

**SUBMITTAL TO THE BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE, STATE OF CALIFORNIA**



ITEM: 21.1
(ID # 30066)

MEETING DATE:
Tuesday, March 24, 2026

FROM : RUHS-PUBLIC HEALTH

SUBJECT: RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH: Public Hearing and Adoption of Ordinance No. 734.18 Amending Ordinance No. 734, an Ordinance of the County of Riverside Establishing Fees, Charges, and Rates for Riverside University Health System – Public Health Program Services and Supplies. All Districts. [\$0]

RECOMMENDED MOTION: That the Board of Supervisors:

1. Open the public hearing regarding the adoption of Ordinance 734.18 amending Ordinance No. 734 an Ordinance of the County of Riverside establishing Fees, Charges, and Rates for Riverside University Health System – Public Health Program Services and Supplies; and
2. Upon the close of the public hearing, adopt Ordinance 734.18 amending Ordinance No. 734 an Ordinance of the County of Riverside establishing Fees, Charges, and Rates for Riverside University Health System – Public Health Program Services and Supplies; and
3. Direct the Clerk of the Board to publish the ordinance within fifteen (15) days pursuant to Section 25124 of the Government Code.

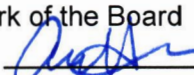
ACTION:Policy


Kim Saruwatari, Director of Public Health 3/12/2026

MINUTES OF THE BOARD OF SUPERVISORS

On motion of Supervisor Medina, seconded by Supervisor Gutierrez and duly carried by unanimous vote, IT WAS ORDERED that the above matter is approved as recommended and Ordinance 734.18 is adopted with waiver of the reading.

Ayes: Medina, Spiegel, Washington, Perez, and Gutierrez
Nays: None
Absent: None
Date: March 24, 2026
xc: RUHS-PH, COB/MC/AB/DL/NS

Kimberly A. Rector
Clerk of the Board
By: 
Deputy

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

FINANCIAL DATA	Current Fiscal Year:	Next Fiscal Year:	Total Cost:	Ongoing Cost
COST	\$0	\$0	\$0	\$0
NET COUNTY COST	\$0	\$0	\$0	\$0
SOURCE OF FUNDS: N/A			Budget Adjustment: N/A	
			For Fiscal Year: 25/26	

C.E.O. RECOMMENDATION: Approve

BACKGROUND:

Summary

In March 1994, the Board of Supervisors adopted Ordinance 734, Public Health Services and Supplies Fee and Charges, establishing County Public Health Fees, charges, and rates. The last update to the Ordinance, 734.17, was made on March 25, 2025, with Board adoption on April 1, 2025. As a result of updates to state fees and new program initiatives, Riverside University Health System - Public Health (RUHS-PH) is submitting Ordinance 734.18 to reflect the commensurate and applicable changes to the RUHS-PH fee schedule.

Riverside County’s Auditor-Controller’s Office (ACO) has completed the review of the updated RUHS-PH fee schedule submitted by RUHS-PH. Based on the ACO’s review, they found that RUHS-PH updated rates are equitable and reasonable to recover the cost of providing services.

On March 3, 2026, Minute Order 3.29, the Board of Supervisors approved the introduction of Ordinance 734-18. Today’s Form 11 requests the convening of a public hearing and the subsequent adoption of the updated RUHS-PH fee schedule.

Impact on Residents and Businesses

The new and revised RUHS-PH program fees are necessary for the on-going operational and maintenance cost in providing Public Health program services to Riverside County residents.

Additional Fiscal Information

RUHS-PH Laboratory (RUHS-PHL) fees were revised using the Medicare rates with a 150% multiplier. The fees are consistent with standard pricing and strategy recommended by the National Association of Community Health Centers (NACHC), as used in the healthcare industry. Public Health Lab tests are added as needed, with pricing following industry standards, and will be added to the fee schedule in subsequent fee updates. New fees and some revised fees have been calculated to offset the actual cost of providing the service/product.

The following RUHS-PH Branches have new or revised fees:

- Business Services
- Immunizations
- Disease Control
- HIV/STD
- Community Health Workers

**SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE,
STATE OF CALIFORNIA**

- Nutrition
- Staff Development
- Vital Records

ATTACHMENTS:

ATTACHMENT A. Ordinance 734.18 Riverside University Health System – Public Health Fees

ATTACHMENT B. Schedule 1 Riverside University Health System - Public Health Fees


Douglas Ordonez Jr.


3/16/2026


Gregg Gu, Chief of Deputy County Counsel 3/12/2026

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STATE OF CALIFORNIA)
)
COUNTY OF RIVERSIDE) ss

I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said county held on March 24, 2026, the foregoing ordinance consisting of 5 Sections was adopted by the following vote:

AYES: Medina, Spiegel, Washington, Perez, and Gutierrez
NAYS: None
ABSENT: None
ABSTAIN: None

DATE: March 24, 2026

KIMBERLY A. RECTOR
Clerk of the Board

BY: 
Deputy

SEAL

COUNTY OF RIVERSIDE
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES
 Ordinance 734.18 Schedule 1

Description of Activity/Service	Current Approved Fee
Business Services:	
Certified Mail	per item \$ 4.35
Certified Mail (Registered)	per item \$ 16.80
Certified Mail (Receipt Requested)	per item \$ 3.55
Records Processing Fee (Subpoena/Records Request Clerical Fee) plus pass through third party costs	per request \$ 15.00
Records Copying Fee	per page \$ 1.00
Returned Checks	each \$ 20.00
Merchant Fee Charge - Debit and Credit Card Payments	per transaction \$ -
Medical Documents, X-Rays & Images (CD included) plus pass through third party costs	per request \$ 25.00
Therapeutic Med ID Program (MMIC)	\$ 87.00
Therapeutic Med ID Program (MMIC) - Medi-Cal patients	\$ 43.50
Dog Importation Health Certificate Administration Fee	each \$ 26.00

Epidemiology

Special Data Request Fee	per hour \$ 100.00
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Immunizations

Mobile Team Vaccines	
Flublok Trivalent PFS (Sanofi Pasteur) - Influenza Vaccine	CPT 90673 \$ -
Fluzone Trivalent PFS 0.5mL (Sanofi Pasteur) - Influenza Vaccine	CPT 90656 \$ -
Fluarix PFS 0.5mL (GlaxoSmithKline) - Influenza Vaccine	CPT 90656 \$ 20.00
Adacel (Sanofi Pasteur) - Tdap Vaccine	CPT 90715 \$ -
BOOSTRIX (GlaxoSmithKline) - Tdap Vaccine	CPT 90715 \$ 50.00
Covid-19, PEDS, 0.3mL (Pfizer) - Covid Vaccine	CPT 91319 \$ 130.00
Covid-19, Comirnaty 12+, tris-sucrose, 0.3mL (Pfizer) - Covid Vaccine	CPT 91320 \$ 130.00
Covid-19 PEDS, PF, 0.25mL (Moderna) - Covid Vaccine	CPT 91321 \$ 130.00
Covid-19, Spikevax 12+, PF, 0.5mL (Moderna) - Covid Vaccine	CPT 91322 \$ 130.00
Covid-19, mNEXSPIKE 12+, PF, 0.5mL (Moderna) - Covid Vaccine	CPT 91323 \$ -
Jynneos (Bavarian Nordic A/S) - Orthopox Vaccine	CPT 90611 \$ -
DAPTACEL (Sanofi Pasteur) - DTaP Vaccine	CPT 90700 \$ -
INFANRIX (GlaxoSmithKline) - DTaP Vaccine	CPT 90700 \$ -
PEDIARIX DTaP/Hep B/IPV (GlaxoSmithKline) - DTaP Combo Vaccine	CPT 90723 \$ -
KINRIX DTaP/IPV (GlaxoSmithKline) - DTaP Combo Vaccine	CPT 90696 \$ -
Pentacel DTaP/IPV/Hib (Sanofi Pasteur) - DTaP Combo Vaccine	CPT 90698 \$ -
VAXELIS DTaP/IPV/Hib/Hep B (MSP Vaccine Co) - DTaP Combo Vaccine	CPT 90697 \$ -
HAVRIX - Adult (GlaxoSmithKline) - Hep A adult Vaccine	CPT 90632 \$ -
VAQTA - Adult (Merck and Co) - Hep A adult Vaccine	CPT 90632 \$ -
HAVRIX - Peds (2 dose) (GlaxoSmithKline) - Hep A ped/adol Vaccine	CPT 90633 \$ -
VAQTA - Peds (2 dose) (Merck and Co) - Hep A ped/adol Vaccine	CPT 90633 \$ -
HEPLISAV-B (Dynavax) - Hep B adult Vaccine	CPT 90739 \$ -
ENGERIX-B - Adult (GlaxoSmithKline) - Hep B adolescent or pediatric Vaccine	CPT 90746 \$ -
Hep B-A20:S21PEDS (Merck and Co) - Hep B adolescent or pediatric Vaccine	CPT 90746 \$ -
RECOMBIVAX HB - Dialysis (GlaxoSmithKline) - Hep B adult Vaccine	CPT 90740 \$ -
ENGERIX-B - Peds (GlaxoSmithKline) - Hep B PEDS Vaccine	CPT 90744 \$ -
RECOMBIVAX HB - Peds (GlaxoSmithKline) - Hep B PEDS Vaccine	CPT 90744 \$ -
PedvaxHIB Hib (PRP-OMP) (Merck and Co) - Hib Vaccine	CPT 90647 \$ -
ActHIB Hib (PRP-T) (Sanofi Pasteur) - Hib Vaccine	CPT 90648 \$ -
Hiberix Hib (PRP-T) (GlaxoSmithKline) - Hib Vaccine	CPT 90648 \$ -
IPOL IPV (Sanofi Pasteur) - Polio Vaccine	CPT 90713 \$ -
M-M-R II (Merck and Co) - MMR Vaccine	CPT 90707 \$ -
PRIORIX (GlaxoSmithKline) - MMR Vaccine	CPT 90707 \$ 103.00
ProQuad (Merck and Co) - MMRV Vaccine	CPT 90710 \$ -
VARIVAX (Merck and Co) - Varicella Vaccine	CPT 90716 \$ 140.00
SHINGRIX (GlaxoSmithKline) - Shingles Vaccine	CPT 90750 \$ 199.00
Gardasil 9 (Merck and Co) - HPV Vaccine	CPT 90651 \$ 330.00

Description of Activity/Service		Current Approved Fee
Menactra (Sanofi Pasteur) - Meningococcal Conjugate Vaccine	CPT 90734	\$ -
MenQuadfi (Sanofi Pasteur) - Meningococcal Conjugate Vaccine	CPT 90619	\$ 198.00
Menveo (1 vial) (GlaxoSmithKline) - Meningococcal Conjugate Vaccine	CPT 90734	\$ 198.00
Menveo (2 vial) (GlaxoSmithKline) - Meningococcal Conjugate Vaccine	CPT 90734	\$ 198.00
Prevnar 20 (Pfizer) - Pneumococcal Conjugate Vaccine	CPT 90677	\$ -
Capvaxive PCV21 (Merck and Co) - Pneumococcal Conjugate Vaccine	CPT 90684	\$ -
VAXNEUVANCE PCV 15 (Merck and Co) - Pneumococcal Conjugate Vaccine	CPT 90671	\$ -
PNEUMOVAX 23 (Merck and Co) - Pneumococcal Polysaccharide Vaccine	CPT 90732	\$ -
ROTARIX (2 dose) (GlaxoSmithKline) - Rotavirus Vaccine	CPT 90681	\$ -
RotaTeq (3 dose) (Merck and Co) - Rotavirus Vaccine	CPT 90680	\$ -
ABRYSVO (Pfizer) - RSV adult Vaccine	CPT 90678	\$ -
AREXVY (GlaxoSmithKline) - RSV adult Vaccine	CPT 90679	\$ -
ENFLONISIA (Merck and Co) - RSV infant Vaccine	CPT 90382	\$ -
Beyfortus 0.5 mL (babies under 5 kg) (Sanofi Pasteur) - RSV Monoclonal Antibody infant Vaccine	CPT 90380	\$ -
Beyfortus 1 mL (babies over 5 kg) (Sanofi Pasteur) - RSV Monoclonal Antibody infant Vaccine	CPT 90381	\$ -
TDVAX (Grifols) - TD Vaccine	CPT 90714	\$ -
TENIVAC (Sanofi Pasteur) - TD Vaccine	CPT 90714	\$ -
Vaccinations for Travel*		
YF-VAX (Sanofi Pasteur) - Yellow Fever Vaccine	CPT 90717	\$ -
Typhim Vi (Sanofi Pasteur) - Typhoid Vaccine	CPT 90691	\$ -
Vaxchora (Bavarian Nordic A/S) - Cholera Vaccine	CPT 90625	\$ -
Ticovac Tick-Borne Encephalitis 0.25 mL (Pfizer) - Encephalitis Vaccine	CPT 90625	\$ -
Ticovac Tick-Borne Encephalitis 0.5 mL (Pfizer) - Encephalitis Vaccine	CPT 90627	\$ -
Ixiaro Japanese Encephalitis (Valneva Usa) - Encephalitis Vaccine	CPT 90738	\$ -
Imovax Rabies (Sanofi Pasteur) - Rabies Vaccine	CPT 90675	\$ -
Rabavert (Bavarian Nordic A/S) - Rabies Vaccine	CPT 90675	\$ -
Mosquirix (GlaxoSmithKline) - Malaria Vaccine	CPT N/A	\$ -
VIMKUNYA Recombinant (Bavarian Nordic A/S) - Chikungunya Vaccine	CPT 90593	\$ -
VIMKUNYA Live attenuated (Bavarian Nordic A/S) - Chikungunya Vaccine	CPT 90589	\$ -
Student Nursing Coordinator	per hour	\$ -
Vaccination Administration Fee**		\$2.00 - \$90.00
Travel Visit Counseling Fee***	CPT 99401	\$ -

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.

*Sliding fee scale dependent on number of doses and type

**Sliding fee scale based on funding source and program used

***Sliding fee scale based on destination and complexity of visit

Injury Prevention Services:

Bicycle Helmets*	each	\$3.00 - \$10.00
Regular Car Seats*	each	\$20.00 - \$45.00
Special Needs Car Seat*	each	\$0.00 - \$50.00

*Sliding fee scale based on Income

Non-Clinical Laboratory Fees:

Fees for Registration of Non-Diagnostic General Health Assessment Program:		
Annual Operator/Organization Registration	each	\$ 100.00
Additional Dates	each	\$ 12.00
Additional Program	each	\$ 43.00
Additional Site	each	\$ 20.00
Additional Personnel	each	\$ 12.00
Additional Tests	each	\$ -
Record Changes	each	\$ 12.00
Review Procedural Changes	each	\$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour	\$ 75.00
Spore Test - Instrument Sterilization (at 28 weeks)		\$ 18.86

Clinical Laboratory Fees:

Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00
Amplication Probe - Chlamydia	CPT 87491	\$ 52.64

Description of Activity/Service		Current Approved Fee
Amplification Probe - Gonorrhea	CPT 87591	\$ 52.64
Concentrate	CPT 87015	\$ 14.00
Culture 0157 E. coli (stool cultr bacteria each) /STEC	CPT 87046	\$ 19.00
Culture Aerobic (culture bacteria - other)	CPT 87070	\$ 18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081	\$ 15.00
Culture Campylobacter	CPT 87046	\$ 19.00
Culture Enteric (feces culture bacteria)	CPT 87045	\$ 19.00
Culture for Identification	CPT 87077	\$ 50.00
Culture Fungus	CPT 87102	\$ 30.00
Culture Gonorrhea (GC) (culture screen only)	CPT 87081	\$ 15.00
Culture Group A strep (Throat) (culture screen only)	CPT 87081	\$ 15.00
Culture Group B strep (vaginal/rectal) (culture screen only)	CPT 87081	\$ 15.00
Culture Salmonella/Shigella (feces culture bacteria)	CPT 87045	\$ 19.00
Culture TB	CPT 87116	\$ 50.00
FA Cryptosporidium (AG IF)	CPT 87272	\$ 38.00
FA Giardia (AG IF)	CPT 87269	\$ 38.00
FA Pneumocystis carinii (AG IF)	CPT 87281	\$ 19.00
FA Rabies	CPT N/A	\$ 50.00
Fecal Leukocyte (smear gram stain)	CPT 89055	\$ 9.00
Fungus ID Mold	CPT 87107	\$ 50.00
Fungus ID Yeast	CPT 87106	\$ 50.00
MTB/RIF PCR Assay	CPT 87556	\$ 100.00
Gram Stain (smear)	CPT 87205	\$ 9.00
Hepatitis A IgM Antibody	CPT 86709	\$ 23.00
Hepatitis A Total Antibody	CPT 86708	\$ 25.00
Hepatitis B Core IgM Antibody	CPT 86705	\$ 24.00
Hepatitis B Core Total Antibody	CPT 86704	\$ 25.00
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517	\$ 64.26
Hepatitis B Surface Antibody	CPT 86706	\$ 22.00
Hepatitis B Surface Antigen (AG EIA)	CPT 87340	\$ 21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341	\$ 21.00
Hepatitis C Antibody	CPT 86803	\$ 29.00
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522	\$ 64.26
Herpes Simplex Virus, Amplified Probe	CPT 87529	\$ 52.64
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389	\$ 36.12
HIV-1 Geenuis Confirmation	CPT 86701	\$ -
HIV-2 Geenuis Confirmation	CPT 86702	\$ -
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535	\$ 52.64
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536	\$ 127.65
ID of Parasite	CPT 87169	\$ 6.47
Influenza SARS-CoV-2 Multiplex rRT-PCR	CPT 87636	\$ 213.95
Kinyoun staining for TB ID	CPT 87206	\$ 8.09
Measles Antibody IgG	CPT 86765	\$ 19.32
MonkeyPox	CPT 87593	\$ 35.09
Mumps Antibody IgG	CPT 86735	\$ 19.58
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6)	CPT 87188	\$ 25.00
Mycobacterium Species Identification	CPT 87118	\$ 75.00
Mycoplasma genitalium	CPT 87563	\$ 52.64
Ova & Parasite - Concentration (smears)	CPT 87177	\$ 18.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209	\$ 37.00
PCR - Influenza A/B	CPT 87502	\$ 143.70
PCR - Measles and Mumps	CPT 87798	\$ 52.64
PCR - Norovirus	CPT 87801	\$ 105.30
Pinworm	CPT 87172	\$ 6.41
QuantiFERON-TB	CPT 86480	\$ 92.97
Respiratory Panel 2.1	CPT 87633	\$ 625.17
Rubella IgG Antibody	CPT 86762	\$ 21.59
Salmonella serogrouping	CPT 87147	\$ 7.77
Shiga-toxin 1 EIA	CPT 87427	\$ 17.97
Shiga-toxin 2 EIA	CPT 87427	\$ 17.97

Description of Activity/Service		Current Approved Fee
Syphilis (RPR) - Qualitative	CPT 86592	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593	\$ 9.00
Syphilis (TPPA) Confirmation (<i>treponema pallidum</i>)	CPT 86780	\$ 27.00
Syphilis Serum EIA Screen (<i>non-trep qual</i>)	CPT 86592	\$ 9.00
Systemic Fungus Probe	CPT 87797	\$ 140.00
Trichomonas vaginalis amplif	CPT 87661	\$ 52.64
VZV (Varicella) IgG Antibody	CPT 86787	\$ 19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86789	\$ 21.59
West Nile Virus IgM Confirmation	CPT 86788	\$ 25.28
Detection of Carbapenem Resistance Genes by Culture or Isolate	CPT 87150	\$ -
Molecular Carbapenem Resistance Genes	CPT 87798	\$ -
HIV Viral Load	CPT 87536	\$ -
HBV Viral Load	CPT 87517	\$ -
HCV Viral Load	CPT 87522	\$ -
Hepatitis B Surface Ab (Quant)	CPT 86317	\$ -
Hepatitis B Surface Ag with Reflex Confirmation	CPT 87340	\$ -
Hepatitis B Core IgM	CPT 86705	\$ -
Candida Auris PCR screening	CPT 87798	\$ -
Candida Auris Confirmation by Culture	CPT 87106	\$ -
Arbovirus Panel (Mosquitoes)	CPT N/A	\$ -
Wastewater Testing (per analyte)	CPT N/A	\$ -
New Molecular Tests/Analyte	CPT N/A	\$ -
New Serology Tests/Analyte	CPT N/A	\$ -
New Sequencing Tests/Analyte	CPT N/A	\$ -

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.

*For services where neither the Medicare nor Medi-Cal rate is available, full cost + 10% will be charged.

Disease Control:

Fee for Provision of TB Skin Testing Group:		
Class Fee		\$ 500.00
Per Capita Student Fee		\$ 9.40
Tuberculosis (TB) Clearance		\$ 43.00
Nurse Visit	CPT 99211	\$ -
Venipuncture	CPT 36415	\$ -
Oral Medication Administration with Direct Observation (DOT) - per encounter	CPT H0033	\$ -

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.

Nursing:

Detention Facility Inspection (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00
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HIV/STD

Court-Ordered HIV Testing		\$ 123.00
Education Classes for Sex and Drug Offenders (set by Judge)		\$70.00 - \$300.00
Testosterone Cypionate injection	CPT J1071	\$ -

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.

California Children's Services (CCS):

CCS Assessment Fee: (Depends on family size & adjusted gross income)		\$0 or \$20
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2)		\$0 to \$1440
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3)		\$0 to \$1380
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4)		\$0 to \$1320

Description of Activity/Service	Current Approved Fee
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5)	\$0 to \$1260
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more)	\$0 to \$1200

Community Health Workers

Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960	\$26.66
Self-management education and training, face-to-face, 30 minutes (2-4 patients)	CPT 98961	\$12.66 per patient
Self-management education and training, face-to-face, 30 minutes (5-8 patients)	CPT 98962	\$9.46 per patient

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.

Nutrition

Community Education Presentation	per hour	\$ 88.00
Detention Facility Inspection (Registered Dietitian) (Site visit, analysis of menu, report issuance)	per hour	\$ 116.00
Lactation Counseling (Certified Lactation Educators - CLE)	per hour	\$ 113.00
Professional Education Presentation by HEA	per hour	\$ 88.00
Registered Dietitian / Certified Diebetic Educator (RD/CDE) (consultation or presentation)	per hour	\$ 116.00
International Board Certified Lactation Consultant (IBCLC)	per hour	\$ 116.00
Staff Training (for non-County providers)	per hour	\$ 88.00
Lactation Educator Course (20-hour course for health professionals taught by an IBCLC)	per participant	\$ 469.00
Lactation Counselor Course (40-hour course for health professionals taught by an IBCLC)	per participant	\$ 930.00
Grow Our Own Lactation Consultant Course (105-hour IBCLC Prep Course)	per participant	\$ 1,700.00
Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef	per class	\$ 665.00

* travel expenses charged separately for out of Riverside County classes

Staff Development

CPR (Cardiopulmonary Resuscitation) Class	per participant	\$ 74.00
Basic Life Support CPR (Cardiopulmonary Resuscitation) Class - Hybrid	per participant	\$ 77.00
Heartsaver First Aid Class	per participant	\$ 91.00
General Population Shelter Class	per participant	\$ 47.00
Stop the Bleed Class	per participant	\$ 26.00
Aerosol Transmissible Disease & Blood Borne Pathogens Class	per participant	\$ 58.00
Fit Testing Class	per participant	\$ 53.00

Vital Records:

I. Certified Copies, Search, and Certification of No Public Record:

AVSS Technical Support	per hour	\$ 95.00
Birth - Government Agencies	each	\$ 22.00
Birth - General Public	each	\$ 29.00
Birth Certified Copies, Searches & Certification	each	\$ 29.00
Death Certificate - Government Agency & General Public	each	\$ 24.00
Death Certified Copies, Searches & Certification	each	\$ 24.00
Death Listings - sent to mortuaries	each	\$ 5.00
Admin Fee - Per Authorization Number	each	\$ 1.00
Fetal Death Certificate - Government Agency & General Public	each	\$ 21.00
Still Birth Certified Copies	each	\$ 20.00

*fees as determined by the California Department of Public Health published in an all-county letter pursuant to Health and Safety Code sections 103625, 103650, 103675, 103680, 103685, 103692, 100425, 100430, 103040.1, 103525.5; Welfare and Institutions Code 18966; and Penal Code 14251 for each certified copy to the general public

Description of Activity/Service	Current Approved Fee
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II. Permit for Disposition of Human Remains

Regular Permit	each	\$ 12.00
After Hours Permit	each	\$ 12.00

*fees as determined by the California Department of Public Health published in an all-county letter pursuant to Health and Safety Code sections 103625, 103650, 103675, 103680, 103685, 103692, 100425, 100430, 103040.1, 103525.5; Welfare and Institutions Code 18966; and Penal Code 14251 for each certified copy to the general public

III. Other Services

Letter of Non-Contagious Disease	each - max 2	\$ 10.00
Letter of Authentication	each	\$ 10.00
Paternity Declaration (to DCSS only)	each	\$ 10.00

Proposed Fee:

€	5.30
€	19.70
€	4.40
\$	15.00
€	1.00
€	20.00
	2.30%
\$	25.00
\$	87.00
€	43.50
€	26.00

€	100.00
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€	20.00
€	20.00
€	20.00
\$	50.00
\$	50.00
\$	130.00
€	130.00
€	130.00
€	130.00
\$	130.00
\$	320.00
€	39.00
€	39.00
€	88.00
\$	82.00
\$	156.00
\$	204.00
€	110.00
€	110.00
€	51.00
\$	51.00
\$	90.00
€	90.00
€	90.00
€	90.00
\$	38.00
\$	38.00
\$	20.00
€	20.00
€	20.00
€	58.00
\$	120.00
\$	120.00
\$	300.00
€	140.00
€	199.00
€	330.00

Proposed Fee:	
\$	198.00
\$	198.00
\$	198.00
\$	198.00
\$	290.00
\$	350.00
\$	312.00
\$	152.00
\$	130.00
\$	130.00
\$	360.00
\$	360.00
\$	600.00
\$	600.00
\$	600.00
\$	55.00
\$	55.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
	\$70.00 - \$400.00
\$	126.00
	\$2.00 - \$90.00
	\$45.00 - \$250.00

\$3.00 - \$10.00
\$20.00 - \$45.00
\$0.00 - \$50.00

\$	100.00
\$	107.00
\$	43.00
\$	20.00
\$	12.00
\$	6.00
\$	37.00
\$	20.00
\$	75.00
\$	18.86

\$	11.00
\$	52.64

Proposed Fee:	
\$	52.64
\$	14.00
\$	19.00
\$	18.00
\$	15.00
\$	19.00
\$	19.00
\$	50.00
\$	30.00
\$	15.00
\$	15.00
\$	15.00
\$	19.00
\$	50.00
\$	38.00
\$	38.00
\$	19.00
\$	50.00
\$	9.00
\$	50.00
\$	50.00
\$	100.00
\$	9.00
\$	23.00
\$	25.00
\$	24.00
\$	25.00
\$	64.26
\$	22.00
\$	21.00
\$	21.00
\$	29.00
\$	64.26
\$	52.64
\$	36.12
\$	13.34
\$	20.28
\$	52.64
\$	127.65
\$	6.47
\$	213.95
\$	8.09
\$	19.32
\$	76.97
\$	19.58
\$	25.00
\$	75.00
\$	52.64
\$	18.00
\$	37.00
\$	143.70
\$	52.64
\$	105.30
\$	6.41
\$	92.97
\$	625.17
\$	21.59
\$	7.77
\$	17.97
\$	17.97

Proposed Fee:	
\$	9.00
\$	9.00
\$	27.00
\$	9.00
\$	140.00
\$	52.64
\$	19.32
\$	21.59
\$	25.28
\$	52.64
\$	52.64
\$	127.65
\$	64.26
\$	64.26
\$	22.49
\$	15.50
\$	17.66
\$	52.64
\$	15.48
\$	22.00
\$	207.00
\$	36.00
\$	36.00
\$	266.64

\$	500.00
\$	9.40
\$	43.00
\$	25.00
\$	13.64
\$	19.23

\$	116.00
----	--------

\$	123.00
\$70.00 - \$300.00	
\$	7.00

\$0 or \$20
\$0 to \$1440
\$0 to \$1380
\$0 to \$1320

Proposed Fee:
\$0 to \$1260
\$0 to \$1200

\$27.54
\$13.29 per patient
\$9.77 per patient

\$	88.00
\$	116.00
\$	113.00
\$	88.00
\$	116.00
\$	116.00
\$	88.00
\$	469.00
\$	930.00
\$	1,900.00
\$	665.00

\$	74.00
\$	85.00
\$	100.00
\$	50.00
\$	26.00
\$	58.00
\$	53.00

\$	95.00
\$	24.00
\$	34.00
\$	34.00
\$	26.00
\$	26.00
\$	5.00
\$	1.00
\$	23.00
\$	21.00

Proposed Fee:

\$	12.00
\$	12.00

\$	10.00
\$	10.00
\$	10.00

The Press-Enterprise

3512 14th Street
Riverside, CA 92501
Willoughby, OH 44096
951-368-9222
951-368-9018 FAX

BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE
PO BOX 1147
RIVERSIDE, CA 92502

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Account Number: 5209148

Ad Order Number: 0011785900

Customer's Reference NO. 734.18
/ PO Number: / ADOPTION OF ORD.

Publication: The Press-Enterprise

Publication Dates: 04/02/2026

Amount: \$4,668.80

Payment Amount: \$0.00

The Press-Enterprise

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5209148

BOARD OF SUPERVISORS
COUNTY OF RIVERSIDE
PO BOX 1147
RIVERSIDE, CA 92502

Publication: The Press-Enterprise

PROOF OF PUBLICATION OF

Ad Desc: NO. 734.18 / ADOPTION OF ORD.

FILE NO. ADOPTION OF ORD.

PROOF OF PUBLICATION

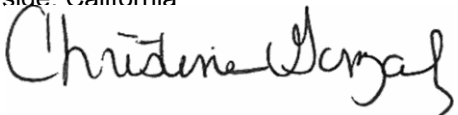
I am a citizen of the United States. I am over the age of eighteen years and not a party to or interested in the above entitled matter. I am an authorized representative of THE PRESS-ENTERPRISE, a newspaper in general circulation, printed and published daily in the County of Riverside, and which newspaper has been adjudicated a newspaper of general circulation by the Superior Court of the County of Riverside, State of California, under date of April 25, 1952, Case Number 54446, under date of March 29, 1957, Case Number 65673, under date of August 25, 1995, Case Number 267864, and under date of September 16, 2013, Case Number RIC 1309013; that the notice, of which the annexed is a printed copy, has been published in said newspaper in accordance with the instructions of the person(s) requesting publication, and not in any supplement thereof on the following dates, to wit:

04/02/2026

I certify (or declare) under penalty of perjury that the foregoing is true and correct:

Date: April 02, 2026.

At: Riverside, California



Legal Advertising Representative, The Press-Enterprise

Legal No. **0011785900**

Ad Copy:

Legal Notice	Legal Notice	Legal Notice	Legal Notice	Legal Notice
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**CITY OF WILDOMAR
PLANNING COMMISSION
NOTICE OF PUBLIC HEARING AND
ENVIRONMENTAL CONSIDERATION**

NOTICE IS HERBY GIVEN that a Public Hearing has been scheduled before the Planning Commission of the City of Wildomar on **Wednesday, April 22, 2026 beginning at 6:00 PM** in the Wildomar City Council Chambers located at 23873 Clinton Keith Road, Suite #105/106, Wildomar, CA 92595 to consider a Development Code amendment as described below.

Project: City-Initiated, Citywide Municipal Code Amendment (MCA) No. 2026-03
Proposal: City-initiated, omnibus amendment (Spring 2026) of Title 16 (Subdivisions) and Title 17 (Development Code) proposing various changes to multiple chapters and sections of the Wildomar Municipal Code ("WMC") to make changes, corrections, address inconsistencies, and clean up both titles, rooting from yearly code implementation and statutory requirements. Non-land use, zoning, and development and related changes to Title 3 and Title 5 may be combined with the above amendments for subsequent City Council consideration.
Environmental Consideration: Exemption (CEQA Guideline Section 15061 (B) (3))
Council District: All

CITY CONTACT: Abdu Lachgar, AICP, Principal Planner
CONTACT INFO: Phone (951) 677-7751, ext. 203 or email alachgar@wildomar.gov

The Planning Commission agenda packet may be viewed online once it has been posted by the City Clerk at least 72 hours prior to the meeting via the following link: <https://wildomar.gov/129/Agendas-Videos-Watch-Live>. Please Note, the Planning Commission may consider and approve changes to the proposed items under consideration during the Public Hearing.

Any person may submit written comments to the Planning Commission before the hearing or may appear and be heard in support of, or opposition to, the proposed project at the time of hearing. If you challenge the project in court, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence delivered to the City Clerk at, or prior to, the meeting. The public hearing documents may be inspected by appointment at the Community Development Department, located at 23873 Clinton Keith Road, Suite #110, Wildomar, CA 92595, Monday through Friday from 7:30 a.m. until 6:00 p.m.

ACCESSIBILITY: Upon request and in compliance with the Americans with Disabilities Act of 1990 and Government Code 65090, any person with a disability, or the aged community, who requires a modification or accommodation in order to participate in a meeting should direct such request to the City Clerk at (951) 677-7751, ext. 210, at least 72 hours before the meeting. The 72-hour notification will enable the City to make reasonable arrangements to ensure accessibility to this meeting.

Janet Morales
City Clerk
The Press-Enterprise
Published: 4/2/26

**SUMMONS (CITACION JUDICIAL)
CASE NUMBER: (Numero del Caso):
CVRI2504260**

NOTICE TO DEFENDANT:
(AVISO AL DEMANDADO): Larry Sharp, an individual, Tracy Sharp, an individual, Sombra De La Montana LLC., a corporation, and DOES 1 through 25, inclusive,

YOU ARE BEING SUED BY PLAINTIFF:
(LO ESTA DEMANDANDO EL DEMANDANTE): Vanessa Komisar, an individual;

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below. You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court. There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), or by contacting your local court or county bar association. **NOTE:** The Court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case.

AVISO! Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación. Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y mas información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede mas cerca. Si no pueda pagar la cuota de presentación, pida al secretario de la corte que le de un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin mas advertencia. Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. **AVISO:** Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 o mas de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.

The name and address of the court is: (El nombre y dirección de la corte es):
Superior Court of California - Riverside Historic Court House
4050 Main Street, Riverside, CA 92501.

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is: (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):
Phillip R. Geurts, Esq., Geurts Law Firm,
17011 Beach Blvd., Suite 900,
Huntington Beach, CA 92647; Tel.: 714-251-6694

DATE: (Fecha) July 22, 2025
Clerk, by (secretario) Jason B. Galkin
Olga Ramirez-Chavez, Deputy (Adiunto)
The Press-Enterprise
Published: 3/26, 4/2, 4/9, 4/16/26

**SUMMONS (CITACION JUDICIAL)
CASE NUMBER: (Numero del Caso):
CVRI2502933**

NOTICE TO DEFENDANT:
(AVISO AL DEMANDADO): Rodelina Angela Dario, Rodelina Angela Ramos Dario, and all persons unknown, claiming any legal or equitable right, title, estate, lien, or interest in the Property adverse to Plaintiff's title, or any cloud on Plaintiff's title to the Property

YOU ARE BEING SUED BY PLAINTIFF:
(LO ESTA DEMANDANDO EL DEMANDANTE): Woodcrest Development, Limited Partnership.

NOTICE! You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below. You have 30 CALENDAR DAYS after this summons and legal papers are served on you to file a written response at this court and have a copy served on the plaintiff. A letter or phone call will not protect you. Your written response must be in proper legal form if you want the court to hear your case. There may be a court form that you can use for your response. You can find these court forms and more information at the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), your county law library, or the courthouse nearest you. If you cannot pay the filing fee, ask the court clerk for a fee waiver form. If you do not file your response on time, you may lose the case by default, and your wages, money, and property may be taken without further warning from the court. There are other legal requirements. You may want to call an attorney right away. If you do not know an attorney, you may want to call an attorney referral service. If you cannot afford an attorney, you may be eligible for free legal services from a nonprofit legal services program. You can locate these nonprofit groups at the California Legal Services Web site (www.lawhelpcalifornia.org), the California Courts Online Self-Help Center (www.courtinfo.ca.gov/selfhelp), or by contacting your local court or county bar association. **NOTE:** The Court has a statutory lien for waived fees and costs on any settlement or arbitration award of \$10,000 or more in a civil case. The court's lien must be paid before the court will dismiss the case.

AVISO! Lo han demandado. Si no responde dentro de 30 días, la corte puede decidir en su contra sin escuchar su versión. Lea la información a continuación. Tiene 30 DÍAS DE CALENDARIO después de que le entreguen esta citación y papeles legales para presentar una respuesta por escrito en esta corte y hacer que se entregue una copia al demandante. Una carta o una llamada telefónica no lo protegen. Su respuesta por escrito tiene que estar en formato legal correcto si desea que procesen su caso en la corte. Es posible que haya un formulario que usted pueda usar para su respuesta. Puede encontrar estos formularios de la corte y mas información en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov), en la biblioteca de leyes de su condado o en la corte que le quede mas cerca. Si no pueda pagar la cuota de presentación, pida al secretario de la corte que le de un formulario de exención de pago de cuotas. Si no presenta su respuesta a tiempo, puede perder el caso por incumplimiento y la corte le podrá quitar su sueldo, dinero y bienes sin mas advertencia. Hay otros requisitos legales. Es recomendable que llame a un abogado inmediatamente. Si no conoce a un abogado, puede llamar a un servicio de remisión a abogados. Si no puede pagar a un abogado, es posible que cumpla con los requisitos para obtener servicios legales gratuitos de un programa de servicios legales sin fines de lucro. Puede encontrar estos grupos sin fines de lucro en el sitio web de California Legal Services (www.lawhelpcalifornia.org), en el Centro de Ayuda de las Cortes de California (www.sucorte.ca.gov) o poniéndose en contacto con la corte o el colegio de abogados locales. **AVISO:** Por ley, la corte tiene derecho a reclamar las cuotas y los costos exentos por imponer un gravamen sobre cualquier recuperación de \$10,000 o mas de valor recibida mediante un acuerdo o una concesión de arbitraje en un caso de derecho civil. Tiene que pagar el gravamen de la corte antes de que la corte pueda desechar el caso.

SHORT TITLE: Woodcrest Development vs Dario et al

The name and address of the court is: (El nombre y dirección de la corte es):
Historic Riverside Courthouse
4050 Main Street, Riverside, CA 92501.

The name, address, and telephone number of plaintiff's attorney, or plaintiff without an attorney, is: (El nombre, la dirección y el número de teléfono del abogado del demandante, o del demandante que no tiene abogado, es):
Edward W. O'Connell Jr. 951-464-9619
P.O. Box 1243 Lake Elsinore, CA92531.

DATE: (Fecha) 05/30/2025
Jason B. Galkin Clerk, by (secretario)
A. Brown, Deputy (Adiunto)
The Press-Enterprise
Published: 4/2, 4/9, 4/16, 4/23/26

Legal Notice	Legal Notice	Legal Notice	Legal Notice	Legal Notice
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**BOARD OF SUPERVISORS OF THE COUNTY OF RIVERSIDE, STATE OF CALIFORNIA
ORDINANCE NO. 734.18
AN ORDINANCE OF THE COUNTY OF RIVERSIDE
AMENDING
ORDINANCE 734 RELATING TO ESTABLISHING FEES, CHARGES,
AND RATES FOR COUNTY PUBLIC HEALTH SERVICES AND SUPPLIES**

The Board of Supervisors of the County of Riverside ordains as follows:
Section 1. Purpose

The purpose of this Ordinance is to revise fees for certain services and supplies furnished by the County of Riverside in the field of health through Riverside University Health System - Public Health (RUHS-PH).

Section 2. Fees and Charges

Section 2 of Ordinance No. 734 is hereby amended in its entirety to read as follows: "Riverside University Health System - Public Health fees and charges shall be listed on Schedule Y."

Section 3. Severability

Should any fee herein established by held to be invalid or otherwise unenforceable, such determination shall not affect the validity of all remaining fee provisions.

Section 4. Repeal of Ordinance 734.17

This Ordinance repeals Ordinance 734.17 in its entirety.

Section 5. Effective Date

This ordinance shall take effect thirty (30) days after its adoption.

**COUNTY OF RIVERSIDE
RIVERSIDE UNIVERSITY HEALTH SYSTEM - PUBLIC HEALTH FEES
Ordinance 734.18 Schedule 1**

Description of Activity/Service	Current Approved Fee	Proposed Fee:
Business Services:		
Certified Mail	per item \$ 4.35	\$ 5.30
Certified Mail (Registered)	per item \$ 16.80	\$ 19.70
Certified Mail (Receipt Requested)	per item \$ 3.55	\$ 4.40
Records Processing Fee (Subpoena/Records Request Clerical Fee)	per request \$ 15.00	\$ 15.00
Records Copying Fee	per page \$ 1.00	\$ 1.00
Returned Checks	each \$ 20.00	\$ 20.00
Merchant Fee Charge - Debit and Credit Card Payments per transaction	\$ -	2.30%
Medical Documents, X-Rays & Images (CD included) plus pass through third party costs	per request \$ 25.00	\$ 25.00
Therapeutic Med ID Program (MMIC)	\$ 87.00	\$ 87.00
Therapeutic Med ID Program (MMIC) - Medi-Cal patients	\$ 43.50	\$ 43.50
Dog Importation Health Certificate Administration Fee	each \$ 26.00	\$ 26.00
Epidemiology		
Special Data Request Fee	per hour \$ 100.00	\$ 100.00
Immunizations		
Mobile Team Vaccines		
Flublok Trivalent PFS (Sanofi Pasteur) - Influenza Vaccine	CPT 90673	\$ - \$ 20.00
Fluzone Trivalent PFS 0.5mL (Sanofi Pasteur) - Influenza Vaccine	CPT 90656	\$ - \$ 20.00
Fluarix PFS 0.5mL (GlaxoSmithKline) - Influenza Vaccine	CPT 90656	\$ 20.00 \$ 20.00
Adacel (Sanofi Pasteur) - Tdap Vaccine	CPT 90715	\$ - \$ 50.00
BOOSTRIX (GlaxoSmithKline) - Tdap Vaccine	CPT 90715	\$ 50.00 \$ 50.00
Covid-19, PEDS, 0.3mL (Pfizer) - Covid Vaccine	CPT 91319	\$ 130.00 \$ 130.00
Covid-19, Comirnaty 12+, Tris-sucrose, 0.3mL (Pfizer) - Covid Vaccine	CPT 91320	\$ 130.00 \$ 130.00
Covid-19 PEDS, PF, 0.25mL (Moderna) - Covid Vaccine	CPT 91321	\$ 130.00 \$ 130.00
Covid-19, Spikevax 12+, PF, 0.5mL (Moderna) - Covid Vaccine	CPT 91322	\$ 130.00 \$ 130.00
Covid-19, mNEXSPIKE 12+, PF, 0.5mL (Moderna) - Covid Vaccine	CPT 91323	\$ - \$ 130.00
Jynneos (Bavarian Nordic A/S) - Orthopox Vaccine	CPT 90611	\$ - \$ 320.00
DAPTACEL (Sanofi Pasteur) - DTap Vaccine	CPT 90700	\$ - \$ 39.00
INFANRIX (GlaxoSmithKline) - Tdap Vaccine	CPT 90700	\$ - \$ 39.00
PEDIARIX DTap/Hep B/IPV (GlaxoSmithKline) - DTap Combo Vaccine	CPT 90723	\$ - \$ 88.00
KINRIX DTap/IPV (GlaxoSmithKline) - DTap Combo Vaccine	CPT 90696	\$ - \$ 82.00
Pentacel DTap/IPV/Hib (Sanofi Pasteur) - DTap Combo Vaccine	CPT 90698	\$ - \$ 156.00
VAXELIS DTap/IPV/Hib/Hep B (MSP Vaccine Co) - DTap Combo Vaccine	CPT 90697	\$ - \$ 204.00
HAVRIX - Adult (GlaxoSmithKline) - Hep A adult Vaccine	CPT 90632	\$ - \$ 110.00
VAQTA - Adult (Merck and Co) - Hep A adult Vaccine	CPT 90632	\$ - \$ 110.00
HAVRIX - Peds (2 dose) (GlaxoSmithKline) - Hep A ped/adol Vaccine	CPT 90633	\$ - \$ 51.00
VAQTA - Peds (2 dose) (Merck and Co) - Hep A ped/adol Vaccine	CPT 90633	\$ - \$ 51.00
HEPLISAV-B (Dynavax) - Hep B adult Vaccine	CPT 90739	\$ - \$ 90.00
ENGIRIX-B Adult (GlaxoSmithKline) - Hep B adolescent or pediatric Vaccine	CPT 90746	\$ - \$ 90.00
Hep B-A20:S21PEDS (Merck and Co) - Hep B adolescent or pediatric Vaccine	CPT 90746	\$ - \$ 90.00
RECOMBIVAX HB - Dialysis (GlaxoSmithKline) - Hep B adult Vaccine	CPT 90740	\$ - \$ 90.00
ENGIRIX-B - Peds (GlaxoSmithKline) - Hep B PEDS Vaccine	CPT 90744	\$ - \$ 38.00
RECOMBIVAX HB - Peds (GlaxoSmithKline) - Hep B PEDS Vaccine	CPT 90744	\$ - \$ 38.00
PedvaxHB Hib (PRP-OMP) (Merck and Co) - Hib Vaccine	CPT 90647	\$ - \$ 20.00
ActHIB Hib (PRP-T) (Sanofi Pasteur) - Hib Vaccine	CPT 90648	\$ - \$ 20.00
Hiberix Hib (PRP-T) (GlaxoSmithKline) - Hib Vaccine	CPT 90648	\$ - \$ 20.00
IPOL IPV (Sanofi Pasteur) - Polio Vaccine	CPT 90713	\$ - \$ 58.00
M-M-R II (Merck and Co) - MMR Vaccine	CPT 90707	\$ - \$ 120.00
PRIORIX (GlaxoSmithKline) - MMR Vaccine	CPT 90707	\$ 103.00 \$ 120.00
ProQuad (Merck and Co) - MMRV Vaccine	CPT 90710	\$ - \$ 300.00
VARIVAX (Merck and Co) - Varicella Vaccine	CPT 90716	\$ 140.00 \$ 140.00
SHINGRIX (GlaxoSmithKline) - Shingles Vaccine	CPT 90750	\$ 199.00 \$ 199.00
Gardasil 9 (Merck and Co) - HPV Vaccine	CPT 90651	\$ 330.00 \$ 330.00
Menactra (Sanofi Pasteur) - Meningococcal Conjugate Vaccine	CPT 90734	\$ - \$ 198.00
MenQuadfi (Sanofi Pasteur) - Meningococcal Conjugate Vaccine	CPT 90619	\$ 198.00 \$ 198.00
Menveo (1 vial) (GlaxoSmithKline) - Meningococcal Conjugate Vaccine	CPT 90734	\$ 198.00 \$ 198.00
Menveo (2 vial) (GlaxoSmithKline) - Meningococcal Conjugate Vaccine	CPT 90734	\$ 198.00 \$ 198.00
PREVNAR 20 (Pfizer) - Pneumococcal Conjugate Vaccine	CPT 90677	\$ - \$ 290.00
Capvaxive PCV21 (Merck and Co) - Pneumococcal Conjugate Vaccine	CPT 90684	\$ - \$ 350.00
VAXNEUVANCE PCV 15 (Merck and Co) - Pneumococcal Conjugate Vaccine	CPT 90671	\$ - \$ 312.00
PNEUMOVAX 23 (Merck and Co) - Pneumococcal Polysaccharide Vaccine	CPT 90732	\$ - \$ 152.00
ROTARIX (2 dose) (GlaxoSmithKline) - Rotavirus Vaccine	CPT 90681	\$ - \$ 130.00
RotaTeq (3 dose) (Merck and Co) - Rotavirus Vaccine	CPT 90680	\$ - \$ 130.00
ABRYSVO (Pfizer) - RSV adult Vaccine	CPT 90678	\$ - \$ 360.00
AREXVY (GlaxoSmithKline) - RSV adult Vaccine	CPT 90679	\$ - \$ 360.00
ENFLONIA (Merck and Co) - RSV infant Vaccine	CPT 90382	\$ - \$ 600.00
Beyfortus 0.5 mL (babies under 5 kg) (Sanofi Pasteur) - RSV Monoclonal Antibody infant Vaccine	CPT 90380	\$ - \$ 600.00
Beyfortus 1 mL (babies over 5 kg) (Sanofi Pasteur) - RSV Monoclonal Antibody infant Vaccine	CPT 90381	\$ - \$ 600.00
TDVAX (Grifols) - TD Vaccine	CPT 90714	\$ - \$ 55.00
TENIVAX (Sanofi Pasteur) - TD Vaccine	CPT 90714	\$ - \$ 55.00
Vaccinations for Travel *		
YF-VAX (Sanofi Pasteur) - Yellow Fever Vaccine	CPT 90717	\$ - \$ 70.00 - \$ 400.00
Typhim Vi (Sanofi Pasteur) - Typhoid Vaccine	CPT 90691	\$ - \$ 70.00 - \$ 400.00
Vaxchora (Bavarian Nordic A/S) - Cholera Vaccine	CPT 90625	\$ - \$ 70.00 - \$ 400.00
Ticovac Tick-Borne Encephalitis 0.25 mL (Pfizer) - Encephalitis Vaccine	CPT 90625	\$ - \$ 70.00 - \$ 400.00
Ticovac Tick-Borne Encephalitis 0.5 mL (Pfizer) - Encephalitis Vaccine	CPT 90627	\$ - \$ 70.00 - \$ 400.00
Ixiaro Japanese Encephalitis (Valneva Usa) - Encephalitis Vaccine	CPT 90738	\$ - \$ 70.00 - \$ 400.00
Imovax Rabies (Sanofi Pasteur) - Rabies Vaccine	CPT 90675	\$ - \$ 70.00 - \$ 400.00
Rabavert (Bavarian Nordic A/S) - Rabies Vaccine	CPT 90675	\$ - \$ 70.00 - \$ 400.00
Masquirix (GlaxoSmithKline) - Malaria Vaccine	CPT N/A	\$ - \$ 70.00 - \$ 400.00
VIMKUNYA Recombinant (Bavarian Nordic A/S) - Chikungunya Vaccine	CPT 90593	\$ - \$ 70.00 - \$ 400.00
VIMKUNYA Live attenuated (Bavarian Nordic A/S) - Chikungunya Vaccine	CPT 90589	\$ - \$ 70.00 - \$ 400.00
Student Nursing Coordinator Vaccination Administration Fee**	per hour \$ -	\$ 126.00
Travel Visit Counseling Fee***	\$ 2.00 - \$ 90.00	\$ 2.00 - \$ 90.00
	CPT 99401	\$ - \$ 45.00 - \$ 250.00

*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.
*Sliding fee scale dependent on number of doses and type
**Sliding fee scale based on funding source and program used
***Sliding fee scale based on destination and complexity of visit

Injury Prevention Services:			
Bicycle Helmets*	each	\$3.00 - \$10.00	\$3.00 - \$10.00
Regular Car Seats*	each	\$20.00 - \$45.00	\$20.00 - \$45.00
Special Needs Car Seat*	each	\$0.00 - \$50.00	\$0.00 - \$50.00

Non-Clinical Laboratory Fees: Fees for Registration of Non-Diagnostic General Health Assessment Program :			
Annual Operator/Organization			
Registration	each	\$ 100.00	\$ 100.00
Additional Dates	each	\$ 12.00	\$ 107.00
Additional Program	each	\$ 43.00	\$ 43.00
Additional Site	each	\$ 20.00	\$ 20.00

Legal Notice	Legal Notice	Legal Notice	Legal Notice
Description of Activity/Service		Current Approved Fee	Proposed Fee
Additional Personnel	each	\$ 12.00	\$ 12.00
Additional Tests	each	\$ -	\$ 6.00
Record Changes	each	\$ 12.00	\$ 37.00
Review Procedural Changes	each	\$ 20.00	\$ 20.00
Non Diagnostic General Health Assessment Consultation	per hour	\$ 75.00	\$ 75.00
Spore Test - Instrument Sterilization (at 28 weeks)		\$ 18.86	\$ 18.86
Clinical Laboratory Fees:			
Acid Fast Smear (Auramine)	CPT 87206	\$ 11.00	\$ 11.00
Amplification Probe - Chlamydia	CPT 87491	\$ 52.64	\$ 52.64
Amplification Probe - Gonorrhea	CPT 87591	\$ 52.64	\$ 52.64
Concentrate	CPT 87015	\$ 14.00	\$ 14.00
Culture 0157 E. coli (stool cultr bacteria each) /STEC	CPT 87046	\$ 19.00	\$ 19.00
Culture Aerobic (culture bacteria - other)	CPT 87070	\$ 18.00	\$ 18.00
Culture Bordetella pertussis (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Campylobacter	CPT 87046	\$ 19.00	\$ 19.00
Culture Enteric (feces culture bacteria)	CPT 87045	\$ 19.00	\$ 19.00
Culture for Identification	CPT 87077	\$ 50.00	\$ 50.00
Culture Fungus	CPT 87102	\$ 30.00	\$ 30.00
Culture Gonorrhea (GC) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Group A strep (Throat) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Group B strep (vaginal/rectal) (culture screen only)	CPT 87081	\$ 15.00	\$ 15.00
Culture Salmonella/Shigella (feces culture bacteria)	CPT 87045	\$ 19.00	\$ 19.00
Culture TB	CPT 87116	\$ 50.00	\$ 50.00
FA Cryptosporidium (AG IF)	CPT 87272	\$ 38.00	\$ 38.00
FA Giardia (AG IF)	CPT 87269	\$ 38.00	\$ 38.00
FA Pneumocystis carinii (AG IF)	CPT 87281	\$ 19.00	\$ 19.00
FA Rabies	CPT N/A	\$ 50.00	\$ 50.00
Fecal Leukocyte (smear gram stain)	CPT 89055	\$ 9.00	\$ 9.00
Fungus ID Mold	CPT 87107	\$ 50.00	\$ 50.00
Fungus ID Yeast	CPT 87106	\$ 50.00	\$ 50.00
MTB/RIF PCR Assay	CPT 87556	\$ 100.00	\$ 100.00
Gram Stain (smear)	CPT 87205	\$ 9.00	\$ 9.00
Hepatitis A IgM Antibody	CPT 86709	\$ 23.00	\$ 23.00
Hepatitis A Total Antibody	CPT 86708	\$ 25.00	\$ 25.00
Hepatitis B Core IgM Antibody	CPT 86705	\$ 24.00	\$ 24.00
Hepatitis B Core Total Antibody	CPT 86704	\$ 25.00	\$ 25.00
Hepatitis B Detection Test by Nucleic Acid (Quantification)	CPT 87517	\$ 64.26	\$ 64.26
Hepatitis B Surface Antibody	CPT 86706	\$ 22.00	\$ 22.00
Hepatitis B Surface Antigen (AG EIA)	CPT 87340	\$ 21.00	\$ 21.00
Hepatitis B Surface Antigen PLUS (Confirmatory) (AG EIA)	CPT 87341	\$ 21.00	\$ 21.00
Hepatitis C Antibody	CPT 86803	\$ 29.00	\$ 29.00
Hepatitis C Detection Test by Nucleic Acid (Quantification)	CPT 87522	\$ 64.26	\$ 64.26
Herpes Simplex Virus, Amplified Probe	CPT 87529	\$ 52.64	\$ 52.64
HIV Antigen/Antibody Screen (HIV-1/HIV-2 single assay)	CPT 87389	\$ 36.12	\$ 36.12
HIV-1 Geunus Confirmation	CPT 86701	\$ -	\$ 13.34
HIV-2 Geunus Confirmation	CPT 86702	\$ -	\$ 20.28
HIV-1 Detection Test by Nucleic Acid (Amplified Probe Technique)	CPT 87535	\$ 52.64	\$ 52.64
HIV-1 Detection Test by Nucleic Acid (Quantification)	CPT 87536	\$ 127.65	\$ 127.65
ID of Parasite	CPT 87169	\$ 6.47	\$ 6.47
Influenza SARS-CoV-2 Multiplex rRT-PCR	CPT 87636	\$ 213.95	\$ 213.95
Kinyoum staining for TB ID	CPT 87206	\$ 8.09	\$ 8.09
Measles Antibody IgG	CPT 86765	\$ 19.32	\$ 19.32
Monkey Pox	CPT 87593	\$ 35.09	\$ 76.97
Mumps Antibody IgG	CPT 86735	\$ 19.58	\$ 19.58
Mycobacteria Antibiotic sensitivities (TB AFB Sensi-EA drug X6)	CPT 87188	\$ 25.00	\$ 25.00
Mycobacterium Species Identification	CPT 87118	\$ 75.00	\$ 75.00
Mycoplasma genitalium	CPT 87563	\$ 52.64	\$ 52.64
Ova & Parasite - Concentration (smears)	CPT 87177	\$ 18.00	\$ 18.00
Ova & Parasite - Trichrome (smear complex stain)	CPT 87209	\$ 37.00	\$ 37.00
PCR - Influenza A/B	CPT 87502	\$ 143.70	\$ 143.70
PCR - Measles and Mumps	CPT 87798	\$ 52.64	\$ 52.64
PCR - Norovirus	CPT 87801	\$ 105.30	\$ 105.30
Pinworm	CPT 87172	\$ 6.41	\$ 6.41
QuantIFERON-TB	CPT 86480	\$ 92.97	\$ 92.97
Respiratory Panel 2.1	CPT 86733	\$ 625.17	\$ 625.17
Rubella IgG Antibody	CPT 86762	\$ 21.59	\$ 21.59
Salmonella serogrouping	CPT 87147	\$ 7.77	\$ 7.77
Shiga-toxin 1 EIA	CPT 87427	\$ 17.97	\$ 17.97
Shiga-toxin 2 EIA	CPT 87427	\$ 17.97	\$ 17.97
Syphilis (RPR) - Qualitative	CPT 86592	\$ 9.00	\$ 9.00
Syphilis (RPR) - Quantitative	CPT 86593	\$ 9.00	\$ 9.00
Syphilis (TPPA) Confirmation (treponema pallidum)	CPT 86780	\$ 27.00	\$ 27.00
Syphilis Serum EIA Screen (non-trep aual)	CPT 86592	\$ 9.00	\$ 9.00
Systemic Fungus Probe	CPT 87797	\$ 140.00	\$ 140.00
Trichomonas vaginalis amplif	CPT 87661	\$ 52.64	\$ 52.64
VZV (Varicella) IgG Antibody	CPT 86678	\$ 19.32	\$ 19.32
West Nile Virus IgM Antibody Screen (prev. WNV EIA)	CPT 86789	\$ 21.59	\$ 21.59
West Nile Virus IgM Confirmation	CPT 86788	\$ 25.28	\$ 25.28
Detection of Carpapenem Resistance Genes by Culture or Isolate	CPT 87150	\$ -	\$ 52.64
Molecular Carpapenem Resistance Genes	CPT 87798	\$ -	\$ 52.64
HIV Viral Load	CPT 87536	\$ -	\$ 127.65
HBV Viral Load	CPT 87517	\$ -	\$ 64.26
HCV Viral Load	CPT 87522	\$ -	\$ 64.26
Hepatitis B Surface Ab (Quant)	CPT 86317	\$ -	\$ 22.49
Hepatitis B Surface Ag with Reflex Confirmation	CPT 87340	\$ -	\$ 15.50
Hepatitis B Core IgM	CPT 86705	\$ -	\$ 17.66
Candida Auris PCR screening	CPT 87798	\$ -	\$ 52.64
Candida Auris Confirmation by Culture	CPT 87106	\$ -	\$ 15.48
Arbovirus Panel (Mosquitoes)	CPT N/A	\$ -	\$ 22.00
Wastewater Testing (per analyte)	CPT N/A	\$ -	\$ 207.00
New Molecular Tests/Analyte	CPT N/A	\$ -	\$ 36.00
New Serology Tests/Analyte	CPT N/A	\$ -	\$ 36.00
New Sequencing Tests/Analyte	CPT N/A	\$ -	\$ 266.64
*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.			
*For services where neither the Medicare nor Medi-Cal rate is available, full cost + 10% will be charged.			
Disease Control:			
Fee for Provision of TB Skin Testing Group :			
Class Fee		\$ 500.00	\$ 500.00
Per Capita Student Fee		\$ 9.40	\$ 9.40
Tuberculosis (TB) Clearance		\$ 43.00	\$ 43.00
Nurse Visit	CPT 99211	\$ -	\$ 25.00
Venipuncture	CPT 36415	\$ -	\$ 13.64
Oral Medication Administration with Direct Observation (DOT) - per encounter	CPT H0033	\$ -	\$ 19.23
*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.			
Nursing:			
"Detention Facility Inspection (Site visit, analysis of menu, report issuance)"	per hour	\$ 116.00	\$ 116.00
HIV/STD Court-Ordered HIV Testing		\$ 123.00	\$ 123.00
Education Classes for Sex and Drug Offenders (set by Judge)		\$ 70.00 - \$300.00	\$ 70.00 - \$300.00
Testosterone Cypionate injection	CPT J1071	\$ -	\$ 7.00
*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.			
California Children's Services (CCS):			
CCS Assessment Fee: (Depends on family size & adjusted gross income)		\$ 0 or \$20	\$ 0 or \$20
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (1 or 2)		\$ 0 to \$1440	\$ 0 to \$1440
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (3)		\$ 0 to \$1380	\$ 0 to \$1380
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (4)		\$ 0 to \$1320	\$ 0 to \$1320
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (5)		\$ 0 to \$1260	\$ 0 to \$1260
CCS Enrollment Fee (Depends on family size & adjusted gross income \$60 increments) Note: For incomes over \$99,999, for each subsequent income increment of \$5,000 increase the above fees by \$120 Family (6 or more)		\$ 0 to \$1200	\$ 0 to \$1200
Community Health Workers			
Self-management education and training, face-to-face, 30 minutes (1 patient)	CPT 98960	\$ 26.66	\$ 27.54
"Self-management education and training, face-to-face, 30 minutes (2-4 patients)"	CPT 98961	\$ 12.66 per patient	\$ 13.29 per patient
"Self-management education and training, face-to-face, 30 minutes (5-8 patients)"	CPT 98962	\$ 9.46 per patient	\$ 9.77 per patient
*Clinical Services not listed will be charged at 1.5 times the prevailing Medicare or Medi-Cal rate, whichever is lower.			
Nutrition			
Community Education Presentation	per hour	\$ 88.00	\$ 88.00
"Detention Facility Inspection (Registered Dietitian) (Site visit, analysis of menu, report issuance)"	per hour	\$ 116.00	\$ 116.00
Lactation Counseling (Certified Lactation Educators - CLE)	per hour	\$ 113.00	\$ 113.00
Professional Education Presentation by HEA	per hour	\$ 88.00	\$ 88.00
"Registered Dietitian / Certified Diabetic Educator (RD/CDE) (consultation or presentation)"	per hour	\$ 116.00	\$ 116.00
International Board Certified Lactation Consultant (IBCLC)	per hour	\$ 116.00	\$ 116.00
Staff Training (for non-County providers)	per hour	\$ 88.00	\$ 88.00
"Lactation Educator Course (20-hour course for health professionals taught by an IBCLC)"	per participant	\$ 469.00	\$ 469.00
"Lactation Counselor Course (40-hour course for health professionals taught by an IBCLC)"	per participant	\$ 930.00	\$ 930.00
"Grow Our Own Lactation Consultant Course (105-hour IBCLC Prep Course) * Healthy Eating Lunch & Learn with a Nutritionist (RD) and a Chef	per class	\$ 665.00	\$ 665.00
*Travel expenses charged separately for out of Riverside county classes			
Staff Development			
CPR (Cardiopulmonary Resuscitation) Class	per participant	\$ 74.00	\$ 74.00
Basic Life Support CPR (Cardiopulmonary Resuscitation) Class - Hybrid	per participant	\$ 77.00	\$ 85.00
HeartSaver First Aid Class	per participant	\$ 91.00	\$ 100.00
General Population Shelter Class	per participant	\$ 47.00	\$ 50.00
Stop the Bleed Class	per participant	\$ 26.00	\$ 26.00
Aerosol Transmissible Disease & Blood Borne Pathogens Class	per participant	\$ 58.00	\$ 58.00
Fit Testing Class	per participant	\$ 53.00	\$ 53.00
Vital Records:			
I. Certified Copies, Search, and Certification of No Public Record:			
AVSS Technical Support	per hour	\$ 95.00	\$ 95.00

Legal Notice	Legal Notice	Legal Notice	Legal Notice	Legal Notice
Description of Activity/Service		Current Approved Fee	Proposed Fee	
Birth - Government Agencies	each	\$ 22.00	\$ 24.00	
Birth - General Public	each	\$ 29.00	\$ 34.00	
Birth Certified Copies, Searches & Certification	each	\$ 29.00	\$ 34.00	
Death Certificate - Government				
Agency & General Public Death Certified Copies, Searches & Certification	each	\$ 24.00	\$ 26.00	
Death Listings - sent to mortuaries	each	\$ 24.00	\$ 26.00	
Admin Fee - Per Authorization Number	each	\$ 5.00	\$ 5.00	
Fetal Death Certificate - Government Agency & General Public	each	\$ 1.00	\$ 1.00	
Still Birth Certified Copies	each	\$ 21.00	\$ 23.00	
	each	\$ 20.00	\$ 21.00	
*fees as determined by the California Department of Public Health published in an all-county letter pursuant to Health and Safety Code sections 103625, 103650, 103675, 103680, 103685, 103692, 100425, 100430, 103040.1, 103255.5; Welfare and Institutions Code 18966; and Penal Code 14251 for each certified copy to the general public				
II. Permit for Disposition of Human Remains				
Regular Permit	each	\$ 12.00	\$ 12.00	
After Hours Permit	each	\$ 12.00	\$ 12.00	
*fees as determined by the California Department of Public Health published in an all-county letter pursuant to Health and Safety Code sections 103625, 103650, 103675, 103680, 103685, 103692, 100425, 100430, 103040.1, 103255.5; Welfare and Institutions Code 18966; and Penal Code 14251 for each certified copy to the general public				
III. Other Services				
Letter of Non-Contagious Disease	each - max 2	\$ 10.00	\$ 10.00	
Letter of Authentication	each	\$ 10.00	\$ 10.00	
Paternity Declaration (to DCSS only)	each	\$ 10.00	\$ 10.00	

Karen Spiegel, Chair of the Board

I HEREBY CERTIFY that at a regular meeting of the Board of Supervisors of said County, held on March 24, 2026, the foregoing Ordinance was adopted by said Board by the following vote:

AYES: Medina, Spiegel, Washington, Perez, and Gutierrez
 NAYS: None
 ABSENT: None

Kimberly A. Rector, Clerk of the Board
 By: Ana Garcia, Clerk of the Board Assistant

Published The Press-Enterprise April 2, 2026

**CITY OF WILDOMAR
 PLANNING COMMISSION
 NOTICE OF PUBLIC HEARING AND
 ENVIRONMENTAL CONSIDERATION**

NOTICE IS HERBY GIVEN that a Public Hearing has been scheduled before the Planning Commission of the City of Wildomar on **Wednesday, April 22, 2026 beginning at 6:00 PM** in the Wildomar City Council Chambers located at 23873 Clinton Keith Road, Suite #105/106, Wildomar, CA 92595 to consider a Development Code amendment as described below.

Project: Development Code Amendment (DCA) No. 2026-02
Applicant: City of Wildomar
Location: Citywide
Proposal: City-initiated Development Code amendment proposing changes to various Chapters of the Wildomar Municipal Code relating to shipping containers.
Environmental Consideration: Exemption (CEQA Guideline Section 15061(B) (3))
Council District: All

CITY CONTACT: Abdu Lachgar, AICP, Principal Planner
CONTACT INFO: Phone (951) 677-7751, ext. 203 or email alachgar@wildomar.gov

The Planning Commission agenda packet may be viewed online once it has been posted by the City Clerk at least 72 hours prior to the meeting via the following link: <https://wildomar.gov/129/Agendas-Videos-Watch-Live>. Please Note, the Planning Commission may consider and approve changes to the proposed items under consideration during the Public Hearing.

Any person may submit written comments to the Planning Commission before the hearing or may appear and be heard in support of, or opposition to, the proposed project at the time of hearing. If you challenge the project in court, you may be limited to raising only those issues you or someone else raised at the public hearing described in this notice, or in written correspondence delivered to the City Clerk at, or prior to, the meeting. The public hearing documents may be inspected by appointment at the Community Development Department, located at 23873 Clinton Keith Road, Suite #110, Wildomar, CA 92595, Monday through Friday from 7:30 a.m. until 6:00 p.m.

ACCESSIBILITY: Upon request and in compliance with the Americans with Disabilities Act of 1990 and Government Code 65090, any person with a disability, or the aged community, who requires a modification or accommodation in order to participate in a meeting should direct such request to the City Clerk at (951) 677-7751, ext. 210, at least 72 hours before the meeting. The 72-hour notification will enable the City to make reasonable arrangements to ensure accessibility to this meeting.

Janet Morales
 City Clerk
 The Press-Enterprise
 Published: 4/2/26

**THE CITY OF JURUPA VALLEY
 NOTICE OF PLANNING COMMISSION HEARING**

Case Numbers: MA25274, ZCA25007. **Applicant:** City of Jurupa Valley. **Project Location:** Citywide. **Project:** A public hearing before the Planning Commission to consider a recommendation regarding a Zoning Code Amendment to Title 9 of the Jurupa Valley Municipal Code to establish a ministerial (by-right) approval process for housing developments located on sites rezoned pursuant to Program HE 1-1.1 of the City's 6th Cycle Housing Element. The proposed amendment would implement Government Code Section 65583.2(h) and (i) by establishing a ministerial (by-right) approval process and objective development standards for qualifying multifamily housing developments on Housing Element sites. If recommended for approval, the proposed Zoning Code Amendment would be subject to future public hearings before the City Council.

DATE, TIME, AND PLACE OF THE HEARING	WEDNESDAY, APRIL 22, 2026, AT 7:00 P.M. CITY OF JURUPA VALLEY CITY COUNCIL CHAMBERS (PLANNING COMMISSION MEETING) 8930 LIMONITE AVENUE JURUPA VALLEY, CA 92509
LOCATION OF DOCUMENTS FOR PUBLIC REVIEW	CITY OF JURUPA VALLEY COMMUNITY DEVELOPMENT DEPARTMENT 8930 LIMONITE AVENUE JURUPA VALLEY, CA 92509
PRESENCE ON THE SITE OF HAZARDOUS WASTE OR SUBSTANCES	NONE KNOWN

California Environmental Quality Act. The initiation of a Zoning Code Amendment is exempt from the California Environmental Quality Act (CEQA) pursuant to CEQA Guidelines Section 15061(b) (3) because it can be seen with certainty that there is no possibility that the action may have a significant effect on the environment.

The item will be considered at a public hearing. The case file is available for public review Monday through Friday, from 8:00 a.m. to 5:00 p.m. (excluding holidays), at the City of Jurupa Valley City Hall, Community Development Department, 8930 Limonite Avenue, Jurupa Valley, CA 92509. For additional information regarding this project, please contact Rob Gonzalez, Principal Planner, at (951) 332-6464, extension 149, or by email rgonzalez@jurupavalley.org.

Any person wishing to comment on the proposed project may submit written comments prior to the public hearing or may appear and be heard at the time and place noted above. All written comments received before the public hearing will be provided to the Planning Commission, which will consider such comments along with any oral testimony before taking action on the proposed project.

Mailing address: City of Jurupa Valley
 Community Development Department
 Attn: Rob Gonzalez, Principal Planner
 8930 Limonite Avenue
 Jurupa Valley, CA 92509
The Press-Enterprise
 Published: 4/2/26

Contact Information:
 Rob Gonzalez, Principal Planner
 rgonzalez@jurupavalley.org
 (951) 332-6464 ext. 149

NOTICE OF PUBLIC HEARING	FICTITIOUS BUSINESS NAME STATEMENT
PLEASE TAKE NOTICE that the Nuvien Union School District ("School District") will hold a public hearing at 7:00 PM or as soon thereafter as is practical on April 9, 2026 to allow for public comment prior to consideration of adoption of a Resolution which would approve a "School Facilities Fee Justification Report" for the adoption of new updated statutory school fees for new residential and commercial/industrial construction pursuant to Education Code Section 17620 and Government Code Section 65995 ("Report") prepared for the School District by Special District Financing and Administration ("SDFIA"). The public hearing will be held at the Upton Education Center located at 2978 Lakeview Ave, Nuevo CA 92567.	FILED County of Riverside Peter Aldana Assessor-County Clerk-Recorder R-202604268 03/23/2026
If adopted by the Board of Trustees, the Resolution and the Report would authorize the imposition of updated statutory school	

RECEIVED RIVERSIDE COUNTY
ASSESSMENT APPEALS DIVISION
CLERK/BOARD OF SUPERVISORS

USA TODAY CO.

PO Box 631437 Cincinnati, OH 45263-1437



2026 APR 14 AM 11:12

AFFIDAVIT OF PUBLICATION

Ana Garcia
Riverside County-Board Of Sup.
4080 Lemon ST # 127
Riverside CA 92501-3609

STATE OF WISCONSIN, COUNTY OF BROWN

The Desert Sun, a newspaper published in the city of Palm Springs, Riverside County, State of California, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issue:

PDS Palm Springs Desert Sun 04/02/2026

and that the fees charged are legal.
Sworn to and subscribed before on 04/02/2026

Legal Clerk

Kyan
[Signature]

Notary, State of WI, County of Brown

8-25-26

My commission expires

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Please do not use this form for payment remittance.

MARIAH VERHAGEN
Notary Public
State of Wisconsin

RUHS-PH
3/24/2026
21.1

