



## NOTICE OF COMPLETION

### Emergency Operations Plan (EOP)

**School Year:** SY 2024-2025

**District/Charter/Private School Name:**

I certify that the above referenced district, charter, or private school has completed the requirements for the development of an Emergency Operations Plan (EOP) that includes provisions in the [Federal Guide for Developing a High-Quality School Emergency Operations Plans](#) and additional requirements in Nevada Revised Statute (NRS) [388.229-388.291](#) for public schools and [NRS 394.168-394.1699](#) for private schools.

I also certify that our school/school district EOP Development Committee and EOP School Committee have both reviewed and updated our Emergency Operations Plan.

The EOP has been submitted to the Nevada Division of Emergency Management website and a Notice of Completion has been posted at each school or on the school's website.

**Signature of School Official:**

**Print Name:**

**Title:**

**Date:**

For questions please contact Jeremy Silva, Nevada Department of Education,  
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