***Submit completed worksheet to:***

*Siskiyou County Clerk, 311 Fourth St., Rm 201, Yreka, CA 96097*

# **Agenda Worksheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Regular** | **[ ]**  |  | **Time Requested:** |  | **Meeting Date:** | **September 7, 2021** |
| ***OR*** |
| **Consent** | **[x]**  |  |
| **Contact Person/Department:** | **Shelly Davis, Public Health** | **Phone:** | **530-842-8005** |
| **Address:** | **810 South Main Street, Yreka** |
| **Person Appearing/Title:** | **Shelly Davis, Director of Public Health** |
| **Subject/Summary of Issue:** |
| Staff is presenting for ratification by the Board a Proclamation of Local Health Emergency by the County Health Officer in relation to various health hazards resulting from the River Complex fire, Antelope fire and Cash fire in Siskiyou County. These health hazards include, but are not limited to, unhealthy air quality, hazardous products of combustion, water quality and threats to the health and safety of the residents of Siskiyou County. As authorized, this proclamation was signed by Dr. Aaron Stutz, Siskiyou County Public Health Officer on August 19, 2021.  |
| **Financial Impact:** |
| **NO** | [x]  | *Describe why no financial impact:*       |
| **YES** | [ ]  | *Describe impact by indicating amount budgeted and funding source below* |
| Amount: |       |  |  |  |  |
| Fund:  |       |  | Description: |       | Org.: |       | Description: |       |
| Account: |       |  | Description: |       |  |
| Activity Code:  |       |  | Description: |       |  |
| Local Preference: YES [ ]  NO [ ]  |
| For Contracts – *Explain how vendor was selected:*       |
|       |
| Additional Information: |       |
|       |
| **Recommended Motion:** |
| Staff respectfully requests that the Board approve and ratify the Proclamation of Local Health Emergency by the County Health Officer as executed by Dr. Aaron Stutz on August 19, 2021, and direct County Clerk’s Office to schedule the future status review every 14 days with a recommended action to the Board of Supervisors to extend or terminate.  |
| **Reviewed as recommended by policy:** |  | ***Special Requests*:** |
| County Counsel |       |  |  |
|  |  |  | *Certified Minute Order(s)* |       | *Quantity:* |       |
| Auditor |       |  |  |  |  |  |
|  |  |  |  |  |  |
| Personnel |       |  | *Other:* |       |
| CAO |       |  |       |

***NOTE: For consideration for placement on the agenda, the original agenda worksheet and backup material must be submitted directly to the Board Clerk (after reviewing signatures have been obtained) by 10:00 a.m. on the Monday the week prior to the Board Meeting.*** Revised 8/09/2021