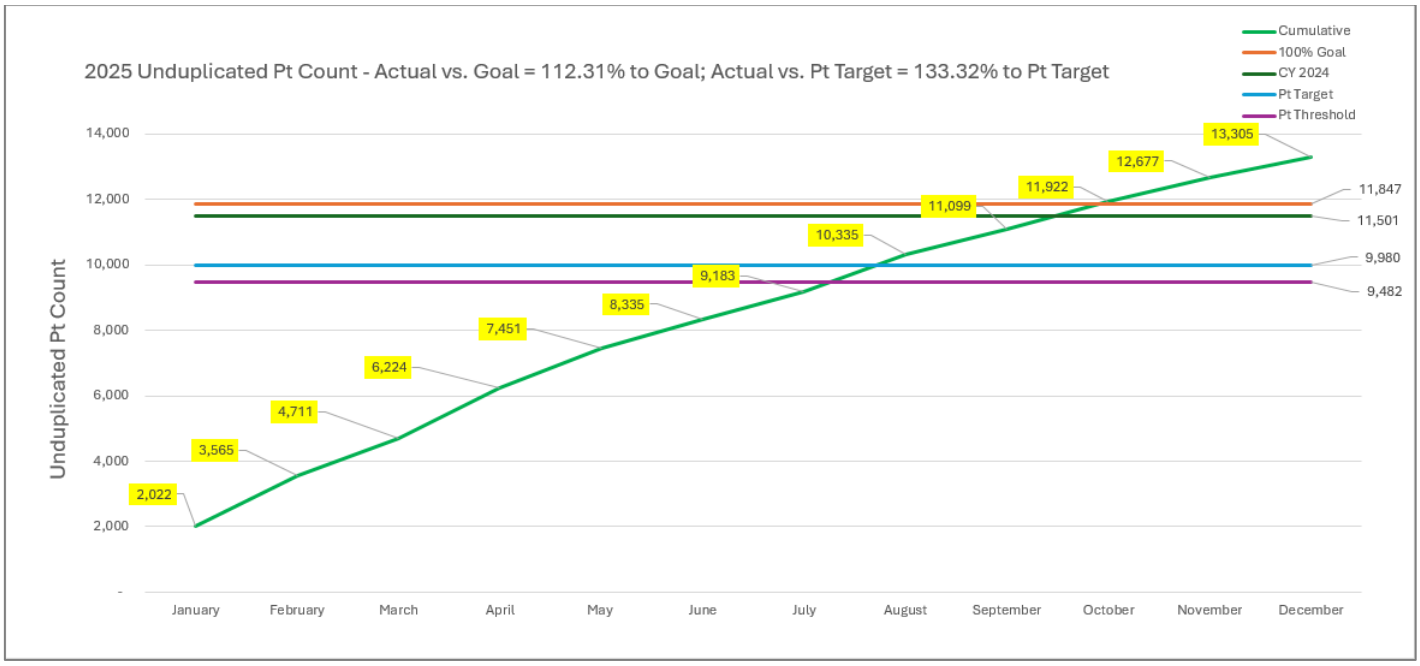
Division Information/Highlights: The Southern Nevada Community Health Center, a division of the Southern Nevada Health District, mission is to serve residents of Clark County from underserved communities with appropriate and comprehensive outpatient health and wellness services, emphasizing prevention and education in a culturally respectful environment regardless of the patient's ability to pay.

December Highlights - Administrative

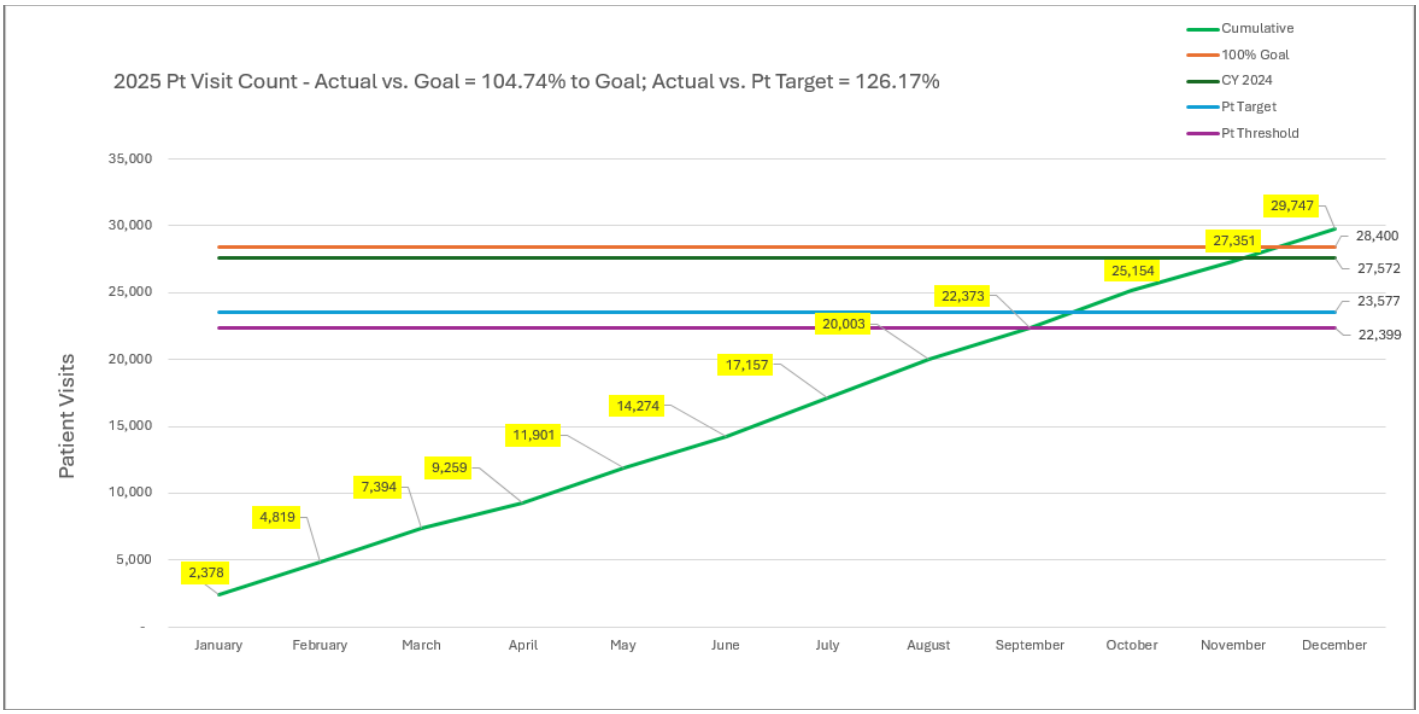
- 13,305 unique patients received services from a licensed independent practitioner in CY25. This represents an all-time best for SNCHC and 16% increase over CY24 results (11,501).
- 7% increase in the number of Medicaid patients served in CY25 (3,019) compared to CY24 (2,827).
- 4% increase in the number of Medicaid visits provided in CY25 (4,052) compared to CY24 (3,908).
- Corrective action from the Title X Family Planning site visit has been accepted by the Office of Population Affairs and audit findings cleared.
- One new Clinical Pharmacist supporting the Decatur pharmacy started on December 8th.
- Recruitment for a doctor for the Fremont Public Health Center ongoing.
- Training, contracting, and testing underway in preparation for Medicaid shadow billing commencing in January 2026.
- One Community Health Worker awarded SNHD's Employee of the Year for 2025.

Access

Unduplicated Patients – December 2025



Patient Visits Count – December 2025



Provider Visits by Program and Site – December 2025

Facility	Program	DEC '25	DEC '24	DEC YoY %	FY26 YTD	FY25 YTD	FY YTD YoY%
Decatur	Family Health	773	640	17%	4,747	3,544	25%
Fremont	Family Health	395	257	35%	2,829	1,985	30%
Total	**Family Health**	**1,168**	**897**	**23%**	**7,576**	**5529**	**27%**
Decatur	Family Planning	142	139	2%	778	936	-20%
Fremont	Family Planning	151	159	-5%	1,024	737	28%
Total	**Family Planning**	**293**	**298**	**-2%**	**1,802**	**1673**	**7%**
Decatur	Sexual Health	620	389	37%	3,219	3,000	7%
Fremont	Sexual Health	77	82	-6%	656	719	
ASEC	Sexual Health				0	113	
Total	**Sexual Health**	**697**	**471**	**32%**	**3,875**	**3,832**	**1%**
Decatur	Behavioral Health	166	99	40%	1,066	703	34%
Fremont	Behavioral Health	113	100	12%	838	696	
Total	**Behavioral Health**	**279**	**199**	**29%**	**1,904**	**1,399**	**27%**
Decatur	Ryan White	186	215	-16%	1,408	1,323	6%
Fremont	Ryan White	17	33	-94%	150	143	
Total	**Ryan White**	**203**	**248**	**-22%**	**1,558**	**1,466**	**6%**
FQHC Total		**2,640**	**2,113**	**20%**	**16,715**	**13,899**	**17%**

Pharmacy Services

	25-Dec	24-Dec		FY26 YTD	FY25 YTD		% Change YOY
Patient Encounters (Pharmacy)	1,751	1,413	↑	10,151	8,417	↑	**20.6%**
Prescriptions Filled	3,289	2,448	↑	18,819	13,866	↑	**35.7%**
Patient Clinic Encounters (Pharmacist)	52	61	↓	354	344	↑	**2.9%**
Financial Assistance Provided	17	38	↓	74	200	↓	**-63.0%**
Insurance Assistance Provided	10	12	↓	59	58	↑	**1.7%**

A. Dispensed 3,289 prescriptions for 1,751 patients.
B. Pharmacist completed 52 patient clinic encounters.
C. Assisted 17 patients with obtaining medication financial assistance.
D. Assisted 10 patients with insurance approvals.

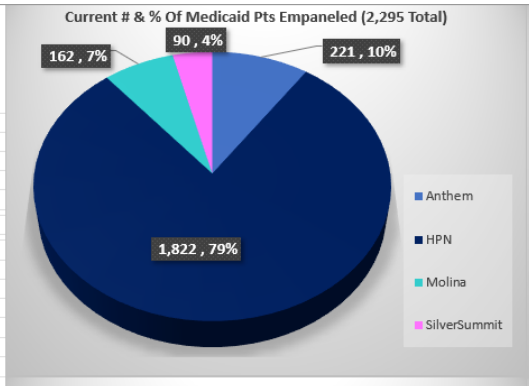
Medicaid Managed Care Organization (MCO)

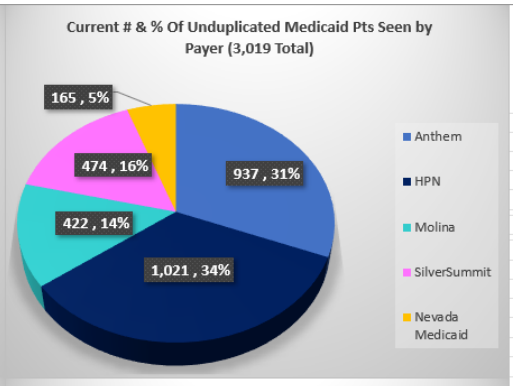
Medicaid MCO	Current # Of Medicaid Pts Empaneled
Anthem	221
HPN	1,822
Molina	162
SilverSummit	90
Total	2,295

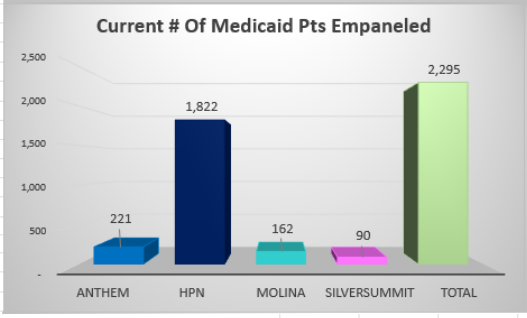
Empanelment Growth YoY	149%
2025 # of MCD Undup Pt Goal	2969
YTD # of MCD Undup Pts Seen	3,019
% of Unduplicated Pts to Goal	101.68%
# of Medicaid Pts Assigned to SNCHC	2,295
# of Empaneled Pts Not Yet Seen	?

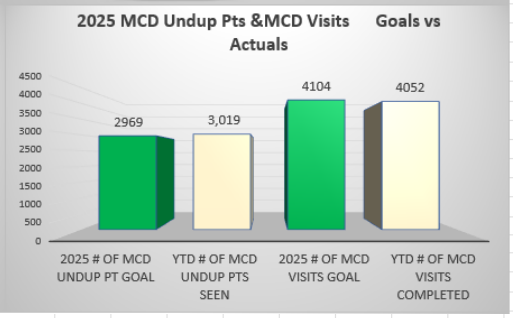
2025 # of MCD Visits Goal	4104
YTD # of MCD Visits Completed	4052
% of Medicaid Pts Visits to Goal	98.73%
Average # of Medicaid visits per undup pt	1.34

2025 # of Unduplicated MCD Pts Seen	
Anthem	937
HPN	1,021
Molina	422
SilverSummit	474
Nevada Medicaid	165
Total	3,019

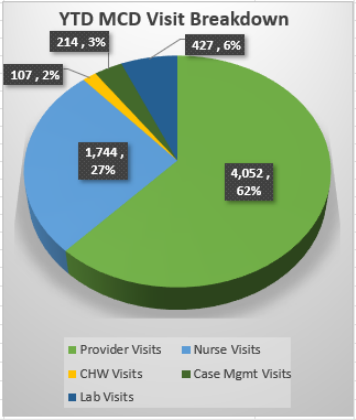


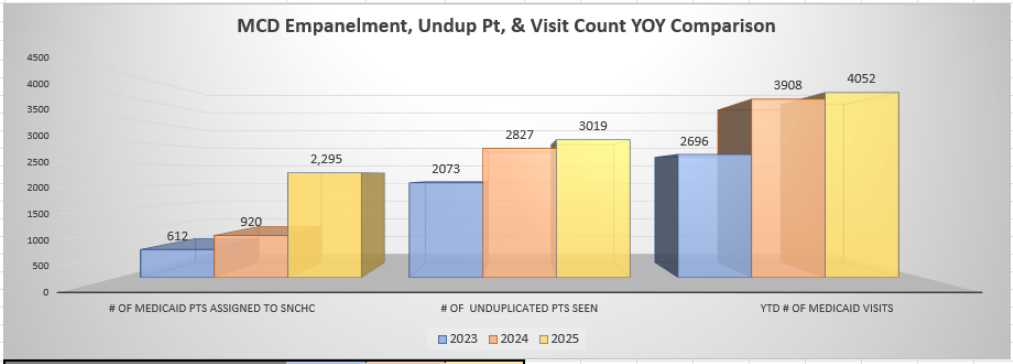






Provider Visits	4,052
Nurse Visits	1,744
CHW Visits	107
Case Mgmt Visits	214
Lab Visits	427
Total Visits	6,544





Calendar Year	2023	2024	2025
# of Medicaid Pts Assigned to SNCHC	612	920	2,295
# of Unduplicated Pts Seen	2073	2827	3019
Goal of Medicaid Visits		2831	4104
YTD # of Medicaid Visits	2696	3908	4052
% of Medicaid Pts Seen to Goal	#DIV/0!	138.04%	101.68%
Average # of Medicaid visits per undup pt	1.30	1.38	1.34

Behavioral Health Services

A. Ryan White Program & Group Therapy
The “Evolve” group hosted a holiday-themed session with several participants. The team continues outreach efforts to raise awareness of the group within the HIV community and is actively working to identify a more convenient meeting time to increase engagement.

B. Behavioral Health Marketing Campaign
The Behavioral Health Manager is collaborating with the Office of Communications to develop an advertising campaign aimed at patients seeking a primary care provider. The campaign is scheduled to launch in mid-January and will run through February.

C. Chronic Care Management (CCM) Enrollment
The Behavioral Health team has identified patients from both clinic sites for enrollment in the Chronic Care Management Module (CCM). This initiative is part of the preparatory steps required to achieve Patient-Centered Medical Home (PCMH) designation.

Family Planning Services

A. Family Planning program access was down 2% in December and is up 7% year-over-year.

B. Program administrators and clinical staff are working with SNHD's Quality Improvement and Accreditation Program Manager on a quality improvement project to increase access to care by simplifying the scheduling process and reducing waste in the appointment templates. Standardized metrics are being used to track the percentage of appointments scheduled per provider per day, appointment no-show rates, and the third next available appointment (TNAA) for new and established appointment types. Meetings with key staff stakeholders and clinic observations are being conducted to fine tune potential interventions. Shadowing across both health center locations is being conducted with the medical clinical support staff and providers to better understand existing workflows and capacity. The goal is to implement new, streamlined and standardized appointment templates and operational workflows in early 2026.

C. Notification from the Office of Population Affairs has been received indicating that all areas of improvement identified during the Title X program site visit have been successfully addressed and corrected.

HIV / Ryan White Care Program Services

A. The Ryan White program received 55 referrals between December 1st and December 30th. There was one (1) pediatric client referred to the Medical Case Management in December, and the program received one (1) referral for a pregnant woman living with HIV during this time.

B. There were 660 service encounters provided by the Ryan White Linkage Coordinator, Eligibility Worker, Care Coordinators, Nurse Case Managers, Community Health Workers, and Health Educator. There were 341 unique clients served under these programs in December.

C. The Ryan White ambulatory clinic provided a total of 447 visits in the month of December, including 18 initial provider visits, 174 established provider visits including two (2) tele-visits to established patients. Additionally, there were 18 nursing visits and 241 lab visits provided. There were 61 Ryan White services provided under Behavioral Health by licensed mental health practitioners and the Psychiatric APRN during the month of December. There were 12 Ryan White clients seen by the Registered Dietitian under Medical Nutrition services in December.

D. The Ryan White clinic provides Rapid StART services, with a goal of rapid treatment initiation for newly diagnosed patients with HIV. The program continues to receive referrals and accommodate clients on a walk-in basis. There were five (5) patients seen under the Rapid StART Program in December.

FQHC-Sexual Health Clinic (SHC)

A. The Sexual Health Clinic (SHC) clinic provided 805 unique services to 598 unduplicated patients for the month of December. There are currently more than 100 patients receiving injectable treatment for HIV prevention (PrEP).

B. The SHC continues to collaborate with UMC on referrals for evaluation and treatment of neurosyphilis. The SHC is collaborating with the PPC - Sexual Health and Outreach Prevention Programs (SHOPP) on

the Gilead FOCUS grant to expand express testing services for asymptomatic patients and provide linkage to care for patients needing STI, Hepatitis C or HIV treatment services. The SHC continues to refer pregnant patients with syphilis and patients needing complex STI evaluation and treatment to PPC SHOPP for nurse case management services.

C. FQHC Staff attended LVMPD Victim Services and Childhood Lead Poisoning

Refugee Health Program (RHP)

Refugee Health Program for the month of December.

Client required medical follow- up for Communicable Diseases	-
Refugee Health Screening for Ova and Parasites (positive tests)	0
Referrals for TB issues	0
Referrals for Chronic Hep B	0
Referrals for STD	0
Pediatric Refugee Exams	0
Clients encounter by program (adults)	0
Refugee Health Screening for December 2025	0
Total for FY25-26	**12**

Outreach/In Reach Activity

There were no outreach events to report in December 2025. Here are the results for CY 2025.

Number of events	20– Outreach 11 – In reach
Number of people reached	1,434
Number of people linked to the clinic	100
Number of hours dedicated to outreach	119

Eligibility and Insurance Enrollment Assistance

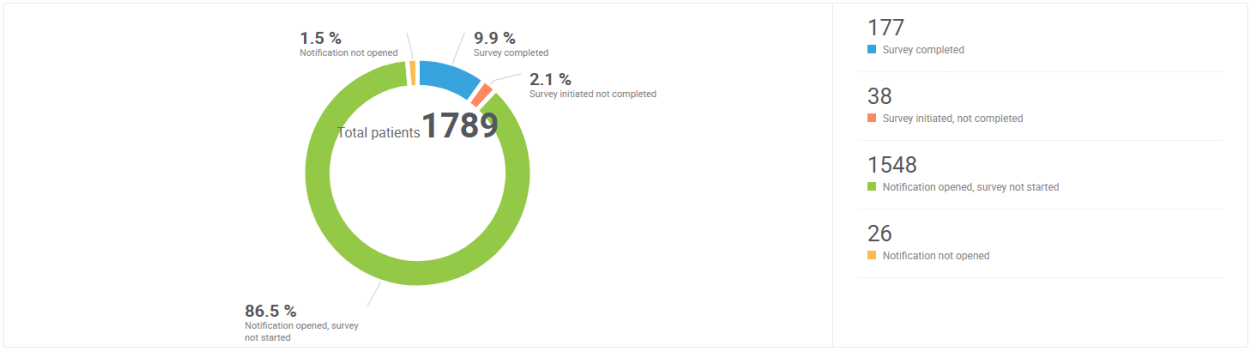
Patients in need of assistance continue to be identified and referred to community partners for help with determining eligibility for insurance and assistance with completing applications. Partner agencies are collocated at both health center sites to facilitate warm handoffs for patients in need of support.

Patient Satisfaction: See attached survey results.

SNCHC continues to receive generally favorable responses from survey participants when asked about ease of scheduling an appointment, waiting time to see their provider, care received from providers and staff, understanding of health care instructions following their visit, hours of operation, and recommendation of the Health Center to friends and family.

Southern Nevada Community Health Center
Patient Satisfaction Survey – December 2025

Overview

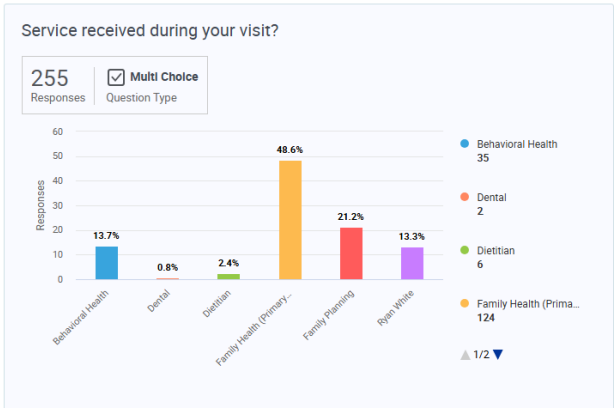


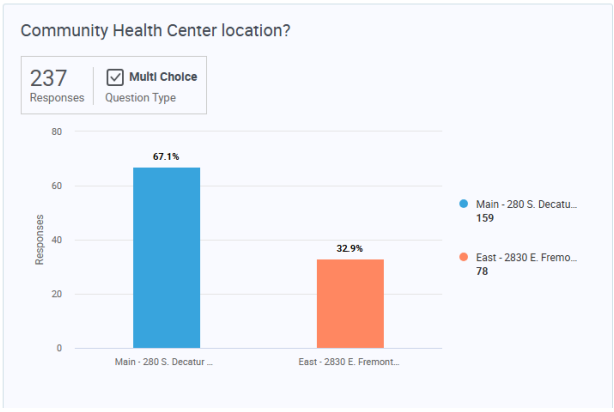
Gender





Service and Location

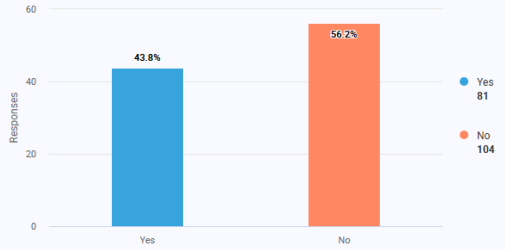




Provider, Staff, and Facility

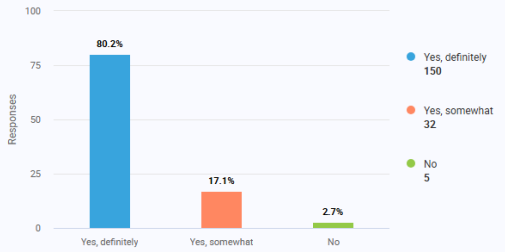
Was your most recent visit for an illness, injury or condition that needed care right away?

185 Responses | Multi Choice Question Type



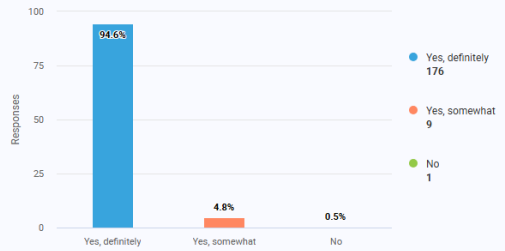
Was the recent visit as soon as you needed?

187 Responses | Multi Choice Question Type



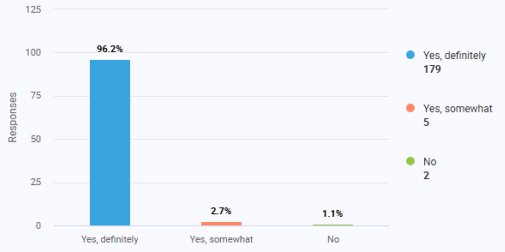
During your most recent visit, did this provider explain things in a way that was easy to understand?

186 Responses | Multi Choice Question Type



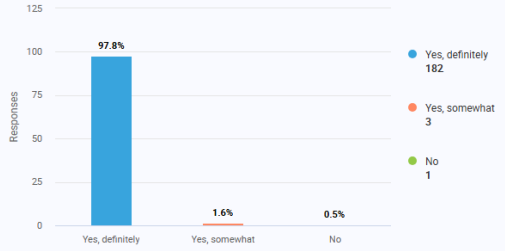
During your most recent visit, did this provider listen carefully to you?

186 Responses | Multi Choice Question Type



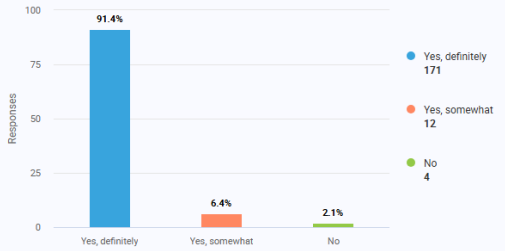
During your most recent visit, did this provider show respect for what you had to say?

186 Responses | Multi Choice Question Type



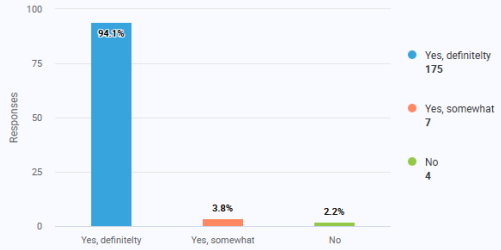
During your most recent visit, did this provider spend enough time with you?

187 Responses | Multi Choice Question Type



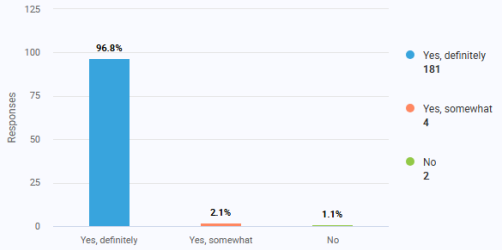
Thinking about your most recent visit, were the staff as helpful as you thought they should be?

186 Responses | Multi Choice Question Type



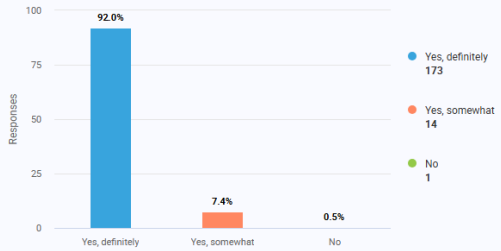
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187 Responses | Multi Choice Question Type



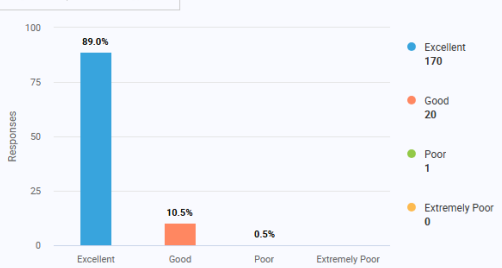
Thinking about your recent visit, was it easy to schedule an appointment?

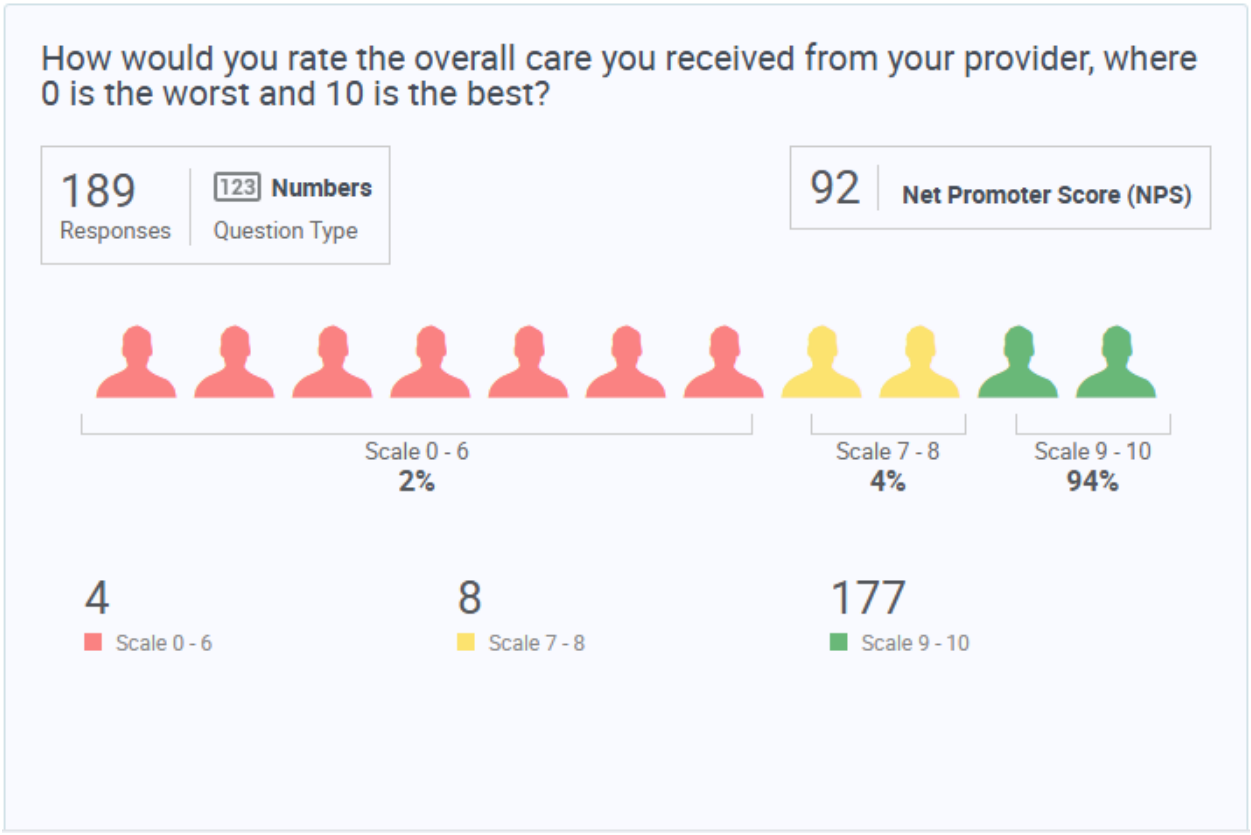
188 Responses | Multi Choice Question Type



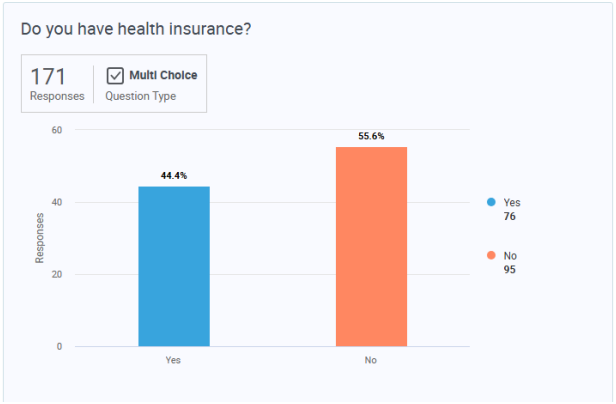
Thinking about the facility, how was the overall cleanliness and appearance?

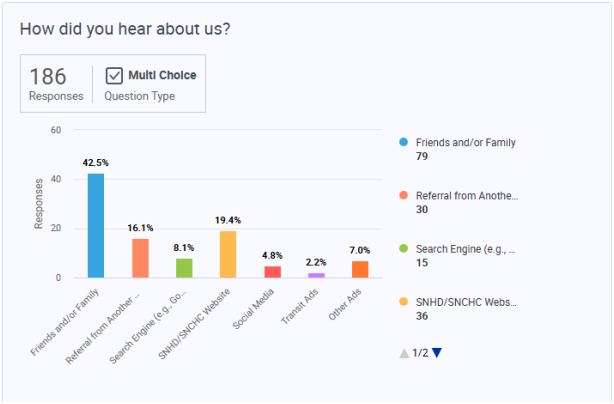
191 Responses | Multi Choice Question Type





General Information





Memorandum

Date: January 22, 2026

To: Southern Nevada District Board of Health

From: **Anilkumar Mangla, MS, PhD, MPH, FRIPH,** *Director of Disease Surveillance & Control*
Cassius Lockett, PhD, *District Health Officer*

Subject: Disease Surveillance & Control Division Monthly Activity Report – November 2025

A. Division of Disease Surveillance and Control

1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

*This section has been modified to reflect calendar year reporting instead of fiscal year reporting, effective February 2023. This change is in line with MMWR reporting.

	November 2024	November 2025		YTD 24	YTD 25	
Sexually Transmitted						
Chlamydia	893	798	↓	11703	10992	↓
Gonorrhea	383	345	↓	4869	4529	↓
Primary Syphilis	8	2	↓	137	84	↓
Secondary Syphilis	9	1	↓	213	90	↓
Early Non-Primary, Non-Secondary[1]	37	9	↓	536	318	↓
Syphilis Unknown Duration or Late[2]	108	36	↓	1422	1141	↓
Congenital Syphilis (presumptive)	1	2	↑	30	34	↑
Moms and Babies Surveillance[3]						
Pregnant Persons Living with HIV[4]	8	1	↓	59	45	↓
Pregnant Syphilis Cases	6	4	↓	111	216	↑
Perinatally Exposed to HIV	2	1	↓	34	34	→

1 Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary

2 Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late

3 Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis.

4 The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of the total number of pregnant persons with HIV in our community. Persons living with HIV who become pregnant is not a reportable condition in Clark County.

Vaccine Preventable						
Haemophilus influenzae, invasive disease	3	6	↑	41	32	↓

	November 2024	November 2025		YTD 24	YTD 25	
Hepatitis A	0	0	→	9	2	↓
Hepatitis B, acute	4	1	↓	39	23	↓
Influenza Hospitalizations and Deaths	151	48	↓	934	1305	↑
Measles (Rubeola)	0	0	→	0	1	↑
Mpox	1	3	↑	11	9	↓
Mumps	0	0	→	3	3	→
Covid-19 Hospitalizations and Deaths	127	56	↓	2098	1264	↓
Pertussis	4	3	↓	53	61	↑
RSV	384	69	↓	2401	2392	↓
Enteric Illness						
Amebiasis	1	0	↓	7	9	↑
Campylobacteriosis	8	19	↑	196	243	↑
Cryptosporidiosis	4	0	↓	32	25	↓
Giardiasis	5	1	↓	58	46	↓
Listeriosis	0	0	→	5	3	↓
Rotavirus	6	3	↓	126	231	↑
Salmonellosis	15	15	→	160	200	↑
Shiga toxin-producing Escherichia coli (STEC)	4	9	↑	87	90	↑
Shigellosis	7	6	↓	133	72	↓
Yersiniosis	4	2	↓	39	45	↑
Other						
Carbapenem-resistant Enterobacterales (CRE)	55	56	↑	642	585	↓
Candida auris	94	75	↓	1622	1298	↓
Coccidioidomycosis	39	7	↓	262	200	↓
Cyclosporiasis	0	0	→	11	9	↓
Dengue	5	0	↓	22	7	↓
Hepatitis C, acute	1	0	↓	12	7	↓
Invasive Pneumococcal Disease	23	20	↓	214	222	↑
Lead Poisoning	15	7	↓	179	158	↓
Legionellosis	3	0	↓	31	41	↑
Lyme Disease	0	0	→	8	5	↓
Malaria	2	0	↓	7	3	↓
Meningitis, aseptic	3	2	↓	30	22	↓
Meningitis, Bacterial Other	0	0	→	4	6	↑
Rabies, animal	0	0	→	6	5	↓
Streptococcal Toxic Shock Syndrome (STSS)	3	2	↓	31	23	↓
Streptococcal disease, invasive, Group B	0	0	→	13	1	↓
New Active TB Cases Counted (<15 yo)	0	0	→	3	0	↓
New Active TB Cases Counted (>= 15 yo)	4	3	↓	63	56	↓

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters[1]	Reactors/ Symptomatic/ Xray[2]	OOJ/ FUP[3]
Chlamydia	6	0	18	0
Gonorrhea	0	0	6	0
Syphilis	11	2	195	0
HIV/AIDS (New to Care/Returning to Care)	11	5	56	0
Tuberculosis	395	0	7	0
TOTAL	423	7	282	0

[1] Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)
[2] Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms
[3] OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters
Fup= Investigations initiated to follow up on previous reactors, partners, or clusters

3. Disease and Outbreak Investigations

a. **Mpox:** As of December 1, 2025, Clark County had 332 cases of Mpox since the first reported case in 2022.
b. **Influenza:** SNHD started the influenza surveillance for the 2025-2026 season on September 28, 2025. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, Seasonal influenza activity remains low but is increasing. Statewide, outpatient respiratory illness activity in Nevada is minimal. Locally, as of 11/29/2025, during the 2025 - 2026 influenza season, 66 influenza-associated hospitalizations and 1 death have been reported and processed. The total number of cases presented in this report is subject to change due to potential delays in reporting and data processing. Influenza surveillance will continue through 5/23/2026.
c. ACDC investigated a small gastrointestinal outbreak with 5 cases of illness in diners at 2 locations of an Asian buffet restaurant. 2 stool kits were distributed, and both were positive for norovirus. No further complaints were received. This investigation is closed.
d. ACDC is investigating a small gastrointestinal outbreak with 10 ill persons out of a group of 14 who shared a meal at a restaurant on 11/30/25. No organism was identified as no stool samples were provided; 3 stool kits were distributed. There have been no further reported illness associated with the restaurant. Survey responses from ill diners are being analyzed.

4. Non-communicable Reports and Updates

a. **Naloxone Training:** SNHD is training and distributing naloxone (Narcan®) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. Funding from SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA), SAMHSA's State Opioid Response (SOR) via sub-awards from the University of Nevada Reno's Center for the Application of Substance Abuse Technologies, BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), and the CDC's Overdose Data to Action (OD2A) program has been instrumental. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS has also been given permission at the Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone distributions took place in the month of November:

Naloxone Distribution	Agency	# of Naloxone doses distributed
11/5/2025	SNHD - Pharmacy Decatur	22
11/6/2025	Bar Research Project	168
11/6/2025	Happy Campers	96
11/6/2025	City of Las Vegas Dept of Public Safety	96
11/6/2025	Las Vegas Valley Water District	72
11/6/2025	SNHD - DIIS	408
11/12/2025	SNHD - Security	-10
11/12/2025	SNHD - L2A	10
11/13/2025	Toni's House	432
11/13/2025	Riverside Resort Hotel and Casino	72
11/18/2025	Access to Healthcare Network	120
11/19/2025	SNHD - L2A	20
11/25/2025	Help of Southern Nevada	240
11/26/2025	City of Henderson - CRT	216
11/26/2025	Harmon Hospital	144
Total		2106

b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl (FTS) and Xylazine (XTS) Test Strip Program.

The following participating agencies and internal SNHD programs received FTS and XTS during the month of November:

DATE	AGENCY	FTS	XTS	QTY
11/04/2025	SNHD Office of Disease Surveillance	100	0	100
11/05/2025	Charlotte's Recovery House of Perseverance	300	300	600
11/05/2025	Sin Sity Sisters of Perpetual Indulgence Inc	300	300	600
11/10/2025	SNHD L2A Team	400	400	800
11/11/2025	SNHD ODS Health Education	100	100	200
11/12/2025	Happy Camper Overdose Response	300	300	600
11/12/2025	Foundation for Recovery	4,000	4,000	8,000
11/12/2025	SNHD ODS Health Education	0	200	200
11/12/2025	SNHD L2A Team	200	200	400
11/13/2025	Sin City Sisters of Perpetual Indulgence Inc	700	700	1,400
11/13/2025	Toni's House	300	300	600

11/13/2025	SNHD ODS Health Education	100	100	200
11/18/2025	SNHD L2A Team	400	400	800
11/20/2025	SNHD Office of Disease Surveillance	100	100	200
11/23/2025	SNHD L2A Team	100	0	100
11/26/2025	SNHD ODS Health Education	400	400	800
11/26/2025	City of Henderson	400	400	800
TOTALS:		8,200	8,200	16,400

5. Prevention - Community Outreach/Provider Outreach/Education

a. Ongoing promotion continues of the Collect2Protect (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home HIV test kit conveniently and privately, at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD's main public health center, 280 S. Decatur Blvd., Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community partners. The Center, Sagebrush Health, and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community. Free HIV testing is also available from 8 a.m. – 4:30 p.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV 89107 through the Express Testing/Annex A clinic.

b. ODS continues to collaborate with community partners to participate at various outreach events. Our continued collaboration and presence at events in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic. ODS continues outreach efforts with community partners. On November 7 we returned to the McDonalds located at 3010 North Las Vegas Blvd (next to Broadacres Swap meet), on November 22 we returned to Club 5150 located at 5150 S. Pecos Rd, and on November 30, in observance of World Aids Day, we provided our services to a new partner, Obodo Collective. Obodo Collective is an urban farm/community garden located at 1300 C St in the heart of the Historic Westside Neighborhood .. As ODS strives to expand our reach to populations with high disease burden, having broader access points in the community are integral. At all the listed outreaches we provided our full services offering of rapid HIV and HCV testing, syphilis testing, overdose prevention services, PrEP navigation, condoms, and educational/informational navigation

c. Distribution is ongoing - TB Surveillance developed a laminated flyer titled "Is it TB?" The content includes messaging that encourages providers to "think TB" when talking to their patients about their risks and symptoms. Additionally, there is reporting information and a QR code that links to the provider education training: https://lp.constantcontactpages.com/su/p26ucWo/TBRRegistration

B. High Impact HIV/STD/Hepatitis Screening Sites

1. Testing is currently offered at Trac-B for HIV and Hep C. Also, The Center is offering screenings for HIV, Hep C, Gonorrhea, Chlamydia and Syphilis to the community Monday-Thursday from 1pm-5pm and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness Clinic locations on Monday, Wednesday, and Friday, and on their MTU.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	**Nov-24**	**Nov -25**		**YTD 24**	**YTD 25**	
Outreach/Targeted Testing	1063	822	↓	12686	12448	↓
Clinic Screening (SHC/FPC/TB)	495	272	↓	8401	5596	↓
Outreach Screening (Jails)	260	49	↓	2823	1476	↓
Collect2 Protect	9	3	↓	102	72	↓
TOTAL	1827	1146	↓	24012	19592	↓
Outreach/Targeted Testing POSITIVE	3	0	→	47	36	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	0	0	↑	12	5	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	↓	7	7	→
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	3	0	→	66	48	↓

Targeted outreaches in unhoused communities are ongoing. These efforts are included in the total high impact HIV/STD/Hepatitis screening sites above.

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 11/04/2025: Facilitated Perinatal HIV Prevention Education at Centennial Hills Hospital for Post Partum/Nursery, Labor and Delivery and NICU; 85 people in attendance; 2 ODS Health Educators in attendance.
2. 11/05/2025: Facilitated Overdose Response Training of Trainers; 18 people in attendance; 1 SNHD staff in attendance.
3. 11/06/2025: Facilitated SNOAC Quarterly Meeting on Opioids and Overdose Prevention; 50 attendees; 4 ODS staff in attendance.
4. 11/06/2025: Presented at SNOAC General Meeting on First Responders-Comprehensive Addiction and Recovery Act Grant Data and Overdose Education and Naloxone Distribution Program Updates; 50 people in attendance; 4 SNHD staff in attendance.
5. 11/06/2025: Facilitated Community Health Improvement Plan Subcommittee Meeting on Substance Use; 8 people in attendance; 3 ODS staff in attendance.
6. 11/12-13/2025: Facilitated Empower Change Rapid HIV Testing Training; 10 people in attendance; 3 ODS staff in attendance.
7. 11/18/2025: Facilitated Mental Health First Aid for Youth; 15 people in attendance; 14 SNHD ODS staff in attendance.
8. 11/19/2025: Attended Las Vegas TGA Ryan White Part A Planning Council Meeting as SNHD representative; 21 staff in attendance; 1 ODS Health Educator in attendance.
9. 11/19/2025: Facilitated Community Health Improvement Plan Workgroup Meeting - Chronic Disease; 9 people in attendance; 1 ODS Health Educator in attendance.
10. 11/25/2025: Facilitated Overdose Response Training at Caridad; 18 people in attendance; 1 SNHD staff in attendance.

D. Office of Epidemiology
E.

1. Epidemiology Reports

a. Data quality reports to support the Office of Disease Surveillance's activities and STD/HIV grant deliverables
b. Monthly and quarterly disease statistics
c. Weekly Mpox case and vaccination report
d. Ongoing monthly and quarterly reports for FOCUS HIV grant project
e. Monthly NVDRS, SUDORS and NCLPP reports
f. Outreach site HIV testing stats-weekly
g. EPT report- weekly
h. Weekly Arbovirus update
i. Weekly Wastewater Surveillance Report.

2. Other Project Updates

a. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard
b. 2025 SNHD Health Equity Report

3. Disease Statistics

a. Communicable Disease Statistics: October 2025 disease statistics are below. Please note that these data are retrieved as of December 5, 2025. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (October 2025)

October 2025: Clark County Disease Statistics*

Data as of 12/05/2025

	2023		2024		2025	
Disease	**October**	**YTD**	**October**	**YTD**	**October**	**YTD**
VACCINE PREVENTABLE						
COVID-19	2,502	26,157	1,118	16,742	547	9,352
Haemophilus influenzae, invasive	1	26	2	38	1	26
Hepatitis A	0	6	1	9	1	2
Hepatitis B, acute	2	26	3	35	1	22
Hepatitis B, chronic	127	1,301	114	1,125	74	940
Influenza	37	254	45	781	16	1,255
Measles (rubeola)	0	0	0	0	1	1
Meningococcal disease (*N. meningitidis*)	0	2	0	2	0	1
MPOX	8	12	2	10	4	6
Mumps	0	0	0	3	2	3
Pertussis	7	34	5	49	6	58
RSV	160	921	50	2,017	61	2,323
SEXUALLY TRANSMITTED						
Chlamydia	1,111	10,987	1,139	10,810	1,097	10,202
Gonorrhea	556	4,909	450	4,486	437	4,179
HIV	37	418	41	477	**	**
Stage 3 HIV (AIDS)	17	140	20	156	**	**
Syphilis (Early non-primary, non-secondary)	54	526	49	499	33	312
Syphilis (Primary & Secondary)	43	491	18	333	18	174
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	1	0	3	0	1
Congenital Syphilis	4	47	1	29	6	33
ENTERICS						
Amebiasis	0	4	1	6	1	9
Campylobacteriosis	19	164	17	188	29	224
Cryptosporidiosis	2	12	6	28	1	25
Giardiasis	9	66	2	53	6	45
Rotavirus	1	102	1	120	3	228
Salmonellosis	23	183	13	145	22	185
Shiga toxin-producing *E. coli* (STEC)	7	49	9	83	7	81
Shigellosis	8	69	10	126	8	66
Vibriosis (Non-cholera *Vibrio* species infection)	1	5	0	13	1	11
Yersiniosis	3	15	6	35	2	43
OTHER						
Coccidioidomycosis	22	224	27	223	12	193
Exposure, Chemical or Biological	0	1	0	4	0	2
Hepatitis C, acute	2	5	0	11	0	7
Hepatitis C, chronic	130	2,114	185	1,451	148	1,926
Invasive Pneumococcal Disease	15	165	10	191	21	202
Lead Poisoning	30	160	26	164	17	151
Legionellosis	1	29	2	28	3	41
Listeriosis	0	0	0	5	2	3
Lyme Disease	1	8	0	8	1	5
Malaria	0	7	1	5	0	3
Meningitis, Aseptic	6	31	2	27	3	20
Meningitis, Bacterial Other	2	10	0	4	1	6
Meningitis, Fungal	0	0	0	3	1	2
Q Fever, acute	0	1	0	0	0	0
Rabies, exposure to a rabies susceptible animal	41	305	36	303	113	733
Spotted Fever Rickettsiosis	0	0	0	1	0	0
Streptococcal Toxic Shock Syndrome (STSS)	3	29	0	28	0	21
Tuberculosis (Active)	7	63	8	61	4	53
West Nile virus neuroinvasive disease	1	2	0	14	0	0

**Please note that the data is currently unavailable due to state system outage.
*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions.
~Diseases not reported in the past two years or during the current reporting period are not included in this report.

~~Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.

Southern Nevada Health District

Memorandum

Date: January 22, 2026

To: Southern Nevada District Board of Health

From: **Anilkumar Mangla, MS, PhD, MPH, FRIPH,** *Director of Disease Surveillance & Control*
Cassius Lockett, PhD, *District Health Officer*

Subject: Disease Surveillance & Control Division Monthly Activity Report – December 2025

A. Division of Disease Surveillance and Control

1. Number of Confirmed and Probable Cases of Selective Illnesses Reported

*This section has been modified to reflect calendar year reporting instead of fiscal year reporting, effective February 2023. This change is in line with MMWR reporting.

	December 2024	December 2025		YTD 24	YTD 25	
Sexually Transmitted						
Chlamydia	876	868	↓	12579	11941	↓
Gonorrhea	380	359	↓	5249	4926	↓
Primary Syphilis	10	1	↓	147	89	↓
Secondary Syphilis	11	1	↓	224	96	↓
Early Non-Primary, Non-Secondary[1]	31	13	↓	568	352	↓
Syphilis Unknown Duration or Late[2]	109	41	↓	1533	1237	↓
Congenital Syphilis (presumptive)	6	1	↓	36	38	↑
Moms and Babies Surveillance[3]						
Pregnant Persons Living with HIV[4]	8	2	↓	67	47	↓
Pregnant Syphilis Cases	15	13	↓	124	226	↑
Perinatally Exposed to HIV	4	0	↓	38	36	↓

1 Early Non-Primary, Non-Secondary= CDC changed the case definition from Early Latent Syphilis to Early Non-Primary, Non-Secondary

2 Syphilis Unknown Duration or Late=CDC changed the case definition from Late Latent Syphilis to Syphilis Unknown Duration or Late

3 Counts under this section represent investigations conducted by ODS concerning pregnant persons with HIV or syphilis and do not reflect actual counts of cases diagnosed in the specified period. These investigations are aimed at monitoring and preventing adverse health outcomes, such as perinatal HIV transmission and congenital syphilis.

4 The count reflects ODS efforts around pregnant persons with HIV and is not a reflection of the total number of pregnant persons with HIV in our community. Persons living with HIV who become pregnant is not a reportable condition in Clark County.

	December 2024	December 2025		YTD 24	YTD 25	
Vaccine Preventable						
Haemophilus influenzae, invasive disease	2	2	→	43	34	↓
Hepatitis A	1	0	↓	10	2	↓
Hepatitis B, acute	0	2	↑	39	26	↓
Influenza Hospitalizations and Deaths	642	190	↓	1576	1498	↓
Measles (Rubeola)	0	0	→	0	1	↑
Mpox	1	0	↓	12	11	↓
Mumps	0	0	→	3	3	→
Covid-19 Hospitalizations and Deaths	161	45	↓	2259	1313	↓
Pertussis	4	4	→	57	73	↑
RSV	1306	207	↓	3707	2605	↓
Enteric Illness						
Amebiasis	1	0	↓	8	9	↑
Campylobacteriosis	15	16	↑	211	264	↑
Cryptosporidiosis	3	2	↓	35	30	↓
Giardiasis	7	1	↓	65	49	↓
Listeriosis	0	0	→	5	3	↓
Rotavirus	6	5	↓	132	237	↑
Salmonellosis	22	9	↓	182	221	↑
Shiga toxin-producing Escherichia coli (STEC)	8	8	→	95	100	↑
Shigellosis	7	3	↓	140	81	↓
Yersiniosis	4	1	↓	43	47	↑
Other						
Carbapenem-resistant Enterobacterales (CRE)	42	25	↓	683	611	↓
Candida auris	101	78	↓	1723	1421	↓
Coccidioidomycosis	22	6	↓	284	212	↓
Cyclosporiasis	0	0	→	11	9	↓
Dengue	1	0	↓	23	7	↓
Hepatitis C, acute	0	0	→	12	7	↓
Invasive Pneumococcal Disease	41	15	↓	255	238	↓
Lead Poisoning	15	6	↓	194	164	↓
Legionellosis	4	1	↓	35	42	↑
Lyme Disease	0	1	↑	8	6	↓
Malaria	1	0	↓	8	3	↓
Meningitis, aseptic	2	0	↓	32	22	↓
Meningitis, Bacterial Other	0	0	→	4	6	↑
Rabies, animal	0	0	→	6	5	↓
Streptococcal Toxic Shock Syndrome (STSS)	3	4	↑	34	27	↓
Streptococcal disease, invasive, Group B	1	0	↓	14	1	↓
New Active TB Cases Counted (<15 yo)	0	0	→	3	0	↓
New Active TB Cases Counted (>= 15 yo)	2	4	↑	65	62	↓

2. Number of Cases Investigated by ODS

Monthly DIIS Investigations CT/GC/Syphilis/HIV/TB	Contacts	Clusters[1]	Reactors/ Symptomatic/ Xray[2]	OOJ/ FUP[3]
Chlamydia	13	2	22	0
Gonorrhea	9	0	14	0
Syphilis	5	3	185	0
HIV/AIDS (New to Care/Returning to Care)	12	1	74	0
Tuberculosis	48	0	6	0
TOTAL	87	6	301	0

[1] Clusters= Investigations initiated on named clusters (clusters= named contacts who are not sex or needle sharing partners to the index patient)
[2] Reactors/Symptomatic= Investigations initiated from positive labs or reported symptoms
[3] OOJ= Investigations initiated Out of Jurisdiction reactors/partners/clusters
Fup= Investigations initiated to follow up on previous reactors, partners, or clusters

3. Disease and Outbreak Investigations

a. **Mpox:** As of December 17, 2025, Clark County had 333 cases of mpox since the first reported case in 2022.
b. **Mpox Outbreak:** In the last 3 months there were 9 mpox cases (6 confirmed, 2 probable and 1 suspect). This was considered to be an outbreak. ODS, in collaboration with PPC, conducted outreach at venues associated with the cases to offer education and vaccines. There have been no additional cases in the past 4 weeks.
c. **Influenza:** SNHD started the influenza surveillance for the 2025-2026 season on September 28, 2025. Influenza surveillance for Clark County, Nevada includes data collected from local acute care hospitals and other healthcare providers. Nationwide, Seasonal influenza activity is elevated and continues to increase across the country. Statewide, outpatient respiratory illness activity in Nevada is not available due to insufficient data. Locally, as of 12/27/2025, during the 2025 - 2026 influenza season, 276 influenza-associated hospitalizations and 2 deaths have been reported and processed. The total number of cases presented in this report is subject to change due to potential delays in reporting and data processing. Influenza surveillance will continue through 5/23/2026.
d. **Gastrointestinal:** ACDC investigated a small gastrointestinal outbreak with 10 ill persons out of a group of 14 who shared a meal at a restaurant on 11/30/25. No organism was identified as no stool samples were provided; 3 stool kits were distributed. There have been no further reported illness associated with the restaurant. This investigation is closed.

4. Non-communicable Reports and Updates

a. **Naloxone Training:** SNHD is training and distributing naloxone (Narcan®) to first responders and members of key community sectors throughout Nevada to better respond to the large-scale burden of opioid overdoses. Funding from SAMHSA's First Responders-Comprehensive Addiction and Recovery Act (FR-CARA), SAMHSA's State Opioid Response (SOR) via sub-awards from the University of Nevada Reno's Center for the Application of Substance Abuse Technologies, BJA's Comprehensive Opioid, Stimulant, and Substance Use Program (COSSUP), and the CDC's Overdose Data to Action (OD2A) program has been instrumental. ODS has implemented a policy for SNHD staff to carry and administer Naloxone. ODS has also been given permission at the Clark County Detention Center to place Naloxone in a person's property at the facility.

The following Naloxone distributions took place in the month of December:

Naloxone Distribution	Agency	# of Naloxone doses distributed
12/2/2025	SNHD - Henderson	240
12/2/2025	SNHD - Henderson	-5 (Returned back to SNHD to redistribute)
12/9/2025	SNHD - L2A	179
12/9/2025	Nevada State Police - Dept of Public Safety	-137 (Returned back to SNHD to redistribute)
12/9/2025	LVMPD	-37 (Returned back to SNHD to redistribute)
12/15/2025	Spring Valley Hospital	192
12/18/2025	Access to Healthcare Network	240
12/18/2025	Foundation For Recovery	1728
12/18/2025	Henderson Police Dept	-149 (Returned back to SNHD to redistribute)
12/18/2025	SNHD - L2A	149
12/22/2025	SNHD - ACDC	120
12/23/2025	NV Army National Guard	96
12/23/2025	NV Army National Guard	-25 (Returned back to SNHD to redistribute)
12/23/2025	SNHD - L2A	25
12/23/2025	Red Rock Search and Rescue	30
12/29/2025	NaphCare	480
Total		**3305**

b. Overdose Data to Action (ODTA): The ODS ODTA Health Education team monitors the Fentanyl (FTS) and Xylazine (XTS) Test Strip Program.

The following participating agencies and internal SNHD programs received FTS and XTS during the month of December:

DATE	AGENCY	FTS	XTS	QTY
12/09/2025	Foundation for Recovery	8,000	8,000	16,000
12/09/2025	Holy Smoke-Misfit Missionaries	300	300	600
12/17/2025	SNHD Office of Disease Surveillance	0	100	100
12/30/2025	SNHD Pharmacy	800	0	800
12/31/2025	Hope Christian Center	400	400	800
12/31/2025	NaphCare at CCDC	200	200	400
TOTALS:		9,700	9,000	18,700

5. Prevention - Community Outreach/Provider Outreach/Education

a. Ongoing promotion continues of the Collect2Protect (C2P) program, an online service for those requesting testing for gonorrhea, chlamydia, and at-home HIV test kits. The C2P program allows users to order an at-home HIV test kit conveniently and privately, at no cost and get their results at home. Test kits for chlamydia and gonorrhea are also available for a fee. Express Testing will also be available at SNHD's main public health center, 280 S. Decatur Blvd., Las Vegas, for those who are asymptomatic and would like to get tested and know their HIV status. ODS continues to work with OOC to help promote C2P on SNHD web sites, social media and with the help of community

partners. The Center, Sagebrush Health, and AHF continue to offer ongoing HIV/STD, PrEP/PEP, and rapid stART services to the community. Free HIV testing is also available from 8 a.m. – 4:30 p.m. at the Southern Nevada Health District, 280 S. Decatur Blvd., Las Vegas, NV 89107 through the Express Testing/Annex A clinic.

b. ODS continues to collaborate with community partners to participate at various outreach events. Our continued collaboration and presence at events in the community is key to gaining community trust and to help destigmatize HIV/STI testing which is vital to ending the HIV epidemic. On December 10, ODS had an outreach with a new community partner, Adonis Health Club. Adonis is located at 2225 E. Flamingo Rd, Building 2 and is primarily a men's gym/bathhouse focused on serving the LGBTQ community. Additionally, on December 5, we returned to the McDonalds located at 3010 North Las Vegas Blvd next to Broadacres Swap meet and on December 15 services were provided to Club 5150 located at 5150 S. Pecos Rd. As ODS strives to expand our reach to populations with high disease burden, having broader access points in the community are integral. We provided our full service offering of rapid HIV and HCV testing, syphilis testing, overdose prevention services, PrEP navigation, condoms, and educational/informational navigation.

c. Distribution is ongoing. TB Surveillance developed a laminated flyer titled "Is it TB?" The content includes messaging that encourages providers to "think TB" when talking to their patients about their risks and symptoms. Additionally, there is reporting information and a QR code that links to the provider education training: https://lp.constantcontactpages.com/su/p26ucWo/TBRRegistration

B. High Impact HIV/STD/Hepatitis Screening Sites

1. Testing is currently offered at Trac-B for HIV and Hep C. Also, The Center is offering screenings for HIV, Hep C, Gonorrhea, Chlamydia and Syphilis to the community Monday-Thursday from 1pm-5pm and every Saturday from 9am-2pm. AHF is also offering HIV and STD screenings at their Wellness Clinic locations on Monday, Wednesday, and Friday, and on their MTU.

Office of Disease Surveillance- HIV Prevention Screening/Testing Efforts						
Prevention - SNHD HIV Testing	**Dec-24**	**Dec-25**		**YTD 24**	**YTD 25**	
Outreach/Targeted Testing	1104	461	↓	13790	12909	↓
Clinic Screening (SHC/FPC/TB)	484	236	↓	8885	5832	↓
Outreach Screening (Jails)	250	65	↓	3073	1541	↓
Collect2 Protect	9	1	↓	111	73	↓
TOTAL	1847	763	↓	25859	20355	↓
Outreach/Targeted Testing POSITIVE	10	1	↓	57	37	↓
Clinic Screening (SHC/FPC/TB) POSITIVE	1	0	↓	13	5	↓
Outreach Screening (Jails, SAPTA) POSITIVE	0	0	→	7	7	→
Collect2 Protect POSITIVE	0	0	→	0	0	→
TOTAL POSITIVES	11	1	↓	77	49	↓

Targeted outreaches in unhoused communities are ongoing. These efforts are included in the total high impact HIV/STD/Hepatitis screening sites above.

C. Staff Facilitated/Attended the following Trainings/Presentations

1. 12/03/2025: Facilitated CHIP Subcommittee Meeting on Substance Use; 8 people in attendance; 3 ODS staff attendees.

2. 12/03/2025: Facilitated Southern Nevada HIV Prevention Planning Group; 30 people in attendance; 8 ODS staff attendees.
3. 12/04/2025: Facilitated Southern Nevada Opioid Advisory Council Quarterly Meeting on opioids and overdose prevention; 40 people in attendance; 5 ODS staff attendees.
4. 12/04/2025: Facilitated Motivational Interviewing Training; 6 people in attendance; 1 SNHD ODS staff attendee.
5. 12/05/2025: Attended Big Cities Health Coalition (BCHC) Substance Use Working Group as SNHD representative; 9 people in attendance; 1 ODS staff attendee.
6. 12/05/2025: Facilitated the Clark County Children's Mental Health Consortium (CCCMHC) Monthly Meeting as Chair; 42 people in attendance; 1 SNHD ODS staff attendee.
7. 12/09/2025: Facilitated Community Health Improvement Plan Subcommittee Meeting on Substance Use; 10 people in attendance; 3 ODS staff attendees.
8. 12/10/2025: Facilitated “SafeTALK Suicide Prevention” Training with Office of Suicide Prevention; 12 people in attendance; 2 SNHD ODS staff attendees.
9. 12/10/2025: Presented on “A Healthier Tomorrow” Radio Broadcast on Power 88; 5 people in attendance; 2 ODS Health Educator attendees.
10. 12/16/2025: Attended the Clark County Children's Mental Health Consortium (CCCMHC) Public Awareness Workgroup Meeting as SNHD representative; 12 people in attendance; 2 SNHD ODS staff attendees.
11. 12/17/2025: Presented "Missing Part of the Equation-Paternity and CS" to Council of State and Territorial Epidemiologists STI Subcommittee; 112 people in attendance; 3 ODS staff attendees.
12. 12/29/2025: Facilitated Community Health Improvement Plan Subcommittee Meeting on Substance Use; 6 people in attendance; 3 ODS Staff attendees.

D. Office of Epidemiology

1. Epidemiology Reports

a. Data quality reports to support the Office of Disease Surveillance’s activities and STD/HIV grant deliverables
b. Monthly and quarterly disease statistics
c. Weekly mpox case and vaccination report
d. Ongoing monthly and quarterly reports for FOCUS HIV grant project
e. Monthly NVDRS, SUDORS and NCLPP reports
f. Outreach site HIV testing stats-weekly
g. EPT report- weekly
h. Weekly Arbovirus update
i. Weekly Wastewater Surveillance Report.

2. Other Project Updates

a. Continue working on the Healthy Southern Nevada, Chronic Disease Dashboard

3. Disease Statistics

a. Communicable Disease Statistics: November 2025 disease statistics are below. Please note that these data are retrieved as of December 31, 2025. (see Table 1)

Table 1 Monthly Communicable Disease Statistics (November 2025)

November 2025: Clark County Disease Statistics*

Data as of 12/31/2025

	2023		2024		2025	
Disease	**November**	**YTD**	**November**	**YTD**	**November**	**YTD**
VACCINE PREVENTABLE						
COVID-19	2,648	28,805	921	17,663	434	9,786
Haemophilus influenzae, invasive	1	27	3	41	6	32
Hepatitis A	0	6	0	9	0	2
Hepatitis B, acute	2	28	4	39	2	24
Hepatitis B, chronic	123	1,423	79	1,202	72	1,013
Influenza	179	433	151	932	50	1,306
Measles (rubeola)	0	0	0	0	0	1
Meningococcal disease (*N. meningitidis*)	0	2	0	2	0	1
MPOX	4	16	1	11	5	11
Mumps	0	0	0	3	0	3
Pertussis	11	45	4	53	8	68
RSV	706	1,627	384	2,401	75	2,398
SEXUALLY TRANSMITTED						
Chlamydia	1,031	12,019	893	11,703	864	11,073
Gonorrhea	523	5,432	383	4,869	386	4,568
HIV	42	460	35	512	29	408
Stage 3 HIV (AIDS)	21	161	16	172	10	148
Syphilis (Early non-primary, non-secondary)	58	584	37	537	24	339
Syphilis (Primary & Secondary)	31	522	17	350	11	186
CONGENITAL CONDITIONS						
Hepatitis C, Perinatal Infection	0	1	0	3	0	1
Congenital Syphilis	4	51	1	30	5	38
ENTERICS						
Amebiasis	0	4	1	7	0	9
Campylobacteriosis	20	184	8	196	24	248
Cryptosporidiosis	0	12	4	32	2	27
Giardiasis	4	70	5	58	2	48
Rotavirus	5	107	6	126	4	232
Salmonellosis	17	200	15	160	24	211
Shiga toxin-producing *E. coli* (STEC)	7	56	4	87	10	92
Shigellosis	14	83	7	133	8	78
Vibriosis (Non-cholera *Vibrio* species infection)	1	6	0	13	0	11
Yersiniosis	1	16	4	39	3	46
OTHER						
Coccidioidomycosis	31	255	39	262	12	206
Exposure, Chemical or Biological	0	1	0	4	0	2
Hepatitis C, acute	0	5	1	12	0	7
Hepatitis C, chronic	118	2,231	142	1,590	112	2,030
Invasive Pneumococcal Disease	21	186	23	214	21	223
Lead Poisoning	7	167	15	179	8	159
Legionellosis	0	29	3	31	0	41
Listeriosis	1	1	0	5	0	3
Lyme Disease	1	9	0	8	0	5
Malaria	0	7	2	7	0	3
Meningitis, Aseptic	1	32	3	30	2	22
Meningitis, Bacterial Other	2	12	0	4	0	6
Meningitis, Fungal	0	0	0	3	0	2
Q Fever, acute	0	1	0	0	0	0
Rabies, exposure to a rabies susceptible animal	21	326	21	324	72	805
Spotted Fever Rickettsiosis	0	0	1	2	0	0
Streptococcal Toxic Shock Syndrome (STSS)	5	34	3	31	2	23
Tuberculosis (Active)	8	71	4	65	5	58
West Nile virus neuroinvasive disease	0	2	0	14	0	0

*The total number of cases presented in this report is subject to change due to possible delays in reporting and processing. Cases are counted based on CDC case definitions.

~Diseases not reported in the past two years or during the current reporting period are not included in this report.

~~Monthly rates & monthly rate comparisons were removed from the Clark County Disease Statistics monthly report after July 2018 due to new data suppression rules adopted by the Office of Epidemiology & Disease Surveillance. Please see the Clark County Disease Statistics quarterly report for quarterly rates & quarterly rate comparisons.

Memorandum

Date: January 22, 2026

To: Southern Nevada District Board of Health

From: **Christopher D. Saxton, MPH-EH, REHS,** *Director of Environmental Health*
Cassius Lockett, PhD, *District Health Officer*

Subject: Environmental Health Division Monthly Report – November 2025

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Routine Inspections	1,505	1,584	↑	10,387	11,066	↑
Reinspections	130	143	↑	853	969	↑
Downgrades	108	118	↑	771	906	↑
Closures	6	10	↑	54	73	↑
Special Events	89	76	↓	409	436	↑
Temporary Food Establishments & Tasting Event Booths	1,169	1,086	↓	3,688	3,800	↑
TOTALS	**3,007**	**3,017**	↑	**16,162**	**17,250**	↑

↑ *(Up Arrow) - Indicates an increase compared to the previous period.*
↓ *(Down Arrow) - Indicates a decrease compared to the previous period.*
→ *(Right Arrow) - Indicates no significant change compared to the previous period.*

1. **Enforcement Actions and Investigations:**
   A. **Nanay Gloria's Filipino Fast Food, 5980 Spring Mountain Rd.:** On November 12, the facility was closed for an Imminent Health Hazard (IHH), inadequate refrigeration. The inspector documented 31 demerits. Other violations included: contaminated foods, food in the temperature danger zone, improper storage of raw animal products, and improper cooling methods. The facility was reinspected and reopened with zero demerits on November 13.

B. Smart and Final Meat Dept #728, 1941 N. Decatur Blvd.: On November 14, the permitted area was closed for an IHH, no hot water. The inspector documented eight demerits. The permitted area was reinspected and reopened with zero demerits on November 17.

C. Seafood City Supermarket - Grill City, 10405 S. Eastern Ave.: On November 19, the permitted area was closed for several IHHs, inadequate refrigeration and pest infestation. The inspector documented 27 demerits. The permitted area was reinspected and reopened with zero demerits on November 21.

D. Daisho Sushi, 7435 S. Eastern Ave.: On November 20, the facility was closed for an IHH, no hot water. The inspector documented 13 demerits. The facility was reinspected and reopened with zero demerits on November 21.

E. The Hungry Hippo, 1531 S. Las Vegas Blvd.: On November 20, the facility was closed for an IHH, no hot water. The inspector documented 20 demerits. The facility was reinspected and reopened with zero demerits on November 22.

F. Fofana Imports - Processing, 3913 W. Charleston Blvd.: On November 21, the facility was closed for an IHH, no hot water. The inspector documented 24 demerits. The facility remains closed at this time.

G. Soru Ramen, 5061 E. Sahara Ave.: On November 24, the facility was closed for an IHH, no hot water. The inspector documented 14 demerits. The facility was reinspected and reopened with three demerits on November 25.

H. Staff closed 21 unpermitted food vending complaint investigations.

2. <u>Supervisory/Managerial Conferences</u>:

A. Conferences were held with the following facilities: Los Tacos, 1710 E. Charleston Blvd. and 4001 W. Sahara Ave.; and West Texas Chop House, 851 Mall Ring Cir.

ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Foodborne Illness Investigations	1	1	→	14	6	↓
Childhood Elevated Blood Lead Levels	1	2	↑	10	16	↑
Legionella Travel Associated Investigations	12	8	↓	40	44	↑
Legionella Residential Investigations	0	1	↑	6	11	↑

3. <u>Legionella Response:</u>

A. Residential Legionella investigations began in January 2020 as part of a Centers for Disease Control and Prevention (CDC) grant-funded project. A residential investigation is prompted by a resident becoming ill and the investigation is conducted in their home.

B. Travel-associated investigations are prompted by a visitor who became ill after staying at a permitted public accommodation. An investigation is conducted at the hotel(s) they stayed at while in town.

4. <u>Foodborne Illness Response:</u>

A. Capital One Lounge, 5757 Wayne Newton Blvd.: On November 3, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper cooling of cooked foods. The inspection resulted in an A grade.

B. Buffet at Asia, 1518 E. Flamingo Rd.: On November 5, staff responded to multiple confirmed cases of Norovirus. Staff observed risk factors that could lead to illness including improper handwashing and improper protection of food and food contact surfaces from consumer contamination. The inspection resulted in a B downgrade. The facility was reinspected and passed with an A grade.

C. **Wynn Buffet, 3131 S. Las Vegas Blvd.:** On November 10, staff responded to a confirmed case of Salmonella. Staff observed risk factors that could lead to illness including improper cooling of cooked foods, foods held at improper temperatures, and food contact surfaces not protected from consumer contamination. The inspection resulted in an A grade.
D. **Nittaya's Secret Kitchen, 8427 W. Lake Mead Blvd.:** On November 12, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness, including improper cooling of cooked foods. The inspection resulted in an A grade.
E. **Vanderpump at Paris, 3655 S. Las Vegas Blvd.:** On November 12, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including refrigeration units in disrepair, foods held past their expiration dates, and foods stored near sources of contamination. The inspection resulted in a C downgrade. The facility was reinspected and passed with an A grade.
F. **Rolling Smoke Barbeque, 4115 S. Grand Canyon Dr.:** On November 18, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper handwashing practices and foods held at improper temperatures. The inspection resulted in an A grade.
G. **La Bonita, 2672 N. Las Vegas Blvd.:** On November 21, staff responded to a confirmed case of Salmonella. Staff observed risk factors that could lead to illness including improper handwashing practices, absence of sanitizing chemicals, inadequate cleaning of food equipment, and food held at improper temperatures. The inspection resulted in a B downgrade. A reinspection is still pending.
H. **Mariana's, 574 N. Eastern Ave.:** On November 24, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness including improper handwashing practices and foods held at improper temperatures. The inspection resulted in a B downgrade. A reinspection is still pending.

II. SOLID WASTE AND COMPLIANCE

ENVIRONMENTAL HEALTH Solid Waste Management Authority (SWMA) Illegal Dumping Complaints and Hearing Officer Process – Fiscal Year Data

Illegal Dumping and Hearing Officer Process	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Notices of Violations (New & Remails)	4	6	↑	23	23	→
Adjudicated Hearing Cases	7	0	↓	22	13	↓
Total Cases Received	45	40	↓	363	339	↓
Total Cases Referred to Other Agencies	8	8	→	85	60	↓
Hearing Penalties Assessed	$14,000	$0	↓	$32,500	$11,108	↓

Remails = Notices of Violations that are returned by the postal service and then mailed to a newly found address.

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Inspections	112	124	↑	1,210	1,159	↓

ENVIRONMENTAL HEALTH Underground Storage Tanks (UST) Full Compliance Inspections – Fiscal Year Data

Underground Storage Tanks	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Compliance Inspections	63	29	↓	308	219	↓
Final Installation/Upgrade/Repair Inspections	4	4	→	14	10	↓
Closure Inspections	2	1	↓	7	4	↓
Spill Report Investigations	2	4	↑	9	8	↓

ENVIRONMENTAL HEALTH Permitted Disposal Facilities (PDF) Inspections – Fiscal Year Data

Permitted Disposal Facilities	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Inspections	17	18	↑	117	108	↓
Reinspections	2	0	↓	5	2	↓

III. VECTOR SURVEILLANCE

ENVIRONMENTAL HEALTH Vector Surveillance and Other EH Services - Fiscal Year Data

Vector Surveillance and Other EH Services	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
West Nile Virus Surveillance Traps Set	17	123	↑	1,965	1,712	↓
West Nile Virus Surveillance Mosquitoes Tested	33	2,917	↑	20,539	27,082	↑
West Nile Virus Surveillance Submission Pools Tested	8	162	↑	1,669	1,662	↓
West Nile Virus Surveillance Positive Mosquitoes	0	0	→	1,237	545	↓
West Nile Virus Surveillance Positive Submission Pools	0	0	→	42	14	↓
St. Louis Encephalitis Surveillance Positive Mosquitoes	0	0	→	0	0	→
St. Louis Encephalitis Surveillance Positive Submission Pools	0	0	→	0	0	→
Mosquito Activity Complaints	2	27	↑	139	226	↑
Public Accommodations Inspections	44	59	↑	81	109	↑
Public Accommodations Complaints	10	9	↓	97	75	↓
Mobile Home/Recreational Vehicle Park Inspections	18	3	↓	25	8	↓
Mobile Home/Recreational Vehicle Park Complaints	1	2	↑	10	13	↑

A sample pool is a collection of 50 or less female mosquitoes, from the same species and location, combined into a vial for testing. It is used to determine the prevalence and distribution of arboviruses and can be used to trigger mosquito breeding and disease prevention messages.

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

A. Permits Issued – Republic Services Medical Waste Division (Medical Waste Management); and Clean Harbors (Waste Grease)

B. Landfills – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo

C. Facility Applications Being Processed – Recycling Centers (1); and Waste Grease (1)

D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in December: None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Asbestos Permits Issued	55	55	→	345	291	↓
Revised Asbestos Permits Issued	3	1	↓	34	17	↓

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Tentative Maps-Received	11	8	↓	63	74	↑
Tentative Maps-Lot Count	719	186	↓	3,755	3,212	↓
Final Maps-Received	10	21	↑	79	113	↑
Final Maps-Lot Count	524	713	↑	3,308	3,763	↑
Final Maps-Signed	14	26	↑	74	95	↑
Final Maps (Signed)-Lot Count	654	731	↑	3,557	2,974	↓
Improvement Plans-Received	10	20	↑	70	116	↑
Improvement Plans-Lot Count	460	624	↑	3,244	3,725	↑
Expedited Improvement Plans-Received	0	0	→	0	1	↑
Expedited Improvement Plans-Lot Count	0	0	→	0	1	↑

ENVIRONMENTAL HEALTH Individual Sewage Disposal System (ISDS) Program – Fiscal Year Data

Individual Sewage Disposal Systems	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Residential ISDS Permits	3	5	↑	27	27	→
Commercial ISDS Permits	0	1	↑	2	1	↓
Commercial Holding Tank Permits	1	0	↓	15	11	↓
Residential Tenant Improvements	17	22	↑	90	104	↑
Residential Certifications	0	0	→	0	2	↑
Compliance Issues	8	9	↑	40	46	↑

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Public Water System Sanitary Surveys	17	1	↓	44	55	↑
Public Water System Violations Issued	13	10	↓	57	45	↓

2. **Safe Drinking Water Activity:**
   - **A.** Four *coliform* positive results were reported from routine monitoring events. Other than where noted, those samples were ***E. coli* negative:**
     - **Las Vegas Valley Water District:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-negative.
     - **Harris Springs Ranch:** One routine sample was *coliform*-positive. One of four repeat samples was *coliform*-positive. The occurrence of two positive results triggered a Level 1 Assessment (Operation Self-Assessment). That assessment and its corresponding corrective actions are due from the water system operator by December 30.
     - **Creech Air Force Base:** One routine sample was *coliform*-positive. The repeat samples were *coliform*-negative.
   - **B.** Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Cowboy Trail Rides; Spring Mountain Youth Camp; Coyote Springs Golf Course; and Blue Diamond Rainbow SW.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data						
Special Programs	**Nov. 2024**	**Nov. 2025**		**FY 24-25**	**FY 25-26**	
School Facility Kitchen Inspections	106	93	↓	349	413	↑
School Facility Kitchen Complaints	0	0	→	3	4	↑
School Facility Inspections	131	106	↓	407	480	↑
School Facility Complaints	4	0	↓	19	10	↓
Summer Food Service Surveys	6	2	↓	39	13	↓
Child Care Facility Inspections	12	15	↑	157	170	↑
Child Care Facility Complaints	1	1	→	12	11	↓
Body Art Facility Inspections	21	28	↑	254	267	↑
Body Art Facility Complaints	6	3	↓	29	20	↓
Body Art Artist Special Event Inspections	253	13	↓	265	147	↓
Total Program Services Completed	540	261	↓	1,434	1,535	↑

1. **Child Care:**
   - **A. Imagination Station, 2750 S. Rancho Dr.:** Staff investigated a complaint alleging that staff members were refilling empty disinfectant containers with drinking water to be dispensed in the classrooms. The investigation revealed a container that previously held an alcohol-based disinfectant relabeled as “water.” Staff instructed the Director to dispose of the repurposed container, provide food-safe water containers in all the classrooms, and ensure that the containers are filled only at approved potable water sources. The complaint was substantiated.
   - **B. Kidtown Las Vegas, 5270 S. Pecos Rd.:** Staff responded to a complaint alleging that the toilet seats were contaminated with fecal matter. The restrooms were clean at the time of the investigation. The Director reported that the restrooms are cleaned twice daily, once during nap time and again at the end of the day. Classroom staff confirmed that the bathrooms are cleaned twice daily. The complaint was unsubstantiated at the time of the investigation.
   - **C. Kindercare Childcare #301920, 7380 S. Buffalo Dr.:** During a routine inspection, staff observed numerous violations that resulted in a noncompliant status. Violations included inadequate sanitizer and disinfectant concentrations; a playground with IHHs that could lead to life changing injuries; hazardous materials stored in child accessible locations; and improperly stocked handwashing sinks. Since the operator has a history of noncompliance, additional training for facility staff will be provided in December by SNHD staff.
2. **Body Art:**
   - **A. Tattoo Hidden Grail, 2719 E. Russell Rd.:** Staff responded to a complaint alleging that an artist’s toddler was running around the facility, creating unsafe and unsanitary conditions. Staff spoke with an artist who reported that the owner’s wife and child occasionally stop by briefly, but the child is not left unattended nor allowed to roam the shop. No children were present during the investigation, and no unsanitary or unsafe conditions were observed. The complaint was unsubstantiated at the time of investigation.

B. **Chronic Ink, 4071 Silvestri Ln.:** Staff responded to a complaint alleging improper and unsafe disposal of sharps and biohazardous wastes. Sharps containers were available at each station, but the artist present at the time of the investigation did not know how full the containers were or how they were handled or disposed. Body Art Regulations require a designated responsible person be present who is accountable for the operation of the facility. Staff also observed trash bags outside the back door containing general waste and no biohazardous waste. The complaint was substantiated.
C. **Permanent Makeup Las Vegas, 7020 N. Durango Dr.:** During a routine inspection, staff observed a piercing gun. The operator stated that piercing services were offered on all parts of the ear using the device. The establishment is only approved to perform permanent makeup. Body Art Regulations prohibit the use of mechanical piercing devices for all parts of the ear, except for the lobe. A Cease-and-Desist Order was issued for piercing services.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Food Safety Assessment Meetings	0	1	↑	2	2	→
Total Pre-Permitting Services	974	862	↓	5,258	4,970	↓
New Project Submissions	173	230	↑	1,162	1,268	↑
Completed Projects	283	228	↓	1,239	1,335	↑
Total Service Requests Currently in Pre-Permitting	1,266	1,214	↓			

1. **Enforcement Actions and Investigations:**
   A. **Hilavash Bakery, 3655 S. Durango Dr.:** During a remodel inspection, staff observed multiple components of a baking machine that did not meet sanitation standards: exposed threaded bolts; frayed fabric conveyor; frayed chords under sprayer nozzle; rough welds; wood components; peeling paint; waffling; and unsealed seams along sheet metal panels. SNHD Regulations require food equipment to meet American National Standards Institute (ANSI) standards and be durable, smooth, and easily cleanable. The equipment was not approved for use, and the owner intends to replace it.
   B. **First Watch Bar and Restaurant, 10485 S. Eastern Ave.:** During a pre-permitting inspection of the bar, staff found that the scupper drain was not installed directly above the ice bin and the ice bin was installed next to the dump sink without a splash guard. Scupper drink rails must be installed above ice bins to prevent contamination of the ice from spilled customer drinks. A splash guard is also necessary to protect the ice from cross-contamination when dumping drinks into the dump sink. A final inspection is still pending.
   C. **Corsa Coffee, 3341 Sammy David Jr. Dr.:** Staff investigated a complaint alleging health violations at an unpermitted coffee stand at a car dealership. The operator was instructed to contact the Plan Review office. Upon further investigation, it was discovered that plumbing fixtures had been installed without a building permit and the installation was not compliant with the sewer agency. Plans were not approved

by SNHD due to a lack of hand sinks and improper disposal of wastewater into a storm drain. The car dealership opted to limit their coffee service to coffee drinks not requiring temperature control for safety and applied for a permit exemption. Corsa Coffee is unsure whether they will continue with the permitting process.

D. **Wynn High Limit Baccarat Bar, 3131 S. Las Vegas Blvd.:** A final permitting inspection resulted in failure due to active construction and incomplete installation of equipment. SNHD Regulations require that construction be completed and equipment installed according to the approved plans prior to permit approval. Once the equipment was installed, a second permitting inspection was conducted, and the permit was approved.
E. **Sphere Employee Dining Room**, **255 Sands Ave.:** Staff observed an unpermitted employee dining room operating within the Sphere and instructed management to apply for a health permit. Several pieces of equipment did not meet ANSI sanitation standards for commercial use and the applicant agreed to replace the equipment. A final inspection was conducted and the permit was approved.
F. **La Choza, 1520 N. Eastern Ave.:** During a Change of Permit Holder (CPH) inspection, staff observed modifications at the cookline. SNHD Regulations require a remodel permit for the installation of new equipment. The CPH was approved with stipulations that the operator apply for a remodel on the cookline. The remodel plans are still pending review.
G. **Cheba Hut, 4550 S. Maryland Pkwy.:** During a remodel inspection, staff could not approve a newly installed low-temperature dish machine because the sanitizer measured zero parts per million (ppm) chlorine. SNHD Regulations require sanitizer concentration of 50–100 ppm chlorine for effective sanitizing of dishware. After the dish machine was repaired and the sanitizer concentration met requirements, the remodel was approved.
H. **Featherblade Craft Butchery, 7575 Norman Rockwell Ln.:** During a final permitting inspection, the exterior door did not have an air curtain installed above it and there were gaps under the door. SNHD Regulationss require exterior doors that lead into a food preparation area to be tight fitting and have air curtains to prevent the entry of flying pests. The health permit was approved with the stipulation that an air curtain and door sweep were installed.
I. **Martino's Italian Kitchen, 8241 S. Fort Apache Rd.:** The owner applied for a remodel but canceled the project for financial reasons. SNHD staff conducted a survey eight months later and found that the cookline had been changed and was operating without health department and fire prevention approval. The unapproved equipment was taken out of service, and the owner was directed to apply for a remodel. A remodel application was processed, and the plan review meeting was conducted. A final remodel inspection is still pending.
J. **Mei Mei Trade City, 1717 S. Decatur Blvd.:** During a final permitting inspection, staff found unapproved equipment, no person-in-charge (PIC), and a handwash sink that was not operational. SNHD Regulations require all equipment to be operational and that a designated PIC be present at all times. The operator replaced the unapproved equipment and fixed the hand sink. The reinspection resulted in permit approval.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Total Operation Inspections	462	503	↑	3,404	3,062	↓
Complaint Investigations	7	2	↓	144	175	↑
Inactive Body of Water Surveys	8	8	→	40	31	↓
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	1	0	↓	32	17	↓
Total Program Services Completed	478	513	↑	3,620	3,285	↓

1. **Aquatic Health Operations**
   - **A. Motel 6, 5085 Dean Martin Dr.:** A routine inspection at the pool resulted in an IHH closure for a gate that did not self-latch. An improperly functioning gate poses a drowning risk by allowing unattended children access to the pool area. Following corrections, a reinspection was conducted the same day, and the pool was approved to reopen.
   - **B. Calm at Eastern Apartments, 4330 Channel 10 Dr.:** A routine inspection at the spa resulted in an IHH closure for multiple violations. A gate did not self-close and the spa had high chlorine. High chlorine concentrations can cause skin, eye, and lung irritation. Following corrections, a reinspection was conducted the same day, and the pool was approved to reopen.
   - **C. Cabana Club Apartments, 7000 Paradise Rd.:** A routine inspection at the spa resulted in an IHH closure for multiple violations. The spa had high chlorine and a broken main drain cover. A damaged drain cover poses an entrapment hazard and increases the risk of drowning. A reinspection is still pending.
   - **D. Villa Serena Apartments, 325 N. Gibson Rd.:** A routine inspection at the spa resulted in an IHH closure for multiple violations. The disinfection system was not operating, and the spa had no detectable chlorine. An inoperable disinfection system exposes bathers to water that is not disinfected properly, increasing bather exposure to pathogens that can make them sick. A reinspection is still pending.
   - **E. Crystal Cove Apartments, 3309 Sky Country Ln.:** A routine inspection at the spa resulted in an IHH closure due to high cyanuric acid. High cyanuric acid reduces the effectiveness of chlorine. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
   - **F. Rancho Mirage Apartments, 4250 S. Arville St.:** A routine inspection at the pool resulted in an IHH closure for a gate that did not self-latch. Following repairs, a reinspection was conducted the same day, and the pool was approved to reopen.
   - **G. Mountain Trails Apartments, 9350 S. Cimarron Rd.:** A routine inspection at the spa resulted in an IHH closure for high chlorine. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.
   - **H. Starfire VI Homeowner's Association (HOA), 5050 Madre Mesa Dr.:** A routine inspection at the pool resulted in an IHH closure due to high cyanuric acid. A reinspection is still pending.
   - **I. Sherwood Place Apartments, 2675 Sherwood St.:** A routine inspection of a seasonally closed spa resulted in a compliance schedule for corrections before

reopening. The spa had no detectable chlorine. The qualified operator was instructed to confirm proper water chemistry before reopening the spa for bather use.

J. Stone Creek North HOA, 7115 Dire Wolf Ave.: A routine inspection at the spa resulted in an IHH closure for multiple violations. A gate did not self-close and the spa had low chlorine. Following corrections, a reinspection was conducted the same day, and the spa was approved to reopen.

ENVIRONMENTAL HEALTH Aquatic Health Plan Review Program - Fiscal Year Data

Aquatic Health Plan Review	Nov. 2024	Nov. 2025		FY 24-25	FY 25-26	
Total Pre-Permitting Services	441	322	↓	2,244	2,042	↓
New Project Submissions	115	150	↑	516	672	↑
Completed Projects	81	104	↑	415	597	↑
Total Projects Currently in Plan Review	543	534	↓			

2. <u>Aquatic Health Plan Review</u>:

A. Thrive Townhomes at Ann, 10543 Prospering Valley Way: Pre-plaster inspections were conducted for the new construction of a pool and spa. The equipment did not match the approved plans, resulting in a failed inspection. The facility representative was provided with a list of violations and corrective actions needed. A reinspection is still pending.

B. Mountain View HOA, 148 Day St.: A plumbing inspection for a drain cover remodel resulted in failure because the spa was full of water, making inspecting the plumbing impossible. After draining the spa, SNHD staff verified pipe size, and the remodel was approved.

C. Bellagio Resort and Casino, 3700 S. Las Vegas Blvd.: A final inspection of the spa resulted in failure due to incorrect chemical readings. The chemical controller was recalibrated and the remodel was approved.

D. EOS, 875 E. Lake Mead Pkwy.: Staff conducted a pre-plaster reinspection. All prior violations were addressed and the reinspection was approved.

E. Rhodes Tuscany, 850 Olivia Pkwy.: A remodel inspection of the pool failed due to multiple chemicals being at hazardous levels. A reinspection is still pending.

F. Belle Esprit, 60 Belle Essence Ave.: A final remodel inspection resulted in failure due to an inadequate enclosure height. Corrections were made and the remodel was approved.

VIII. <u>TRAINING OFFICE</u>

1. Training Office staff provided onsite intervention training to: Naan and Curry, 2645 Saint Rose Pkwy.; #1 Hawaiian Barbecue, 5870 Losee Rd.; and Pho Kim Long, 6569 S. Las Vegas Blvd.

2. Staff provided paid training to #1 Hawaiian Barbecue, 5870 Losee Rd.

3. Staff participated in training and food safety certification for the American Samoa Department of Health.

IX. <u>REGULATORY SUPPORT</u>

1. Regulatory Support Office staff participated in or performed the following activities and participated in the following external meetings: Regulatory and Laboratory Training

System Steering Committee virtual meetings; Association of Food and Drug Officials Protection Education Resource Collection Committee and Local Retail Training Focus Group; National Environmental Health Association (NEHA) Food Safety Program Committee; NEHA Environmental Health Leadership Academy mentor meeting; Conference for Food Protection (CFP) Food Safety Culture at Retail Committee meeting; CFP Program Standards Committee meetings; airport signatory training; assisted with Accela User Acceptance Testing reviews; Retail Flexible Funding Model Mentorship meeting; worked on 2026 Crumbine Award application; and conducted beer line data collection surveys.

2. Staff analyzed violation data for inspections leading to closures for the last two fiscal years to determine primary causes.
3. Special Processes staff assisted Food Operations staff with the Lee's Wine Experience special event on November 8.
4. Special Processes staff attended the FD312 Special Process at Retail Course on November 17-19.
5. Special Processes and Label Review staff met with various operators in-person and virtually, via phone calls and virtual platform meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point plans.
6. Special Processes staff received two new submissions and released two special process files affecting four facilities. There are currently 23 files in review.
7. Label Review staff received eight new submissions and released nine label files consisting of 158 labels. There are currently 20 files in review.
8. Cottage Food Operations staff completed 42 new registrations and 61 new inquiries, frequently with multiple follow-up inquiries per individual.

CDS/hh

Memorandum

Date: January 22, 2026

To: Southern Nevada District Board of Health

From: **Christopher D. Saxton, MPH-EH, REHS,** *Director of Environmental Health*
Cassius Lockett, PhD, *District Health Officer*

Subject: Environmental Health Division Monthly Report – December 2025

I. FOOD OPERATIONS PROGRAM

ENVIRONMENTAL HEALTH Food Operations Program – Fiscal Year Data

Food Operation Services	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Routine Inspections	1,440	1,183	↓	11,827	12,249	↑
Reinspections	118	102	↓	971	1,071	↑
Downgrades	93	95	↑	864	1,001	↑
Closures	8	8	→	62	81	↑
Special Events	64	73	↑	473	509	↑
Temporary Food Establishments & Tasting Event Booths	384	436	↑	4,072	4,236	↑
TOTALS	**2,107**	**1,897**	↓	**18,269**	**19,147**	↑

↑ *(Up Arrow) - Indicates an increase compared to the previous period.*
↓ *(Down Arrow) - Indicates a decrease compared to the previous period.*
→ *(Right Arrow) - Indicates no significant change compared to the previous period.*

1. **Enforcement Actions and Investigations:**
   - **A. Fun Hog Ranch Bar, 495 E. Twain Ave.:** On December 3, the facility was closed for an Imminent Health Hazard (IHH), pest infestation. The inspector documented three demerits. The facility was reinspected and reopened with zero demerits on December 5.
   - **B. Mimi's Café, 596 N. Stephanie St.:** On December 8, the facility was closed for an IHH, inadequate refrigeration. The inspector documented 16 demerits. The facility was reinspected and reopened with three demerits on December 9.

C. **The Nerd Restaurant, 450 Fremont St.:** On December 10, the facility was closed for an IHH, no hot water. The inspector documented eight demerits. The facility was reinspected and reopened with zero demerits on December 11.

D. **El Rincon Nayarita - Snack Bar, 1820 E. Lake Mead Blvd.:** On December 13, the facility was closed for an IHH, pest infestation. The inspector documented nine demerits. The facility was reinspected and reopened with zero demerits on December 19.

E. **Jack in the Box #7221, 1591 S. Main St.:** On December 17, the facility was closed for an IHH, sewage or liquid waste not disposed of in an approved manner. The grease interceptor was overflowing; the inspector documented 10 demerits. The facility was reinspected and reopened with zero demerits on December 17.

F. **Taqueria Carlos and Chulita, 1935 Fremont St.:** On December 22, the operator was issued a Cease-and-Desist Order for conducting unapproved open food handling at their BBQ permit area. Additionally, at the end of 30th Street, the operator had set up a large tent with unapproved equipment (deep fryer and flattop grill). Violations included: open food handling with lack of handwashing; raw meats held at ambient temperature in a red igloo cooler; and open employee drinks. The unapproved equipment was red-tagged and removed from service. The operator was uncooperative during the report debrief. Due to a pattern of noncompliance as evidenced by consecutive downgrades, the operator will be required to attend a supervisory conference

G. **David Wilson's Toyota of Las Vegas, 3255 E. Sahara Ave.:** On December 31, the permitted area was closed for an IHH, no hot water. The inspector documented 19 demerits. The permitted area remains closed at this time.

H. Staff conducted unpermitted food vending complaint investigations with Clark County Business License and the Las Vegas Metropolitan Police Department.

I. Staff closed 30 unpermitted food vending complaint investigations.

2. **Food Safety Assessment Meetings (FSAMs):**
FSAMs were held with the following facilities: Top Shakas, 63 N. 30th St.; and Taqueria 425, 5560 E. Lake Mead Blvd.

3. **Supervisory/Managerial Conferences:**
A. Conferences were held with the following facilities: Komol Restaurant, 953 E. Sahara Ave.; Seafood City - Grill City, 10405 S. Eastern Ave.; and Sijie Special Noodle, 4821 Spring Mountain Rd.

ENVIRONMENTAL HEALTH Outbreak Response – Fiscal Year Data

Outbreak Response	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Foodborne Illness Investigations	9	6	↓	49	50	↑
Childhood Elevated Blood Lead Levels	0	0	→	6	11	↑
Legionella Travel Associated Investigations	0	2	↑	14	8	↓
Legionella Residential Investigations	3	2	↓	13	18	↑

4. **Legionella Response:**
A. Residential Legionella investigations began in January 2020 as part of a Centers for Disease Control and Prevention (CDC) grant-funded project. A residential investigation is prompted by a resident becoming ill and the investigation is conducted in their home.

B. Travel-associated investigations are prompted by a visitor who became ill after staying at a permitted public accommodation. An investigation is conducted at the hotel(s) they stayed at while in town.

5. Foodborne Illness Response:

A. Burger King, 2599 S. Nellis Blvd.: On December 1, staff responded to a confirmed case of Shigella. Staff did not observe any risk factors that could lead to illness. The inspection resulted in an A grade.

B. Cheesecake Factory, 160 S. Green Valley Pkwy.: On December 1, staff responded to multiple confirmed cases of illness. Staff observed risk factors that could lead to illness, including improper handwashing and food held at improper temperatures. The inspection resulted in a B downgrade. The facility was reinspected and passed with an A grade.

C. Don Tortaco, 4820 S. Eastern Ave.: On December 5, staff responded to a confirmed case of Shigella. Staff observed risk factors that could lead to illness, including improper handwashing practices, foods held at improper temperatures, and refrigeration in disrepair. The inspection resulted in a C downgrade. A reinspection is still pending.

D. Mon Ami Gabi, 3665 S. Las Vegas Blvd.: On December 5, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness, including improper storage of raw foods, foods held at improper temperatures, equipment in disrepair, and cross-contamination. The inspection resulted in a B downgrade. The facility was reinspected and passed with an A grade.

E. Subway, 2551 S. Durango Dr.: On December 19, staff responded to a confirmed case of Salmonella. Staff observed risk factors that could lead to illness, including food held at improper temperatures. The inspection resulted in a B downgrade. A reinspection is still pending.

F. Tropicana Pizza, 5841 E. Lake Mead Pkwy.: On December 26, staff responded to multiple reports of illness. Staff observed risk factors that could lead to illness, including improper handwashing practices and foods held at improper temperatures. The inspection resulted in a B downgrade. A reinspection is still pending.

II. SOLID WASTE AND COMPLIANCE

ENVIRONMENTAL HEALTH Solid Waste Management Authority (SWMA) Illegal Dumping Complaints and Hearing Officer Process – Fiscal Year Data

Illegal Dumping and Hearing Officer Process	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Notices of Violations (New & Remails)	0	0	→	23	23	→
Adjudicated Hearing Cases	0	0	→	22	13	↓
Total Cases Received	142	54	↓	505	393	↓
Total Cases Referred to Other Agencies	11	12	↑	96	72	↓
Hearing Penalties Assessed	$0	$0	→	$32,500	$11,108	↓

Remails - Notices of Violations that are returned by the postal service and then mailed to a newly found address.

ENVIRONMENTAL HEALTH Restricted Waste Management – Fiscal Year Data

Restricted Waste Management	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Inspections	46	85	↑	1,256	1,244	↓

ENVIRONMENTAL HEALTH Underground Storage Tanks (UST) Full Compliance Inspections – Fiscal Year Data

Underground Storage Tanks	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Compliance Inspections	72	24	↓	380	243	↓
Final Installation/Upgrade/Repair Inspections	0	2	↑	14	12	↓
Closure Inspections	0	2	↑	7	6	↓
Spill Report Investigations	3	9	↑	12	17	↑

ENVIRONMENTAL HEALTH Permitted Disposal Facilities (PDF) Inspections – Fiscal Year Data

Permitted Disposal Facilities	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Inspections	7	11	↑	124	119	↓
Reinspections	0	0	→	5	2	↓

III. VECTOR SURVEILLANCE

ENVIRONMENTAL HEALTH Vector Surveillance and Other EH Services - Fiscal Year Data

Vector Surveillance and Other EH Services	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
West Nile Virus Surveillance Traps Set	0	0	→	1,965	1,712	↓
West Nile Virus Surveillance Mosquitoes Tested	0	0	→	20,539	27,082	↑
West Nile Virus Surveillance Submission Pools Tested	0	0	→	1,669	1,662	↓
West Nile Virus Surveillance Positive Mosquitoes	0	0	→	1,237	545	↓
West Nile Virus Surveillance Positive Submission Pools	0	0	→	42	14	↓
St. Louis Encephalitis Surveillance Positive Mosquitoes	0	0	→	0	0	→
St. Louis Encephalitis Surveillance Positive Submission Pools	0	0	→	0	0	→
Mosquito Activity Complaints	2	0	↓	141	226	↑
Public Accommodations Inspections	34	60	↑	115	169	↑
Public Accommodations Complaints	19	8	↓	116	83	↓
Mobile Home/Recreational Vehicle Park Inspections	17	10	↓	42	23	↓
Mobile Home/Recreational Vehicle Park Complaints	3	1	↓	13	9	↓

A sample pool is a collection of 50 or less female mosquitoes, from the same species and location, combined into a vial for testing. It is used to determine the prevalence and distribution of arboviruses and can be used to trigger mosquito breeding and disease prevention messages.

IV. EH ENGINEERING

1. Solid Waste Plan Review Program (SWPR):

A. Permits Issued – Amrize Southwest (Recycling Center); and Pipe Maintenance (Waste Grease)

B. Landfills – Apex Regional Landfill; Boulder City Landfill; Laughlin Landfill; Nellis Air Force Base (Post Closure Monitoring); Timet; Sunrise Mountain (Post Closure Monitoring); and Wells Cargo

C. Facility Applications Being Processed – Recycling Centers (1)

D. Facilities Planned for Approval at DBOH Meetings/SNHD Workshops in January: None

ENVIRONMENTAL HEALTH Asbestos Permitting Services – Fiscal Year Data

Asbestos Permitting Services	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Asbestos Permits Issued	68	33	↓	413	324	↓
Revised Asbestos Permits Issued	11	3	↓	45	20	↓

ENVIRONMENTAL HEALTH Subdivision Program – Fiscal Year Data

Subdivision Plan Review	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Tentative Maps-Received	13	8	↓	76	82	↑
Tentative Maps-Lot Count	1,037	1,761	↑	4,792	4,973	↑
Final Maps-Received	15	13	↓	94	126	↑
Final Maps-Lot Count	458	713	↑	3,766	4,476	↑
Final Maps-Signed	25	15	↓	99	110	↑
Final Maps (Signed)-Lot Count	1,121	767	↓	4,678	3,741	↓
Improvement Plans-Received	17	11	↓	87	127	↑
Improvement Plans-Lot Count	373	709	↑	3,617	4,434	↑
Expedited Improvement Plans-Received	0	0	→	0	1	↑
Expedited Improvement Plans-Lot Count	0	0	→	0	1	↑

ENVIRONMENTAL HEALTH Individual Sewage Disposal System (ISDS) Program – Fiscal Year Data

Individual Sewage Disposal Systems	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Residential ISDS Permits	6	1	↓	33	28	↓
Commercial ISDS Permits	0	0	→	2	1	↓
Commercial Holding Tank Permits	1	1	→	16	12	↓
Residential Tenant Improvements	17	15	↓	107	119	↑
Residential Certifications	0	0	→	0	2	↑
Compliance Issues	7	3	↓	50	49	↓

ENVIRONMENTAL HEALTH Safe Drinking Water Program – Fiscal Year Data

Safe Drinking Water Program	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Public Water System Sanitary Surveys	8	1	↓	52	56	↑
Public Water System Violations Issued	2	26	↑	59	84	↑

2. **<u>Safe Drinking Water Activity:</u>**

A. No *coliform* positive results were reported from routine monitoring events.

B. Staff continued to monitor water hauling activities for multiple public water systems: Trout Canyon; Laker Plaza; Red Rock Campground; Cowboy Trail Rides; Spring Mountain Youth Camp; and the Coyote Springs Golf Course.

V. SPECIAL PROGRAMS

ENVIRONMENTAL HEALTH Special Programs - Fiscal Year Data

Special Programs	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
School Facility Kitchen Inspections	86	36	↓	435	450	↑
School Facility Kitchen Complaints	0	1	↑	3	4	↑
School Facility Inspections	108	36	↓	515	516	↑
School Facility Complaints	2	2	→	21	12	↓
Summer Food Service Surveys	0	0	→	39	13	↓
Child Care Facility Inspections	27	17	↓	184	187	↑
Child Care Facility Complaints	4	3	↓	16	14	↓
Body Art Facility Inspections	70	42	↓	324	309	↓
Body Art Facility Complaints	4	1	↓	33	21	↓
Body Art Artist Special Event Inspections	2	0	↓	267	147	↓
Total Program Services Completed	303	138	↓	1,837	1,673	↓

1. **Schools:**
   - **A. Rancho High School, 1900 Searles Ave:** Staff investigated a complaint alleging that mold on cafeteria food caused a student to become ill. Food service staff stated that food delivered to the school is date-labeled and inspected for unsafe conditions prior to storage. Foods that are time/temperature controlled for safety (TCS) are not stored for more than seven days after being received. The investigation found no evidence of spoiled food or unsafe food practices. The complaint was not substantiated.
   - **B. Newton, Ulis Elementary School, 571 Greenway Rd.:** During a routine inspection, staff determined that the school was not in compliance with CCSD's Share Table policy, which addresses the provision of leftover food to students in need. Packaged chicken nugget meals and chicken with rice bowls were stored in the freezer of the PTA kitchen. School staff said that after-school program staff had been offering food from the Share Table following the supper meal service to children who requested additional food. The Share Table policy requires that TCS foods be discarded within four hours after removal from temperature control and therefore cannot be frozen following preparation and being held at ambient temperatures. A Cease-and-Desist Order was issued and the meals from the PTA freezer were discarded.

VI. PLAN REVIEW PROGRAM

ENVIRONMENTAL HEALTH Plan Review Program - Fiscal Year Data

Food Pre-Permitting Services	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Food Safety Assessment Meetings	0	0	→	2	1	↓
Total Pre-Permitting Services	829	663	↓	6,156	5,634	↓
New Project Submissions	210	197	↓	1,372	1,473	↑
Completed Projects	207	248	↑	1,447	1,581	↑
Total Service Requests Currently in Pre-Permitting	1,270	1,175	↓			

1. **Enforcement Actions and Investigations:**
   - **A. Viking Mike's Alpine Yurt Bar, 1500 S. Main St.:** A final permitting inspection resulted in failure due to ongoing construction and incomplete equipment installation. Permit approval requires that all equipment be installed and operational, all construction be completed, and the facility must be clean and ready for customers. A reinspection was conducted and the health permit was approved.
   - **B. Swaad Indian Cuisine, 3934 Schiff Dr.:** A final permitting inspection resulted in failure due to lack of adequate food shields on the buffet table. Self-service equipment must have approved food shields that meet American National Standards Institute (ANSI)/National Sanitation Foundation (NSF) standards to prevent customer contamination. Following repair of the food shields, the permit was approved.
   - **C. Pho Express, 1725 E. Warm Springs Rd.:** A change of permit holder (CPH) inspection resulted in failure due to inadequate refrigeration. One three-door refrigerator was operating at 61°F and the refrigerated make table had torn gaskets and gaps causing temperature fluctuations. The available refrigeration was insufficient to support the proposed menu. SNHD Regulations require that refrigeration be maintained below 41°F. The nonfunctional refrigeration units were taken out of service and the CPH was not approved. After more refrigeration was added and a reinspection was completed, the permit was approved.
   - **D. Kebab and Kurry, 6825 S. Las Vegas Blvd.:** During a routine inspection, staff found that the entire cookline had been changed and was in use without health authority approval. SNHD Regulations require that plans be submitted for review prior to remodeling a food establishment. After submitting a remodel application, an inspection was completed and the remodel was approved.
   - **E. Candy Cove, 5757 Wayne Newton Blvd.:** During a final permitting inspection, staff discovered an additional area in the basement used for packaged food storage. SNHD Regulations require that all areas used for food storage be permitted. An additional health permit application was submitted, the plans were reviewed, and the health permit was approved.
   - **F. Soleia at Cromwell, 3596 S. Las Vegas Blvd.:** During a CPH inspection of a venue previously operated as Drais Nightclub, 17 permitted areas were inspected, and only minor violations were found. Violations included resealing sinks, mop sink, hoods, and splash guards; re-grouting floor tiles in wet areas around the dish machines; replacing broken floor and cove base tiles; and repairing gaps and broken ceiling tiles. SNHD Regulations require all areas to be maintained in good condition. The CPH was approved with stipulations to correct the violations.

G. **La Bonita Supermarkets #8 - Meat, 5051 E. Bonanza Rd.:** During a final permitting inspection, staff noticed a large hole in a wall in the meat department near a refrigerated display case and two unsealed drain line penetrations under the three-compartment sink. All holes and penetrations must be sealed to allow easy cleaning and prevent pest harborage. The operator was instructed to seal the penetrations, and the health permits were approved.

H. **Mamalona Night Club, 921 W. Owens Ave.:** A final permitting inspection resulted in failure due to lack of adequate hot water. SNHD Regulations require adequate hot water at all times for handwashing and warewashing. A reinspection is still pending.

VII. AQUATIC HEALTH PROGRAM

ENVIRONMENTAL HEALTH Aquatic Health Operations Program - Fiscal Year Data

Aquatic Health Operations	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Total Operation Inspections	466	481	↑	4,015	3,620	↓
Complaint Investigations	10	22	↑	161	197	↑
Inactive Body of Water Surveys	5	31	↑	45	62	↑
Drowning/Near Drowning/Accident Investigations at Permitted Facilities	0	1	↑	32	18	↓
Total Program Services Completed	481	535	↑	4,253	3,897	↓

1. **Aquatic Health Operations**

A. **Lake Las Vegas Sports Club, 101 Via Vin Santo:** A routine inspection conducted at the Lagoon Pool resulted in an IHH closure for a gate that did not self-latch. An unsecured gate could allow a child to access the pool area without proper supervision, which could result in drowning. The gate was secured the same day, and the pool was reinspected and approved to reopen.

B. **Maycliff Mobile Home Park, 3601 E. Wyoming Ave.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. The spa had low chlorine and high cyanuric acid. Low chlorine can lead to pathogen growth and increase the chance of waterborne illnesses. High cyanuric acid levels inhibit the action of chlorine. Corrections were made immediately, and the spa was reinspected and approved to reopen the same day.

C. **Invitational Apartments, 1801 N. Green Valley Pkwy.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. There was an 8.5-inch gap in the fence, a gate that did not self-close, a broken drain cover, and low chlorine. Broken or unsecured suction outlet covers can present potential suction entrapment hazards, which could result in drowning. Corrections were made immediately, and the spa was reinspected and approved to reopen the same day.

D. **Siena Health and Fitness, 10475 Siena Monte Ave.:** A routine inspection conducted at the Indoor Spa resulted in an IHH closure due to the disinfection system being disconnected. A disconnected disinfection feeder will not provide proper chlorine levels and could expose bathers to pathogens. Corrections were made immediately, and the spa was reinspected and approved to reopen the same day.

E. **Del Webb LLV, 52 Desert Juniper Ln.:** Routine inspections conducted at the pool and spa resulted in an IHH closure due to multiple violations. Both gates did not self-

close, and the ground fault circuit interrupter (GFCI) for the underwater lights was non-functional. A non-functional GFCI is an electrocution risk to bathers. Corrections were made immediately, and both the pool and spa were reinspected and approved to reopen the same day.

F. **Esplanade Condos, 8777 W. Maule Ave.:** A routine inspection conducted at the spa resulted in an IHH closure due to multiple violations. A door was propped open and unattended, one gate and another door did not self-latch, there was a broken drain cover, and high chlorine. High chlorine can cause eye and skin irritation and burns. The spa remains closed at this time.
G. **Sunrise Villas #5, 3165 Espanol Dr.:** A routine inspection conducted at the East Spa resulted in an IHH closure due to multiple violations. The spa had no chlorine and high pH. High pH reduces the effectiveness of the disinfectant and can cause skin irritation. The spa remains closed at this time.
H. **Courtyard Las Vegas South, 5845 Dean Martin Dr.:** A routine inspection conducted at the pool resulted in an IHH closure due to a 9-inch gap in the fence. Corrections were made immediately, and the pool was reinspected and approved to reopen the same day.
I. **Sunrise Villas #5, 3165 Espanol Dr.:** A routine inspection conducted at the West Pool resulted in an IHH closure due to multiple violations. The pool had no chlorine and the water was green. The pool remains closed at this time.

ENVIRONMENTAL HEALTH Aquatic Health Plan Review Program - Fiscal Year Data

Aquatic Health Plan Review	Dec. 2024	Dec. 2025		FY 24-25	FY 25-26	
Total Pre-Permitting Services	435	259	↓	2,679	2,298	↓
New Project Submissions	107	126	↑	623	796	↑
Completed Projects	68	101	↑	483	697	↑
Total Projects Currently in Plan Review	590	580	↓			

2. <u>Aquatic Health Plan Review</u>:
   A. **Rancho Serene Apartments, 9405 S. Eastern Ave.:** A final remodel inspection resulted in failure due to the presence of handholds on the enclosure, which could lead to unauthorized access to the aquatic venue. The contractor eliminated the handholds and the remodel was approved.
   B. **Laguna Verde Homeowner's Association, 3670 Laguna Verde Way:** A plumbing inspection for a suction outlet fitting assembly (SOFA) remodel resulted in failure because the pipe had been installed in the wrong location which could result in improper flow. A reinspection is still pending.
   C. **Isla at South Shores, 2120 Jetty Rock Dr.:** A plumbing inspection for the spas resulted in failure due to an incorrect motor size on the pumps, which could lead to improper flow. Corrections were made and the remodel was approved.
   D. **Rancho Viejo Condos, 7885 W. Flamingo Rd.:** An application for a SOFA remodel was not approved due to the wrong sump depth being listed for the auxiliary drain, which could result in improper flow. The contractor made the appropriate corrections and the application was approved.

VIII. TRAINING OFFICE

1. Training Office staff provided onsite intervention training to: BBQ Garden, 6820 Spring Mountain Rd.; and Antojitos DF Y Mas, 1436 E. Charleston Blvd.
2. Training Office staff provided paid training to: PF Chang's, 6671 S. Las Vegas Blvd.; and Los Tacos, 4001 W. Sahara Ave.

IX. REGULATORY SUPPORT

1. Staff participated in or performed the following activities and participated in the following external meetings: Association of Food and Drug Officials Food Protection Education Resource Collection Committee and Local Retail Training Focus Group; National Environmental Health Association (NEHA) Food Safety Program Committee; NEHA Environmental Health Leadership Academy mentor meetings; Conference for Food Protection (CFP) Food Safety Culture at Retail Committee meeting; CFP Program Standards Committee meetings; attended the following webinars: "Food Safety Culture: What We've Learned from EHS-Net Research" and "Measure of the Power of Declared Values"; assisted with Accela User Acceptance Testing reviews; Retail Flexible Funding Model Mentorship meeting; worked on 2026 Crumbine Award application; and conducted beer line data collection surveys.
2. Staff prepared for and facilitated the Voluntary National Retail Food Regulatory Program Standards verification audit. The Standard 1 audit was performed virtually by Northern Nevada Public Health and audits for Standards 2, 4, 5, 7, 8, and 9 were performed in-person at SNHD by Mecklenburg County, NC representatives on December 9-11. The results confirmed that SNHD meets six Standards: Standard 1, Regulatory Foundation; Standard 2, Trained Regulatory Staff; Standard 5, Foodborne Illness and Outbreak Response; Standard 7, Industry and Community Relations; Standard 8, Program Resources; and Standard 9, Program Assessment.
3. Staff analyzed violation data for inspections leading to closures of food establishments for the last two fiscal years to determine the primary causes and produced a report for EH management.
4. Special Processes staff attended FD313 and FD314 Special Process at Retail Courses on December 15-17.
5. Special Processes and Label Review staff met with various operators in-person and in a virtual setting, via phone calls and virtual platform meetings, regarding submission of labels for review, waivers, operational plans, and Hazard and Critical Control Point plans.
6. Special Processes staff received four new submissions and released four special process files affecting four facilities. There are currently 23 files in review.
7. Label Review staff received seven new submissions and released 12 label files consisting of 140 labels. There are currently 15 active files in review.
8. Cottage Food Operations staff completed 20 new registrations and 45 new inquiries, frequently with multiple follow-up inquiries per individual.

CDS/hh

Memorandum

Date: January 22, 2026

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Public Health & Preventive Care
Cassius Lockett, PhD, District Health Officer

RE: **PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – November 2025**

The Public Health and Preventive Care (PPC) Division is dedicated to protecting and promoting the health of our community. Through a range of clinical services, programmatic initiatives, and community outreach efforts, PPC works to prevent disease, support wellness, and ensure access to essential health resources for all residents. Our goal is to create a healthier, more equitable community by addressing public health needs with care, collaboration, and evidence-based practices.

I. PPC Administrative Updates

A. The expanded use of the electronic health record system (eClinicalWorks) has significantly improved patient access to online self-scheduling, resulting in over 90% of immunization patients utilizing the online platform.
B. The division was awarded three new subgrants to continue the programs under the Comagine Health Integrated Maternal Health Services, the state's Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program, and the HIV Status-Neutral Rapid Prevent program.

II. Immunization Program

A. Immunization Program Activities
1. Immunization clinics administered vaccines in accordance with ACIP guidelines. During the reporting period, 1,269 clients were served across four public health centers, with total of 2,804 vaccines administered to the Southern Nevada community.
2. All four public health centers maintained same-day appointment capacity, providing 168 same-day appointments during the reporting period.
3. Updated shared clinical decision-making guidelines for the 2025–2026 COVID-19 vaccine was implemented. The vaccine is recommended for individuals aged 6 months and older, with dosing determined by age and vaccination history. Individuals may self-attest to certain risk factors to support eligibility, allowing providers and patients to collaboratively assess vaccination needs.

B. Immunization Outreach Activities
1. Immunization outreach clinics in November- 8 clinics, 297 vaccines were administered to 136 clients. The clinics were held at CCSD Family Support Center, Mexican Consulate, North LV workplace vaccination, Boulder City library, Hope Christian clinic, Project Homeless Connect, and Harm Reduction.

III. Community Health Nursing

A. Maternal Child Health
The Maternal Child Health (MCH) Nurse has an active case load of 8 clients with detectable blood lead levels. There were no new referrals for follow-up of abnormal newborn screening tests. The MCH Nurse assisted with one immunization outreach event this month at CCSD's Family Support Center (FSC).

B. Nurse Family Partnership (NFP)
The Southern Nevada Health District Nurse-Family Partnership (NFP) is an evidence-based community health nursing program that provides services to pregnant first-time mothers across the nation. At present, 149 families are enrolled in the program. Sixty-four are currently participating in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, a grant from the Nevada Division of Public and Behavioral Health.

C. Healthy Start Initiative- Enhanced
The Southern Nevada Health District's Healthy Start Initiative Program is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). There were 86 families served in November 2025. In-person program outreach was conducted at the Family First Fridays at West Henderson Hospital and at various Department of Welfare and Supportive Service (DWSS) locations.

D. Embracing Fatherhood
Embracing Fatherhood of Southern Nevada (EFSN) received one self-referral in the month of November that is scheduled for enrollment. Currently, there are 11 active families in the Embracing Fatherhood program. The program's CHW continues to provide support, education, and community resources to the clients during home visits.

IV. Sexual Health Outreach and Prevention Program (SHOPP)

A. Express Testing (ET) is a program that conducts testing for sexually transmitted infections (STI's) without a provider exam for asymptomatic patients. ET completed 139 screening encounters for the month of November.

B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The CSCMP nurses, in coordination with perinatal Hep B and HIV programs, continue to meet monthly to plan future targeted education sessions to increase the community's knowledge and awareness of these diseases and available resources. The team continues to serve 40 active clients and completed 3 educational community events.

C. SHOPP houses Complex STI navigation services including Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected of neurosyphilis. Six NEON referrals were received, and three clients were navigated. Program participation is voluntary for clients and team members take the opportunity to provide health education at each encounter.

D. The SHOPP *Rapid PREVENT* program has a total of 15 enrolled clients. Program CHWs work collaboratively with Express Testing to assess and provide linkage to care services and community resources, with the goal of increasing awareness and access for HIV treatment and prevention.

E. SHOPP's Pathways to Better Health *(*PBH) program serves pregnant/postpartum mothers until the infant turns one year of age. The Community Health Workers support, educate and provide linkages and referrals with the goal of improving health outcomes during and after pregnancy for both moms and babies. This program now has a total of 39 active clients.

V. Street Medicine (SM) – Introduction of New Program

A. Program Launch & Staffing
The new Street and Medicine program was launched to deliver essential primary care services directly to unhoused individuals—meeting them where they are, in line with the recognized philosophy of street medicine: going to the people and centering their needs. An APRN and a Senior Community Health Nurse are providing primary care visits as the team continues to support program development. A nurse supervisor is assisting in the program development. The program is currently recruiting CHWs as frontline public health workers to enhance navigation and linkage to care.

B. Community Engagement & Collaboration
The Street Medicine team collaborated with Help of Southern Nevada and Shine A Light to provide primary care services to unhoused clients at multiple outreach events this month.

C. Approach & Intent
This primary care initiative embraces a harm-reduction and trauma-informed care model—focused on building trust through consistent outreach, nonjudgmental engagement, and accountability in meeting patients where they are. Community partnerships will play an instrumental role in both piloting and scaling the program effectively.

D. Street Medicine completed 11 primary care visits in November.

VI. Tuberculosis (TB) Clinic

TB clinic has three (3) new adult TB active cases and zero (0) pediatric cases for the month of November 2025.

VII. Employee Health Nursing – November 2025

A. There were zero (0) SNHD employees who tested positive for COVID-19. Zero (0) PCR tests were conducted. Zero (0) tests from outside entities.

B. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catch-up TB testing is ongoing. Nine (9) TB tests were completed.

C. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Eleven (11) medical clearances were completed.

D. Vaccine Clinics

1. November 1 – November 30, 2025

2. Employees Total: 21 employees
    a) 6 COVID-19 Updated booster.
    b) 16 Influenza Vaccine
    c) 0 Monkeypox Vaccine
    d) 1 other vaccines
    e) 2 Hepatitis B vaccines

3. Total Vaccines Given: 25

E. New Hire/Onboarding: One (1) new hire was onboarded – “hiring freeze”

F. Employee Health Nurse Accomplishments:
1. Annual flu clinic
2. Instructed CPR class

G. Policies and procedures continue to be reviewed and updated.

Client Encounters by Locations

Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Outreach	School Based Outreach	Mobile Cinic	TOTAL
Immunization Clinics and Outreach	729	330	189	21	0		13	55	68		1,405
Immunization Records Issued and Transcription	58	29	22	1	0						110
SHOPP Express Testing (ET)	100		2	0	4	15	18	0			139
TB Treatment & Control	951										951
CHN Home Visits ^	287										1,251
TOTAL	2,125	359	213	22	4	15	31	55	68		3,856

^ Data reporting began 7/1/2025

Client Encounters by Program

Program	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
Immunization Clinics and Outreach**	2,229	1,269	↓	16,731	13,009	↓
Immunization Records Issued and Transcription	200	110	↓	2,371	1,913	↓
SHOPP Express Testing	184	139	↓	1,284	1,022	↓
TB Treatment & Control	1,393	951	↓	7,554	7,256	↓
CHN Home Visits^		287	↑		1,251	↑
TOTAL	4,006	2,756	↓	27,940		↓

^ Data reporting began 7/1/2025

Total Client Immunizations Administered by Locations

Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Immunization Outreach	School Based Outreach	Mobile Clinic	TOTAL
Total Immunizations Administered ***	1,595	847	335	27	0		23	93	183		3,103

*Includes Family centers, School clinics, and Immunization Outreach BTS clinics

**Includes BTS encounters by clinic, outreach, and COVID teams

*** New category added 07/01/2024

Total Client Immunizations Administered by Locations

Program	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
Total Immunizations Administered ***	6,478	3,103	↓	38,121	28,959	↓

Immunization Clinic and Outreach Programs

Immunizations	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
Flu Vaccine Given	908	527	↓	4,480	1,562	↓
COVID Vaccine Given	525	115	↓	1,579	424	↓
TB Skin Test *		4	↑		37	↑
Newborn Screening	0	0	→	0	2	↑
Immunization Record Review and Release Only*		97	↑		1,766	↑
Transcription of Immunization Records Only*		13	↑		147	↑
Same Day Appts *		168	↑		3,513	↑
Referred to Civil Surgeon for Medical Assessment*		8	↑		25	↑
Vaccine Counseled **		19	↑		297	↑

*Started data collection 07/01/2025

**Counseled related to travel or routine vaccinations; no vaccine provided at appointment.

Vaccines for Children (VFC)	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
Number of VFC Compliance Visits	3	7	↑	27	28	↑
Number of IQIP Visits	0	2	↑	0	2	↑
Number of Follow Up Contacts	17	21	↑	124	164	↑
Number of Annual Provider Training	7	5	↓	32	26	↓
Number of State Requested Visits	18	12	↓	91	57	↓

Perinatal Hepatitis B	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
# of Expectant Women - active participants/ non-cummulative	10	15	↑			↓
# of Infants- active participants/non-cummulative	67	46	↓			↓
Total # of Infants Delivered	2	1	↓	20	14	↓
New Cases	6	6	→	18	17	↓
Closed Cases	2	3	↑	40	25	↓

Childcare Program	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
Childcare Audits	9	5	↓	25	36	↑
Baseline Immunization Rate	73%	77%	↑	82%	85%	↑
# of Final Audits	9	5	↓	25	36	↑
Final Immunization Rate	96%	96%	→	94%	96%	↑
# of Records Reviewed	717	572	↓	2101	2542	↑

Community Health Program

Nursing Field Services	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
MCH Team Home Visit Encounters	10	17	↑	73	57	↓

NFP (Team 1)	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
Referrals	11	13	↑	72	69	↓
Enrolled	6	7	↑	31	39	↑
Active	108	149	↑			

NFP (Expansion Team)**	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
Referrals	7	0	↓	22	0	↓
Enrolled	5	0	↓	12	0	↓
Active	59	0	↓			
** Pending receipt of NOA**						

MCH	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
# of Referrals Received	1	6	↑	21	23	↑
# from CPS	1	5	↑	14	15	↑
# of Lead Referrals	0	1	↑	6	6	→
# of Total Admissions	1	6	↑	20	17	↓

Thrive by 0 - 3	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
Referrals	49	46	↓	173	250	↑
One-Time Home Visits	8	7	↓	17	38	↑
Enrolled	5	1	↓	15	12	↓
Active	24	13	↓			

Healthy Start**	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
Referrals	16	26	↑	79	147	↑
Enrolled	3	5	↑	29	36	↑
Active	39	86	↑			

Embracing Fatherhood***	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
Referrals ***	n/a	1		n/a	9	↓
Enrolled ***	n/a	0		n/a	5	↓
Active	n/a	11				

***New program as of 1/2025

Tuberculosis Program

Tuberculosis	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
Number of Case Manager Encounters^		63	↑		434	↑
Number of Unduplicated Clients Seen by a Provicder^		53	↑		284	↑
Number of Clients Encounters by TB Clinic Nurse^(duplicated patients)		363	↑		2115	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	75	70	↓	357	493	↑
New Active Clients^		3	↑		16	↑
Number of Clients Receiving LTBI Treatment^		275	↑		1394	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	5	6	↑	29	33	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,180	898	↓	6,589	6,822	↑

^ No data available for FY 2024; data reporting started 7/1/2025

Sexual Health Outreach and Prevention Program (SHOPP)

SHOPP - Express Testing (Asymptomatic Patients)	Nov 2024	Nov 2025		FY 24-25	FY 25-26	
# of Screening encounters	168	139	↓	1,138	1,022	↓
# of Clients Screened	168	139	↓	1,136	1,021	↓
# of Clients with positive STI identified	21	12	↓	110	100	↓
STI Positivity Rate*		8	↑		10	↑
SHOPP All CHW Linkages	**Nov 2024**	**Nov 2025**		**FY 24-25**	**FY 25-26**	
# of clients referred to Linkage	36	7	↓	105	87	↓
# of clients linked to care	36	7	↓	101	87	↓
SHOPP- Congenital Syphilis Case Management Program (CSCMP)	**Nov 2024**	**Nov 2025**		**FY 24-25**	**FY 25-26**	
# of Referrals (pregnant, post-partum, infants)	8	5	↓	45	35	↓
# of Clients enrolled in CM	7	3	↓	31	22	↓
# of Active pregnant/ postpartum clients	47	26	↓			
# of Infants being followed	19	14	↓			
# of Provider/ Community trainings	2	3	↑	16	23	↑
SHOPP -Services for Unhoused Patients with Resources and Engagement in core (SURE)	**Nov 2024**	**Nov 2025**		**FY 24-25**	**FY 25-26**	
# of Outreach events	6	6	→	24	37	↑
SHOPP- Complex STI Navigation	**Nov 2024**	**Nov 2025**		**FY 24-25**	**FY 25-26**	
# of Clients referred	3	6	↑	24	31	↑
# of Clients navigated	3	3	→	23	27	↑
# of Home administrered treatment of STI (HATS)*		5	↑		9	↑

*No data available; data reporting started 7-1-2025

Non- cumulative

Memorandum

Date: January 22, 2026

To: Southern Nevada District Board of Health

From: Lourdes Yapjoco, MSN-PH, RN, CCM, Director of Public Health & Preventive Care
Cassius Lockett, PhD, District Health Officer

RE: **PUBLIC HEALTH & PREVENTIVE CARE BOARD OF HEALTH REPORT – December 2025**

The Public Health and Preventive Care (PPC) Division is dedicated to protecting and promoting the health of our community. Through a range of clinical services, programmatic initiatives, and community outreach efforts, PPC works to prevent disease, support wellness, and ensure access to essential health resources for all residents. Our goal is to create a healthier, more equitable community by addressing public health needs with care, collaboration, and evidence-based practices.

I. PPC Administrative Updates

A. The expanded use of the electronic health record system (eClinicalWorks) has improved patient access to online self-scheduling.

B. Nurse Family Partnership TANF received a subgrant.

C. The Division achieved most of the goals and objectives outlined in this year's PPC Strategic Plan, with two objectives continuing through mid-2026 for continuity.

II. Immunization Program

A. Immunization Program Activities

1. The Immunization Clinics have consistently provided vaccines in accordance with the guidelines set forth by the Advisory Committee on Immunization Practices (ACIP). During the reporting period, a total of 1,387 clients were seen across the four public health centers. In total, 2,969 vaccines were administered to individuals in the Southern Nevada community.

2. The four public health centers have successfully maintained the capacity to accommodate same-day appointments. A total of 140 same-day appointments were provided across the centers during this reporting period.

3. There have been recent updates and recommendations regarding the MMR vaccine issued by the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). In alignment with these guidelines, SNHD continues to follow CDC and ACIP recommendations and has made accommodations to administer the MMRV vaccine as separate antigens—MMR and varicella.

The CDC recommends two doses of a measles-containing vaccine for children, with the first dose administered at 12 through 15 months of age and the second dose at 4 through 6 years of age, prior to school entry. These doses may be administered as either the MMR or MMRV vaccine. The second dose of the MMR vaccine may be given earlier than 4 through 6 years, provided it is administered at least 28 days after the first dose. A second dose of the MMRV vaccine may be administered three months after the first dose, up to 12 years of age.

For children aged 12–47 months, the CDC recommends administering separate MMR and varicella vaccines for the first dose; however, MMRV may be used if a parent or caregiver expresses a preference.

B. Immunization Outreach Activities
   1. Immunization outreach clinics in December - 8 clinics, 293 vaccines were administered to 128 clients. The clinics were held at CCSD Family Support Center, Mater Academy, Mexican Consulate, Harm Reduction, and Mpox clinics.

III. Community Health Nursing

A. Maternal Child Health
The Maternal Child Health (MCH) nurse received no newborn screening or lead referrals in the month of December. There are currently 10 active clients enrolled in the lead program. The MCH Nurse started on December 29th and is orienting to his new role.

B. Nurse Family Partnership (NFP)
The Southern Nevada Health District Nurse-Family Partnership (NFP) is an evidence-based community health nursing program that provides services to pregnant first-time mothers across the nation including Las Vegas. There are 129 families currently participating in the program. Sixty-two of those are enrolled in the Maternal, Infant and Early Childhood Home Visiting (MIECHV) Program, a grant from the Nevada Division of Public and Behavioral Health. In December, the team completed 139 in-person home visits, and five families completed the program. Nurses provide education, support, and resources during each visit to improve pregnancy outcomes, growth and development of children and economic self-sufficiency of the families.

C. Healthy Start Initiative- Enhanced
The Southern Nevada Health District's Healthy Start Initiative Program is supported by the Health Resources and Service Administration (HRSA) of the U.S. Department of Health and Human Services (HHS). There were 85 families served in December. In-person program outreach was conducted at the Family First Fridays at West Henderson Hospital and a community Baby Shower at the Anthem Wellness Center and at 9 Department of Welfare and Supportive Services (DWSS) locations. The program participated in community events and outreach opportunities to recruit both qualified community members into the program and community partners who want to be part of our consortium.

D. Embracing Fatherhood
Embracing Fatherhood of Southern Nevada (EFSN) had a new family enroll into the program for the month of December. There is a total of 12 active families in the Embracing Fatherhood home visiting program. Our CHW was able to provide extra support to families in need in the month of December, by providing a Food Donation Box from Three Square, food donations provided by the Community Health Nurse (CHN) staff, and holiday gifts from Lullaby Connection.

IV. Sexual Health Outreach and Prevention Program (SHOPP)

A. Express Testing (ET) is a program that conducts testing for sexually transmitted infections (STI's) without a provider exam for asymptomatic patients. ET provided 205 screening encounters for the month of December.

B. The Congenital Syphilis Case Management Program (CSCMP) is a program to address the high rate of congenital syphilis in the community. The CSCMP nurses, in coordination with perinatal Hep B and HIV programs, continue to meet monthly to plan future targeted education sessions to increase knowledge and awareness of these diseases and available resources. The team is currently serving 42 active clients and completed 2 educational community events.

C. SHOPP houses Complex STI navigation services, including Neurosyphilis Emergent Onsite Navigation (NEON) program which aims to provide critical linkage services to patients suspected of neurosyphilis. There were no new referrals for complex STI services. The team was able to follow up with three previous clients to provide linkage to needed resources including accessing healthcare insurance coverage and CSCM services.

D. The SHOPP *Rapid PREVENT* program has a total of 10 enrolled clients. CHW's for this initiative work collaboratively with Express Testing to assess and provide linkage to care services and community resources.

E. SHOPP's Pathways to Better Health *(*PBH) program serves pregnant/postpartum mothers and follows until the infant turns one year of age. The Community Health Workers support, educate and provide linkages and referrals with the goal of improving health outcomes during and after pregnancy for both moms and babies. This program now has a total of 42 active clients.

V. Street Medicine (SM) – Introduction of New Program

A. Program Launch & Staffing
The Street and Medicine program continues to deliver essential primary care services directly to unhoused individuals- meeting them where they are, in line with the recognized philosophy of street medicine: going to the people and centering their needs. The APRN and Senior Community Health Nurses conduct primary care visits. The program receives support from a Nurse supervisor. Two CHW's were recruited and hired to further expand the SM team and allow more focus on linkage to a medical home and psychosocial services.

B. Community Engagement & Collaboration
The Street Medicine team in collaboration with Help of Southern Nevada and Shine A Light provided primary care to clients at multiple outreach events for the unhoused. In addition, the Street Medicine team met with the Henderson Homeless Response Team, Nevada Health Centers, and Henderson Family Health Center for introductions and discussion of collaborative efforts for providing services. The Street Medicine Team provided primary care services in collaboration with the Henderson Homeless Response Team.

C. Approach & Intent
This primary care initiative embraces a harm-reduction and trauma-informed care model—focused on building trust through consistent outreach, nonjudgmental engagement, and accountability in meeting patients where they are. Community partnerships will play an instrumental role in both piloting and scaling the program effectively.

D. Street Medicine completed 25 primary care visits in December.

VI. Tuberculosis (TB) Clinic

TB clinic has four (4) new adult TB active cases and zero (0) pediatric cases for the month of December 2025. Total of TB active cases for the year 2025 is fifty-two (52).

VII. Employee Health Nursing – December 2025

A. There were zero (0) SNHD employees who tested positive for COVID-19. Zero (0) PCR tests were conducted. Zero (0) tests from outside entities.

B. Employee New Hire and Annual Tuberculosis (TB) testing continues, and annual catch-up TB testing is ongoing. Ten (10) Tuberculosis tests were completed.

C. Employee New Hire and Annual FIT Testing Medical Evaluations continue. Seven (7) medical clearances were completed.

D. Vaccine Clinics

1. December 1 – December 31, 2025

2. Employees Total: 16 employees
    a) 5 COVID-19 Updated booster.
    b) 10 Influenza Vaccine
    c) 6 other vaccines
    d) 2 Hepatitis B vaccines- Immz Policy

3. Total Vaccines Given: 23

E. New Hire/Onboarding: One (1) new hire was onboarded

F. Employee Health Nurse Accomplishments:
1. Initiated BBP SOP which is in progress.
2. Updated TB testing of workforce members is in progress.
3. Updated TB education for SNHD Workforce members is in progress.
4. Hosted annual flu clinic.

G. Policies and procedures continue to be reviewed and updated.

Client Encounters by Locations

Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Outreach	School Based Outreach	Mobile Cinic	TOTAL
Immunization Clinics and Outreach	874	280	196	37	0		4	55	69		1,515
Immunization Records Issued and Transcription	72	20	7	5	0						104
SHOPP Express Testing (ET)	148		5	0	16	22	14	0			205
TB Treatment & Control	1,097										1,097
CHN Home Visits ^	285										1,536
TOTAL	2,476	300	208	42	16	22	18	55	69		4,457

^ Data reporting began 7/1/2025

Client Encounters by Program

Program	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
Immunization Clinics and Outreach**	2,173	1,515	↓	18,878	14,239	↓
Immunization Records Issued and Transcription	221	104	↓	2,592	2,017	↓
SHOPP Express Testing	205	205	→	1,489	1,227	↓
TB Treatment & Control	1,453	1,097	↓	9,007	8,353	↓
CHN Home Visits^		285	↑		1,536	↑
TOTAL	4,052	3,206	↓	31,966	27,372	↓

^ Data reporting began 7/1/2025

Total Client Immunizations Administered by Locations

Location	DECATUR PHC	Bonanza PHC	Henderson PHC	Mesquite PHC	Fremont PHC	UNLV	Homeless Outreach	Other Immunization Outreach	School Based Outreach	Mobile Clinic	TOTAL
Total Immunizations Administered ***	1,916	683	341	29	0		10	88	175		3,242

*Includes Family centers, School clinics, and Immunization Outreach BTS clinics

**Includes BTS encounters by clinic, outreach, and COVID teams

*** New category added 07/01/2024

Total Client Immunizations Administered by Locations

Program	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
Total Immunizations Administered ***	7,011	3,242	↓	44,419	31,229	↓

Immunization Clinic and Outreach Programs

Immunizations	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
Flu Vaccine Given	885	499	↓	5,365	2,063	↓
COVID Vaccine Given	529	112	↓	2,107	534	↓
TB Skin Test *		13	↑		50	↑
Newborn Screening	0	3	↑	0	4	↑
Immunization Record Review and Release Only*		92	↑		1,858	↑
Transcription of Immunization Records Only*		12	↑		159	↑
Same Day Appts *		140	↑		3,653	↑
Referred to Civil Surgeon for Medical Assessment*		1	↑		26	↑
Vaccine Counseled **		30	↑		327	↑

*Started data collection 07/01/2025

**Counseled related to travel or routine vaccinations; no vaccine provided at appointment.

Vaccines for Children (VFC)	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
Number of VFC Compliance Visits	7	6	↓	34	34	→
Number of IQIP Visits	0	1	↑	0	3	↑
Number of Follow Up Contacts	37	12	↓	161	176	↑
Number of Annual Provider Training	7	6	↓	39	32	↓
Number of State Requested Visits	14	13	↓	105	70	↓

Perinatal Hepatitis B	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
# of Expectant Women	11	13	↑	13	11	↓
# of Infants	69	51	↓	65	53	↓
Total # of Infants Delivered	0	3	↑	20	17	↓
New Cases	5	6	↑	23	23	→
Closed Cases	1	1	→	41	26	↓

Childcare Program	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
Childcare Audits	6	5	↓	31	41	↑
Baseline Immunization Rate	75%	71%	↓	81%	83%	↑
# of Final Audits	6	5	↓	31	41	↑
Final Immunization Rate	89%	98%	↑	93%	96%	↑
# of Records Reviewed	890	396	↓	2991	2938	↓

Nursing Field Services	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
MCH Team Home Visit Encounters	9	21	↑	82	78	↓

NFP (Team 1)	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
Referrals	15	9	↓	87	76	↓
Enrolled	7	4	↓	38	43	↑
Active	107	129	↑			

NFP (Expansion Team)**	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
Referrals	0	0	→	22	0	↓
Enrolled	1	0	↓	13	0	↓
Active	54	0	↓			
** Pending receipt of NOA**						

MCH	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
# of Referrals Received	6	7	↑	27	32	↑
# from CPS	5	7	↑	19	22	↑
# of Lead Referrals	0	0	→	6	6	→
# of Total Admissions	4	5	↑	24	22	↓

Thrive by 0 - 3	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
Referrals	43	39	↓	216	289	↑
One-Time Home Visits	7	1	↓	24	39	↑
Enrolled	3	1	↓	18	13	↓
Active	26	10	↓			

Healthy Start**	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
Referrals	9	30	↑	88	177	↑
Enrolled	6	5	↓	35	41	↑
Active	43	80	↑			

Embracing Fatherhood***	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
Referrals ***	n/a	0		n/a	9	↓
Enrolled ***	n/a	1		n/a	6	↓
Active	n/a	12				
***New program as of 1/2025						

Tuberculosis Program

Tuberculosis	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
Number of Case Manager Encounters^		85	↑		519	↑
Number of Unduplicated Clients Seen by a Provicder^		62	↑		346	↑
Number of Clients encounters by TB Clinic Nurse^(duplicated patients)		365	↑		2480	↑
Number of Monthly Electronic Disease Notifications Clinic Clients (Class B)	51	90	↑	408	447	↑
New Active Clients^		4	↑		20	↑
Number of Clients Receeiving LTBI Treatment^		253	↑		1647	↑
Outreach Activities during the Month - Presentations, Physician Visits, Correctional Visits, etc.	5	7	↑	34	40	↑
Directly Observed Therapy (DOT) Field, clinic and televideo encounters	1,229	1,097	↓	7,818	7,919	↑

^ No data available; data reporting started 7/1/2025

Sexual Health Outreach and Prevention Program (SHOPP)

SHOPP - Express Testing (Asymptomatic Patients)	Dec 2024	Dec 2025		FY 24-25	FY 25-26	
# of Screening encounters	190	205	↑	1,328	1,027	↓
# of Clients Screened	189	204	↑	1,325	1,025	↓
# of Clients with positive STI identified	19	18	↓	120	118	↓
STI Positivity Rate*		9	↑		11	↑
SHOPP All CHW Linkages	**Dec 2024**	**Dec 2025**		**FY 24-25**	**FY 25-26**	
# of clients referred to Linkage	16	12	↓	121	99	↓
# of clients linked to care	16	12	↓	117	99	↓
SHOPP- Congenital Syphilis Case Management Program (CSCMP)	**Dec 2024**	**Dec 2025**		**FY 24-25**	**FY 25-26**	
# of Referrals (pregnant, post-partum, infants)	6	10	↑	51	45	↓
# of Clients enrolled in CM	3	6	↑	34	28	↓
# of Active pregnant/ postpartum clients	42	42	→			
# of Infants being followed	24	14	↓			
# of Provider/ Community trainings	3	0	↓	19	23	↑
SHOPP -Services for Unhoused Patients with Resources and Engagement in core (SURE)	**Dec 2024**	**Dec 2025**		**FY 24-25**	**FY 25-26**	
# of Outreach events	6	3	↓	30	40	↑
SHOPP- Complex STI Navigation	**Dec 2024**	**Dec 2025**		**FY 24-25**	**FY 25-26**	
# of Clients referred	3	4	↑	27	35	↑
# of Clients navigated	3	1	↓	26	28	↑
# of Home administrered treatment of STI (HATS)*		0	→		9	↑

*No data available; data reporting started 7-1-2025

Non- cumulative

December 31, 2025

Dear Leadership Team,

I am writing to formally recognize and express my sincere appreciation for Daniel Ames, our Embracing Fatherhood Community Health Worker with the Southern Nevada Health District, whose support has been nothing short of exceptional for my husband and me during a very important chapter of our lives.

As first-time parents welcoming our daughter, we entered this process with both excitement and uncertainty. As a same-sex couple, we were especially mindful of how our family would be supported and understood within public health systems. From our very first interaction, Daniel created a space that felt welcoming, respectful, and affirming. His professionalism, compassion, and knowledge immediately put us at ease.

Daniel consistently went above and beyond to ensure we understood available resources, next steps, and timelines. He never made us feel rushed or overlooked. Instead, he took the time to explain processes clearly, answer questions thoroughly, and follow up when needed. His guidance helped us navigate what could have been an overwhelming experience with confidence and peace of mind.

What stood out most was Daniel's genuine care. He treated our family with dignity and respect, recognized the uniqueness of our situation, and ensured we felt supported every step of the way. His approach embodies the true mission of community health work — meeting people where they are, removing barriers, and empowering families through education and advocacy.

Because of Daniel, our experience with the Southern Nevada Health District was not just positive — it was memorable and deeply meaningful. He represents the very best of public service, and I truly believe his dedication and impact deserve recognition.

Please extend our heartfelt thanks to Daniel and consider this email a strong endorsement of his outstanding work and commitment to the community.

With sincere appreciation, [redacted]

MEMORANDUM

DATE: January 22, 2026

TO: Southern Nevada District Board of Health

FROM: Cassius Lockett, PhD, District Health Officer

RE: Active Contracts – Up to $100,000

Further to the request from the Finance Committee and the Southern Nevada District Board of Health, attached please find a report of contracts within the District Health Officer's approval authority (up to $100,000) that were active during the period of September 1, 2025,through December 31, 2025.

The report includes contracts that were newly executed and/or amended during the reporting period, as well as contracts executed in prior years that remained active and within the applicable approval threshold. Contract types reflected in the report may include but are not limited to professional services agreements, master service agreements, leases, and related amendments.

Moving forward, this report will be incorporated into the Administration Division's Monthly Report and will identify newly executed contracts and amendments within the District Health Officer's approval authority for each reporting period.

Footnote: *Contracts reflected in this report may have original start dates prior to the reporting period but are included because they remained active and within the District Health Officer's approval authority during the specified timeframe.*

CONTRACTS REPORT - UP TO $100,000

Vendor Name	GL Key Desc	Description	OrigBeginDate	CurrentEndDate	CurrentMax
Shamrock Holdings LLC	Human Resources	PSA, Survey Management	04/19/2022	04/18/2026	$19,959.50
PITNEY BOWES GLOBAL FINA	Facilities-Warehouse	Equipment Lease	07/01/2022	06/30/2027	$34,952.40
Smarty LLC	SB118-Smarty	Master Service Agreement for SaaS	11/14/2022	11/15/2027	$72,000.00
Gay & Lesbian Community	Overdoes Data to Action	PSA ODTAB	09/01/2023	08/31/2026	$88,994.84
Impact Exchange	Overdoes Data to Action	PSA ODTAB	09/01/2023	08/31/2026	$79,455.03
Together We Can	Racial & Ethnic Approach to CH	PSA, REACH	12/30/2023	09/29/2026	$84,000.00
MATRIZ, TERRITORIO Y MEM	Maternal Child Health-HSTRT	Professional Doula Services PPHS_25	09/30/2025	09/29/2026	$8,000.00
Victoria Flores	Maternal Child Health-HSTRT	Professional Doula Services PPHS_25	09/30/2025	09/29/2026	$6,000.00
Verified First LLC	Human Resources	Background Checks	10/30/2025	10/29/2026	$34,000.00
NEUL Capital Holdings LL	Information Technology	Etherfax OneTouch	08/14/2025	08/13/2026	$46,024.58
Denver Health & Hospital	NVGF-Tob-Communications	SBOOC25 PSA	07/01/2025	06/30/2026	$30,000.00
Rogue Services and Solut	Information Technology	MSA and SOW	09/30/2025	09/29/2026	$44,800.00
Pills2Me Inc	FQHC Pharmacy	Delivery of Prescriptions to SNCHC Clients	10/30/2025	09/29/2026	$37,497.00
West Publishing Corporat	Legal	Westlaw Advantage with CoCounsel	10/09/2025	10/08/2026	$21,408.00
ROSEMAN UNIVERSITY OF HE	Overdoes Data to Action	PSA ODTAA	09/01/2025	08/31/2026	$100,000.00
Virgen Advertising Corpo	Chrnoic Disease Prev and Hlth Pr	PSA PHHSBG26	10/01/2025	09/30/2026	$59,933.00
ADVANCED TECHNOLOGY LABO	Ntl Ctr EH	Water Panel WQWELL25	12/08/2025	08/31/2026	$9,290.00
Hologic Inc	Admin Clinical Lab	Equipment Lease (SNHD-4-LS-15-052)	05/19/2015	07/31/2026	$100,000.00
Center for Behavioral He	FQHC Ryan White	Services Agreement	03/01/2025	02/28/2026	$9,500.00
Red Dawn Intermediate	Information Technology	IT Equipment Maintenance	11/01/2023	10/31/2026	$14,205.63
Rita Shah, Infectious Disease	Tuberculosis Elimination	PSA - Pediatric Medical	03/11/2025	12/31/2025	$8,415.00
Sutton Law & Consulting	Legal	Fee Agreement	10/14/2025	11/30/2025	$2,500.00

Water Fairness
COALITION

January 22, 2026

SNHD Board of Health 2md Public Comment

Chairman Black,
Members of the Board of Health
Dr. Lockett.

I'm speaking regarding the proposed changes to septic system regulations in support of the septic community and WFC Members who cannot be here today. I also want to acknowledge that there is not enough time today to address the numerous outstanding septic-related issues, so I'm focusing on the core defects of the current proposed rules change.

I want to begin with **process and public notice**. And yes—this is redundant. I'm raising it again because it needs to resonate with this Board as **inadequate and inconsistent with due process**, particularly for something as serious as what is being proposed.

The core problem is that the current notification framework allows agencies to bypass the residents most directly impacted—an issue likely to surface again in the upcoming legislative session. The Business Impact Survey process effectively **weaponizes notice** by providing no direct, specific notification to homeowners, even when they are plainly the target.

These rules move homeowners toward a conversion of a permitted element of their homes—septic systems that were lawful and required because sewer facilities were not available when properties were developed. For many affected properties, those facilities are still not reasonably available today and will not be for many years, if ever. Yet the proposed framework imposes ongoing administrative burdens and prolonged uncertainty that can stigmatize otherwise lawful properties and leave owners saddled with a liability that limits their ability to sell.

That concern continues with SNHD's recent **"Proposed Septic Regulations"** survey, which **closed January 16, 2026**.

I have direct confirmation from multiple septic property owners who did not receive that survey notification.

Now, on the "why" behind this: I'm not disputing that water conservation is important. But that principle cannot be used to justify stripping homeowners of the value of previously permitted investments and forcing conversions at enormous personal expense.

2727 Ashby Ave Las Vegas, NV 89102 702-596-4748

During AB220 testimony on **February 22, 2023**, SNWA General Manager **John Entsminger** described the push to address septic conversions in terms of **water return-flow credit**—that when a home uses municipal water and is on septic, SNWA is not getting those credits and that this was "the piece" SNWA needed to address.

He also stated that homes on wells were not SNWA's target, yet the draft rules do not separate those homeowners from everyone else.

There is already active litigation in our community challenging SNWA's statutory authority and the consequences of its conservation enforcement. I'm not here to argue that case, but to say that this Board should not be pulled into the same pattern of behavior by allowing a water-policy objective to be carried out through a public health rulemaking—especially when the practical effect is to destabilize homeowners, devalue lawful properties, and coerce costly conversions.

AB220 was presented as offering financial support and a voluntary pathway, yet residents are being directed to programs that are limited, selective, or capped, and SNHD-related materials reflect that the promised funding pathway is not actually available at scale.

For these reasons, I am asking this Board to **abandon the proposed rules change**. A public health board should not impose an unfunded mandate that destabilizes homeowners and effectively confiscates the value of lawful, previously permitted septic investments—especially when the underlying driver is a separate agency's water-accounting objective.

And this Board must not allow itself to be used as the vehicle for initiatives crafted outside this Board's public deliberation and outside its mission. If the objective is water-policy and return-flow accounting, that belongs with SNWA—not with a public health board imposing uncompensated losses on homeowners.

Until a legitimate public health basis is demonstrated and fully funded remedies exist, this pressure campaign must stop.

Respectfully,

WATER FAIRNESS COALITION

Laura McSwain, President

2727 Ashby Ave Las Vegas, NV 89102 702-596-4748

From: Valerie Juick
To: board.of.health
Cc: sberkley@lasvegasnevada.gov
Subject: Reject SNHD 2025 Septic Rules — Start Over
Date: Monday, December 22, 2025 2:27:10 PM

This message needs your attention
- This is a personal email address.

Mark as Safe | Report this Email

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SNHD, Please **REJECT** the proposed 2025 ISDS/Liquid Waste regs & **START OVER** w/ real public participation. This **omnibus** package hasn't been vetted w/ residents, yet it'd impose forced or mandated sewer hookups costing $40k–100k+, add recurring 5-yr permits on existing systems, require costly transfer inspections/fees that delay closings & trigger disputes, & mandate expensive tech in so-called "sensitive" areas. If sewer conversion's a public goal, it must be publicly planned & funded — not dumped on homeowners. SNHD must publish plain-language summaries, do fiscal homework (business & homeowner impacts), offer risk-based flexible alternatives, & grandfather lawful systems. Don't force conversion unless there's a proven health hazard — & if pursued for the public good, it must be publicly funded. Respectively,

From:	Robert Owens
To:	board.of.health; SNHD Public Comments; Septics; blacks@cityofnorthlasvegas.com; JoeHardy@bcnv.org; DistrictC@clarkcountynv.gov; bbond@culinaryhealthfund.org; nbrune@lasvegasnevada.gov; pgallo@mesquitenv.gov; marilyn.kirkpatrick@clarkcountynv.gov; Michelle.Romero@cityofhenderson.com; Monica.Larson@cityofhenderson.com; ssummersarmstrong@lasvegasnevada.gov; scott@nielsonconsulting.com
Cc:	sberkley@lasvegasnevada.gov; ward1@lasvegasnevada.gov; ward2@lasvegasnevada.gov; ward3@lasvegasnevada.gov; fpalenske@lasvegasnevada.gov; rodgersj@cityofnorthlasvegas.com; Jim.Seebock@cityofhenderson.com; Carrie.Cox@cityofhenderson.com; Dan.Stewart@cityofhenderson.com; CBooth@bcnv.org; SJorgensen@bcnv.org; SWalton@bcnv.org; DAshurst@bcnv.org; jwhipple@mesquitenv.gov; bennis@mesquitenv.gov; kfielding@mesquitenv.gov; pwanlass@mesquitenv.gov; DistrictA@clarkcountynv.gov; DistrictD@clarkcountynv.gov; DistrictE@clarkcountynv.gov; DistrictF@clarkcountynv.gov; DistrictG@clarkcountynv.gov; AdministrativeServices@clarkcountynv.gov; tlh@clarkcountynv.gov; Judith.Metz@clarkcountynv.gov; Tammy.Harris@clarkcountynv.gov; news@news3lv.com; desk@ktnv.com; desk@fox5vegas.com; newsdesk@8newsnow.com; info@reviewjournal.com; news@businesspress.vegas; hello@knpr.org; son@knpr.org; editor@desertcompanion.com; pistas@telemundolasvegas.com; ideas@thenvindy.com; contact@thenvindy.com; aplasvegas@ap.org
Subject:	Reject SNHD 2025 Septic Rules — Start Over
Date:	Monday, December 22, 2025 2:54:17 PM

SNHD,

Please **REJECT** the proposed 2025 ISDS/Liquid Waste regs & **START OVER** w/ real public participation. This **omnibus** package hasn't been vetted w/ residents, yet it'd impose forced or mandated sewer hookups costing $40k–100k+, add recurring 5-yr permits on existing systems, require costly transfer inspections/fees that delay closings & trigger disputes, & mandate expensive tech in so-called "sensitive" areas.

If sewer conversion's a public goal, it must be publicly planned & funded — not dumped on homeowners. SNHD must publish plain-language summaries, do fiscal homework (business & homeowner impacts), offer risk-based flexible alternatives, & grandfather lawful systems. Don't force conversion unless there's a proven health hazard — & if pursued for the public good, it must be publicly funded.

Respectively,

Robert and Charlotte Owens

Sent from my iPhone

From:	Renee Humphrey
To:	board.of.health; SNHD Public Comments; Septics; blacks@cityofnorthlasvegas.com; JoeHardy@bcnv.org; DistrictC@clarkcountynv.gov; bbond@culinaryhealthfund.org; nbrune@lasvegasnevada.gov; pgallo@mesquitenv.gov; marilyn.kirkpatrick@clarkcountynv.gov; Michelle.Romero@cityofhenderson.com; Monica.Larson@cityofhenderson.com; ssummersarmstrong@lasvegasnevada.gov; scott@nielsonconsulting.com
Cc:	sberkley@lasvegasnevada.gov; ward1@lasvegasnevada.gov; ward2@lasvegasnevada.gov; ward3@lasvegasnevada.gov; fpalenske@lasvegasnevada.gov; rodgersj@cityofnorthlasvegas.com; Jim.Seebock@cityofhenderson.com; Carrie.Cox@cityofhenderson.com; Dan.Stewart@cityofhenderson.com; CBooth@bcnv.org; SJorgensen@bcnv.org; SWalton@bcnv.org; DAshurst@bcnv.org; jwhipple@mesquitenv.gov; bennis@mesquitenv.gov; kfielding@mesquitenv.gov; pwanlass@mesquitenv.gov; DistrictA@clarkcountynv.gov; DistrictD@clarkcountynv.gov; DistrictE@clarkcountynv.gov; DistrictF@clarkcountynv.gov; DistrictG@clarkcountynv.gov; AdministrativeServices@clarkcountynv.gov; tlh@clarkcountynv.gov; Judith.Metz@clarkcountynv.gov; Tammy.Harris@clarkcountynv.gov; news@news3lv.com; desk@ktnv.com; desk@fox5vegas.com; newsdesk@8newsnow.com; info@reviewjournal.com; news@businesspress.vegas; hello@knpr.org; son@knpr.org; editor@desertcompanion.com; pistas@telemundolasvegas.com; ideas@thenvindy.com; contact@thenvindy.com; aplasvegas@ap.org
Subject:	Reject SNHD 2025 Septic Rules — Start Over
Date:	Monday, December 22, 2025 3:05:25 PM

SNHD,

Please **REJECT** the proposed 2025 ISDS/Liquid Waste regs & **START OVER** w/ real public participation. This **omnibus** package hasn't been vetted w/ residents, yet it'd impose forced or mandated sewer hookups costing $40k–100k+, add recurring 5-yr permits on existing systems, require costly transfer inspections/fees that delay closings & trigger disputes, & mandate expensive tech in so-called "sensitive" areas.

If sewer conversion's a public goal, it must be publicly planned & funded — not dumped on homeowners. SNHD must publish plain-language summaries, do fiscal homework (business & homeowner impacts), offer risk-based flexible alternatives, & grandfather lawful systems. Don't force conversion unless there's a proven health hazard — & if pursued for the public good, it must be publicly funded.

Respectively,

From: Mike Cook
To: board.of.health; SNHD Public Comments; Septics; blacks@cityofnorthlasvegas.com; JoeHardy@bcnv.org; DistrictC@clarkcountynv.gov; bbond@culinaryhealthfund.org; nbrune@lasvegasnevada.gov; pgallo@mesquitenv.gov; marilyn.kirkpatrick@clarkcountynv.gov; Michelle.Romero@cityofhenderson.com; Monica.Larson@cityofhenderson.com; ssummersarmstrong@lasvegasnevada.gov; scott@nielsonconsulting.com
Cc: sberkley@lasvegasnevada.gov; ward1@lasvegasnevada.gov; ward2@lasvegasnevada.gov; ward3@lasvegasnevada.gov; fpalenske@lasvegasnevada.gov; rodgersj@cityofnorthlasvegas.com; Jim.Seebock@cityofhenderson.com; Carrie.Cox@cityofhenderson.com; Dan.Stewart@cityofhenderson.com; CBooth@bcnv.org; SJorgensen@bcnv.org; SWalton@bcnv.org; DAshurst@bcnv.org; jwhipple@mesquitenv.gov; bennis@mesquitenv.gov; kfielding@mesquitenv.gov; pwanlass@mesquitenv.gov; DistrictA@clarkcountynv.gov; DistrictD@clarkcountynv.gov; DistrictE@clarkcountynv.gov; DistrictF@clarkcountynv.gov; DistrictG@clarkcountynv.gov; AdministrativeServices@clarkcountynv.gov; tlh@clarkcountynv.gov; Judith.Metz@clarkcountynv.gov; Tammy.Harris@clarkcountynv.gov; news@news3lv.com; desk@ktnv.com; desk@fox5vegas.com; newsdesk@8newsnow.com; info@reviewjournal.com; news@businesspress.vegas; hello@knpr.org; son@knpr.org; editor@desertcompanion.com; pistas@telemundolasvegas.com; ideas@thenvindy.com; contact@thenvindy.com; aplasvegas@ap.org
Subject: Reject SNHD 2025 Septic Rules — Start Over
Date: Tuesday, December 23, 2025 7:22:49 AM

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SNHD,

Please **REJECT** the proposed 2025 ISDS/Liquid Waste regs & **START OVER** w/ real public participation. This **omnibus** package hasn't been vetted w/ residents, yet it'd impose forced or mandated sewer hookups costing $40k–100k+, add recurring 5-yr permits on existing systems, require costly transfer inspections/fees that delay closings & trigger disputes, & mandate expensive tech in so-called "sensitive" areas.

If sewer conversion's a public goal, it must be publicly planned & funded — not dumped on homeowners. SNHD must publish plain-language summaries, do fiscal homework (business & homeowner impacts), offer risk-based flexible alternatives, & grandfather lawful systems. Don't force conversion unless there's a proven health hazard — & if pursued for the public good, it must be publicly funded.

Respectively,

Mike Cook

From: Pamela Cook
To: board.of.health; SNHD Public Comments; Septics; blacks@cityofnorthlasvegas.com; JoeHardy@bcnv.org; DistrictC@clarkcountynv.gov; bbond@culinaryhealthfund.org; nbrune@lasvegasnevada.gov; pgallo@mesquitenv.gov; marilyn.kirkpatrick@clarkcountynv.gov; Michelle.Romero@cityofhenderson.com; Monica.Larson@cityofhenderson.com; ssummersarmstrong@lasvegasnevada.gov; scott@nielsonconsulting.com
Cc: sberkley@lasvegasnevada.gov; ward1@lasvegasnevada.gov; ward2@lasvegasnevada.gov; ward3@lasvegasnevada.gov; fpalenske@lasvegasnevada.gov; rodgersj@cityofnorthlasvegas.com; Jim.Seebock@cityofhenderson.com; Carrie.Cox@cityofhenderson.com; Dan.Stewart@cityofhenderson.com; CBooth@bcnv.org; SJorgensen@bcnv.org; SWalton@bcnv.org; DAshurst@bcnv.org; jwhipple@mesquitenv.gov; bennis@mesquitenv.gov; kfielding@mesquitenv.gov; pwanlass@mesquitenv.gov; DistrictA@clarkcountynv.gov; DistrictD@clarkcountynv.gov; DistrictE@clarkcountynv.gov; DistrictF@clarkcountynv.gov; DistrictG@clarkcountynv.gov; AdministrativeServices@clarkcountynv.gov; tlh@clarkcountynv.gov; Judith.Metz@clarkcountynv.gov; Tammy.Harris@clarkcountynv.gov; news@news3lv.com; desk@ktnv.com; desk@fox5vegas.com; newsdesk@8newsnow.com; info@reviewjournal.com; news@businesspress.vegas; hello@knpr.org; son@knpr.org; editor@desertcompanion.com; pistas@telemundolasvegas.com; ideas@thenvindy.com; contact@thenvindy.com; aplasvegas@ap.org
Subject: Reject SNHD 2025 Septic Rules — Start Over
Date: Tuesday, December 23, 2025 11:47:36 AM

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SNHD,

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Respectively,

Pamela Cook

From:	morse27
To:	board.of.health; SNHD Public Comments; Septics; blacks@cityofnorthlasvegas.com; JoeHardy@bcnv.org; DistrictC@ClarkCountyNV.gov; bbond@culinaryhealthfund.org; nbrune@lasvegasnevada.gov; pgallo@mesquitenv.gov; marilyn.kirkpatrick@clarkcountynv.gov; Michelle.Romero@cityofhenderson.com; Monica.Larson@cityofhenderson.com; ssummersarmstrong@lasvegasnevada.gov; scott@nielsonconsulting.com
Cc:	sberkley@lasvegasnevada.gov; ward1@lasvegasnevada.gov; ward2@lasvegasnevada.gov; ward3@lasvegasnevada.gov; fpalenske@lasvegasnevada.gov; rodgersj@cityofnorthlasvegas.com; Jim.Seebock@cityofhenderson.com; Carrie.Cox@cityofhenderson.com; Dan.Stewart@cityofhenderson.com; CBooth@bcnv.org; SJorgensen@bcnv.org; SWalton@bcnv.org; DAshurst@bcnv.org; jwhipple@mesquitenv.gov; bennis@mesquitenv.gov; kfielding@mesquitenv.gov; pwanlass@mesquitenv.gov; DistrictA@ClarkCountyNV.gov; DistrictD@ClarkCountyNV.gov; DistrictE@ClarkCountyNV.gov; DistrictF@ClarkCountyNV.gov; DistrictG@ClarkCountyNV.gov; AdministrativeServices@ClarkCountyNV.gov; tlh@ClarkCountyNV.gov; Judith.Metz@ClarkCountyNV.gov; Tammy.Harris@ClarkCountyNV.gov; news@news3lv.com; desk@ktnv.com; desk@fox5vegas.com; newsdesk@8newsnow.com; info@reviewjournal.com; news@businesspress.vegas; hello@knpr.org; son@knpr.org; editor@desertcompanion.com; pistas@telemundolasvegas.com; ideas@thenvindy.com; contact@thenvindy.com; aplasvegas@ap.org
Subject:	Reject SNHD 2025 Septic Rules — Start Over
Date:	Friday, December 26, 2025 2:29:40 PM

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SNHD,

Please **REJECT** the proposed 2025 ISDS/Liquid Waste regs & **START OVER** w/ real public participation. This **omnibus** package hasn't been vetted w/ residents, yet it'd impose forced or mandated sewer hookups costing $40k–100k+, add recurring 5-yr permits on existing systems, require costly transfer inspections/fees that delay closings & trigger disputes, & mandate expensive tech in so-called "sensitive" areas.

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Respectively,

Jeff Morse

Sent via the Samsung Galaxy S23+ 5G, an AT&T 5G smartphone