

# A G E N D A



## REGULAR MEETING OF THE AUDIT OVERSIGHT COMMITTEE

**Thursday, May 19, 2022, 10:00 a.m.**

### **MEETING HELD IN-PERSON ONLY**

County Administration South  
601 N. Ross St. Multipurpose Rooms 103/105  
Santa Ana, CA 92701

**MARK WILLE, CPA**

AOC CHAIR

Private Sector Member, Third District

**STELLA ACOSTA, CPA**

AOC VICE CHAIR

Private Sector Member, Fourth District

**SUPERVISOR DOUG CHAFFEE**

BOARD CHAIRMAN

Fourth District

Member

**SUPERVISOR DON WAGNER**

BOARD VICE CHAIRMAN

Third District

Member

**FRANK KIM**

COUNTY EXECUTIVE OFFICER

Member

**DREW ATWATER**

Private Sector Member, First District

**YVONNE ROWDEN**

Private Sector Member, Second District

**ROBERT BROWN**

Private Sector Member, Fifth District

**Non-Voting Members**

Auditor-Controller:

Treasurer-Tax Collector:

Internal Audit Director:

Frank Davies, CPA

Shari Freidenrich, CPA

Aggie Alonso, CPA

**Staff**

Assistant Internal Audit Director:

Deputy County Counsel:

AOC Clerk:

Scott Suzuki, CPA

Ronnie Magsaysay

Mari Elias

*All supporting documentation is available for public review 72 hours before the meeting. Documents are available online at <https://ia.ocgov.com/audit-oversight-committee/agendas-and-minutes>.*

This agenda contains a general description of each item to be considered. If you would like to speak on a matter that does not appear on the agenda, you may do so during the Public Comments period at the end of the meeting. When addressing the AOC, please state your name for the record. Except as otherwise provided by law, no action shall be taken on any item not appearing in the agenda.

In compliance with the Americans with Disabilities Act, those requiring accommodation for this meeting should notify the Internal Audit Department 72 hours prior to the meeting at (714) 834-5475.

# A G E N D A

10:00 A.M.

## Speaker

1. Roll call	<i>Mark Wille, CPA AOC Chair</i>
2. Approve Audit Oversight Committee Regular Meeting Minutes of February 10, 2022	<i>Mark Wille, CPA AOC Chair</i>
3. Approve Audit Oversight Committee Special Meeting Minutes of February 22, 2022	<i>Mark Wille, CPA AOC Chair</i>
4. Receive Report on Required Communication from External Auditors	<i>Roger Alfaro, CPA Partner Eide Bailly LLP</i>
5. Approve Internal Audit Department's Quarterly Status Report and Approve Executive Summary of Internal Audit Reports for the Quarter Ended March 31, 2022	<i>Aggie Alonso, CPA Director Internal Audit Department</i>
6. Approve Internal Audit Department's Annual Risk Assessment & Audit Plan for FY 2022-23	<i>Aggie Alonso, CPA Director Internal Audit Department</i>
7. Approve External Audit Activity Status Report for the Quarter Ended March 31, 2022, and Receive Report on Status of External Audit Recommendations Implementation	<i>Scott Suzuki, CPA Assistant Director Internal Audit Department</i>
8. Receive Report on Status of Auditor-Controller Mandated Audits for the Quarter Ended March 31, 2022	<i>Frank Davies, CPA Auditor-Controller</i>
9. Receive Report on Status of Performance Audits for the Quarter Ended March 31, 2022	<i>Lilly Simmering Deputy County Executive Officer</i>
10. Receive Update on Treasurer-Tax Collector Performance Audit Subcommittee	<i>Mark Wille, CPA AOC Chair</i>
11. Receive Update on Revised Reporting Process for Restricted Reports	<i>Scott Suzuki, CPA Assistant Director Internal Audit Department  Ronnie Magsaysay Deputy County Counsel</i>
12. Receive Report and Approve Revisions to the AOC Bylaws to Conform to the Bylaws Template for Use by County Boards, Commissions, and Committees	<i>Robert Brown Public Sector Member  Ronnie Magsaysay Deputy County Counsel</i>



# A G E N D A

## Speaker

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- |   |   |
|---|---|
| 13. COSO/Internal Control Training 2.0 Update   | <i>Aggie Alonso, CPA<br/>Director<br/>Internal Audit Department</i> |
| 14. Discuss Status of External Auditor Procurement Process  | <i>Frank Davies, CPA<br/>Auditor-Controller</i>                     |
| 15. Receive Report on eProcurement  | <i>Michelle Aguirre<br/>Chief Financial Officer</i>                 |
| 16. Receive Update on County IT Projects Quarterly Progress Report, Most Critical IT Challenge Impacting the County, and Best Practices for Password Tracking | <i>Joel Golub<br/>Chief Information Officer</i>                     |
| 17. Discuss Annual Comprehensive Financial Report (ACFR) Special Meeting/Training   | <i>Mark Wille, CPA<br/>AOC Chair</i>                                |
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**PUBLIC COMMENTS:** At this time, members of the public may address the AOC on any matter not on the agenda but within the jurisdiction of the AOC. The AOC may limit the length of time everyone may have to address the Committee.

*Mark Wille, CPA  
AOC Chair*

**AOC COMMENTS:** At this time, members of the AOC may comment on agenda or non-agenda matters and ask questions of, or give directions to staff, provided that no action may be taken on off-agenda items unless authorized by law.

*Mark Wille, CPA  
AOC Chair*

## **ADJOURNMENT:**

## **NEXT MEETING:**

Regular Meeting, August 11, 2022, 10:00 a.m.

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# Memorandum

May 19, 2022

**AOC Agenda Item No. 2**

TO: Audit Oversight Committee Members

Recommended Action:

Approve Audit Oversight Committee Regular Meeting Minutes of February 10, 2022

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Approve Audit Oversight Committee Regular Meeting Minutes of February 10, 2022, as stated in the recommended action.

ATTACHMENT(S):

Attachment A – Summary Minutes for February 10, 2022 Meeting

# S U M M A R Y   M I N U T E S



## REGULAR MEETING OF THE AUDIT OVERSIGHT COMMITTEE ORANGE COUNTY, CA

**Thursday, February 10, 2022, 10:00 A.M.**

MEETING HELD BY TELECONFERENCE

**MARK WILLE, CPA**

AOC CHAIR

Private Sector Member, Third District

**STELLA ACOSTA, CPA**

AOC VICE CHAIR

Private Sector Member, Fourth District

**SUPERVISOR DOUG CHAFFEE**

BOARD CHAIRMAN

Fourth District

Member

**SUPERVISOR DON WAGNER**

BOARD VICE CHAIRMAN

Third District

Member

**FRANK KIM**

COUNTY EXECUTIVE OFFICER

Member

**DREW ATWATER**

Private Sector Member, First District

**YVONNE ROWDEN**

Private Sector Member, Second District

**ROBERT BROWN**

Private Sector Member, Fifth District

**Non-Voting Members**

Auditor-Controller:

Treasurer-Tax Collector:

Internal Audit Director:

Frank Davies, CPA

Shari Freidenrich, CPA

Aggie Alonso, CPA

**Staff**

Assistant Internal Audit Director:

Deputy County Counsel:

AOC Clerk:

Scott Suzuki, CPA

Ronnie Magsaysay

Mari Elias

**ATTENDANCE:** Mark Wille, AOC Chairman, Private Sector Member  
Stella Acosta, AOC Vice Chair, Private Sector Member  
Jessica Guerrero, Proxy for Supervisor Chaffee  
Patricia Welch-Foster, Proxy for Supervisor Wagner  
Michelle Aguirre, Proxy for CEO Frank Kim  
Yvonne Rowden, Private Sector Member  
Drew Atwater, Private Sector Member  
Robert Brown, Private Sector Member

**PRESENT:** Shari Freidenrich, Treasurer-Tax Collector  
Frank Davies, Auditor-Controller  
Aggie Alonso, Internal Audit Director  
Ronnie Magsaysay, Deputy County Counsel  
Mari Elias, AOC Clerk

# S U M M A R Y   M I N U T E S

## 1. Roll call

Mr. Mark Wille, Audit Oversight Committee (AOC) Chair, called the meeting to order at 10:00 A.M. Attendance of AOC Members noted above.

## 2. Approve Audit Oversight Committee Regular Meeting Minutes of November 4, 2021

Mr. Wille asked for a motion to approve the Audit Oversight Committee Regular Meeting Minutes of November 4, 2021.

**Motion to approve the Meeting Minutes of November 4, 2021, by Mr. Robert Brown, seconded by Mr. Drew Atwater.**

**Seven in favor, one absent.**

**Approved as recommended.**

## 3. Receive Report on Required Communication from External Auditors

Mr. Roger Alfaro, Partner at Eide Bailly, discussed attachments reflecting Eide Bailly's status on audits in progress, as well as those recently completed.

## 4. Approve Internal Audit Department's Quarterly Status Report and Approve Executive Summary of Internal Audit Reports for the Quarter Ended December 31, 2021

Mr. Aggie Alonso, Director of Internal Audit, presented the Quarterly Status Report and Executive Summary of Internal Audit Reports for the Quarter Ended December 31, 2021. During this period, the Internal Audit Department issued six final reports and seven pre-draft/draft reports.

**Motion to approve Internal Audit Department's Quarterly Status Report and approve Executive Summary of Internal Audit Reports for the Quarter Ended December 31, 2021, by Mr. Drew Atwater, seconded by Ms. Stella Acosta.**

**Seven in favor, one absent.**

**Approved as recommended.**

## 5. Receive Report on Implementation Status of Auditor-Controller Claims Audit

Mr. Alonso stated the outstanding recommendation on the Auditor-Controller Claims audit related to creating a policy for the Claims and Accounts Payable process was in the final review phase and would be signed any day now.

## 6. Approve External Audit Activity Status Report for the Quarter Ended December 31, 2021, and Receive Report on Status of External Audit Recommendations Implementation

Mr. Scott Suzuki, Assistant Director, presented the External Audit Activity Status Report for the Quarter Ended December 31, 2021. Mr. Suzuki stated there were no material findings during this reporting period.

# S U M M A R Y   M I N U T E S

**Motion to approve the External Audit Activity Status Report for the Quarter Ended December 31, 2021, by Mr. Robert Brown, seconded by Mr. Drew Atwater.**

**Eight in favor. Ms. Michelle Aguirre joined the meeting as Mr. Frank Kim's Proxy and voted.**

**Approved as recommended.**

**7. Receive Report on Status of Auditor-Controller Mandated Audits for the Quarter Ended December 31, 2021**

Mr. Frank Davies, Auditor-Controller, introduced Michael Steinhaus, Mandated Audits Manager. Mr. Steinhaus provided a status report of the Mandated Audits for the quarter ended December 31, 2021.

**8. Receive Report on Status of Performance Audits for the Quarter Ended December 31, 2021**

Ms. Lilly Simmering, Deputy County Executive Officer, provided a status report of Performance Audits for Fiscal Years 2019-20, 2020-21, 2021-22.

**9. Receive Update on Treasurer-Tax Collector Performance Audit Subcommittee**

Mr. Mark Wille provided an update on the Treasurer-Tax Collector (T-TC) Performance Audit subcommittee meetings. Mr. Wille stated that he's meeting with Ms. Aguirre, Ms. Freidenrich, and Mr. Kim on a regular basis to ensure T-TC has the resources needed to implement the recommendations. Ms. Aguirre added that T-TC and the subcommittee are in the right track and making progress, but it will take time.

**10. Receive Presentation on Proposed Revisions to the AOC Bylaws to Conform to the Bylaws Template for Use by County Boards, Commissions, and Committees**

Mr. Ronnie Magsaysay, Deputy County Counsel, discussed proposed revisions to the AOC Bylaws to conform to the Board-approved Bylaws template. Mr. Robert Brown stated that the AOC Bylaws call for a review at least once every three years and suggested a subcommittee be appointed to discuss the proposed changes and any other appropriate changes.

Mr. Wille appointed Mr. Brown as the Subcommittee Chair, with Drew Atwater and Yvonne Rowden being the other two appointees. Non-voting subcommittee members are Ronnie Magsaysay and Aggie Alonso.

**11. Receive Report on COSO Internal Control Framework and County Accounting Manual**

Mr. Frank Davies, Auditor-Controller, provided information regarding the COSO Internal Control Framework and County Accounting Manual.

# S U M M A R Y   M I N U T E S

## 12. Receive Report on County Revolving Funds

Mr. Alonso stated that he met with Ms. Shari Freidenrich and Auditor-Controller Mr. Frank Davies to discuss the revolving funds controls and processes. During their meeting, they agreed that the current CAM Policy and Procedures sufficiently address revolving funds control and processes, and there is appropriate audit coverage of the County's revolving funds.

## 13. Receive Report on eProcurement

Ms. Michelle Aguirre provided a status update on the eProcurement.

## 14. Update on County IT Projects Quarterly Progress Report, Most Critical IT Challenge Impacting the County, and Best Practices for Password Tracking

Mr. Joel Golub, Chief Information Officer, provided an update on pending and on-going County IT projects.

## 15. Discuss Brown Act Teleconferencing Requirements and Direct Internal Audit Department Staff to Schedule an AOC Meeting Within the Next 30 Days to Make Certain Findings Pursuant to Government Code Section 5495(e)

Mr. Ronnie Magsaysay discussed Brown Act Teleconferencing Requirements.

**PUBLIC COMMENTS:** None.

**AOC COMMENTS:** Ms. Yvonne Rowden stated that she agreed with Mr. Davies on requiring all new employees to go through the Internal Control Training. Mr. Rowden suggested that it could be required to be completed within 90 days of being hired.

Mr. Robert Brown stated that like in prior years, once the cross-referenced Comprehensive Annual Financial Report (CAFR) is available, he would like the External Auditors to hold a workshop to go over it with the AOC.

**ADJOURNMENT:** Meeting adjourned at 12:05 P.M.

**NEXT MEETING:** Regular Meeting, May 19, 2022 at 10:00 A.M.



# Memorandum

May 19, 2022

**AOC Agenda Item No. 3**

TO: Audit Oversight Committee Members

Recommended Action:

Approve Audit Oversight Committee Regular Meeting Minutes of February 22, 2022

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Approve Audit Oversight Committee Regular Meeting Minutes of February 22, 2022, as stated in the recommended action.

ATTACHMENT(S):

Attachment A – Summary Minutes for February 22, 2022 Meeting

# S U M M A R Y   M I N U T E S



## SPECIAL MEETING OF THE AUDIT OVERSIGHT COMMITTEE ORANGE COUNTY, CA

**Tuesday, February 22, 2022, 2:00 P.M.**

MEETING HELD BY TELECONFERENCE

**MARK WILLE, CPA**

AOC CHAIR

Private Sector Member, Third District

**STELLA ACOSTA, CPA**

AOC VICE CHAIR

Private Sector Member, Fourth District

**SUPERVISOR DOUG CHAFFEE**

BOARD CHAIRMAN

Fourth District

Member

**SUPERVISOR DON WAGNER**

BOARD VICE CHAIRMAN

Third District

Member

**FRANK KIM**

COUNTY EXECUTIVE OFFICER

Member

**DREW ATWATER**

Private Sector Member, First District

**YVONNE ROWDEN**

Private Sector Member, Second District

**ROBERT BROWN**

Private Sector Member, Fifth District

**Non-Voting Members**

Auditor-Controller:

Treasurer-Tax Collector:

Internal Audit Director:

Frank Davies, CPA

Shari Freidenrich, CPA

Aggie Alonso, CPA

**Staff**

Assistant Internal Audit Director:

Deputy County Counsel:

AOC Clerk:

Scott Suzuki, CPA

Ronnie Magsaysay

Mari Elias

**ATTENDANCE:** Mark Wille, AOC Chairman, Private Sector Member  
Stella Acosta, AOC Vice Chair, Private Sector Member  
Jessica Guerrero, Proxy for Supervisor Chaffee  
Patricia Welch-Foster, Proxy for Supervisor Wagner  
Frank Kim, County Executive Officer  
Yvonne Rowden, Private Sector Member  
Robert Brown, Private Sector Member

**PRESENT:** Shari Freidenrich, Treasurer-Tax Collector  
Frank Davies, Auditor-Controller  
Aggie Alonso, Internal Audit Director  
Ronnie Magsaysay, Deputy County Counsel  
Mari Elias, AOC Clerk



# S U M M A R Y   M I N U T E S

## 1. Roll call

Mr. Mark Wille, Audit Oversight Committee (AOC) Chairman, called the meeting to order at 2:00 P.M. Attendance of AOC Members noted above.

## 2. Approve Resolution and Make Findings to Authorize Continued Teleconference AOC Meetings Pursuant to Government Code Section 54953(e)

Mr. Ronnie Magsaysay, Deputy County Counsel, discussed the resolution and the Government Code Section. Mr. Wille asked for a motion to Approve Resolution and Make Findings to Authorize Continued Teleconference AOC Meetings Pursuant to Government Code Section 54953(e).

**Motion to approve the resolution with the finding that both conditions from paragraph two are met, by Mr. Robert Brown, seconded by Ms. Yvonne Rowden.**

**Seven in favor, one absent.**

**Approved as recommended.**

**PUBLIC COMMENTS:** None.

**AOC COMMENTS:** None.

**ADJOURNMENT:** Meeting adjourned at 2:08 P.M.

**NEXT MEETING:** Regular Meeting, May 19, 2022 at 10:00 A.M.



# Memorandum

May 19, 2022

**AOC Agenda Item No. 4**

TO: Audit Oversight Committee Members

Recommended Action:

Receive Report on Required Communication from External Auditors

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Receive Report on Required Communication from External Auditors, as stated in the recommended action.

ATTACHMENT(S):

Attachment A – External Audit Update

Attachment A-1 – Projects and Timelines



# County of Orange Audit Oversight Committee

Date: May 19, 2022  
Re: External Audit update

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- 1) **Audit Plan – Refer to Attachment A:**
    - Outline of projects and timelines
  - 2) **Audits Completed:**
    - Tobacco Settlement Funds Agreed Upon Procedures – June 30, 2021
      - Issued – Report dated 3/9/2022

Department / Agency / Division	Audit/Project	Audit/Project Date	Audit Scope	Anticipated Dates			Status
				Planning	Fieldwork	Reporting	
All	Financial Statement Audit - Comprehensive Annual Financial Report	6/30/2021	Financial Statements of the County, including audit of investment trust funds, and pension/OPEB trust funds	April/May 2021	May 2021 through November 2021	December 2021	Report issued - dated 12/22/2021
All	Agreed Upon Procedures (AUP) over GANN Limit calculations	6/30/2021	GANN Limit Calculation -for County and OC Flood Control District	April/May 2021	May 2021	December 2021	Report issued - dated 12/22/2021
All	Single Audit	6/30/2021	Audit over compliance in accordance with Uniform Guidance of the County, including components of JWA, OCWR, OCDA	October 2021	January through April 2022	May 2022	Fieldwork in progress - Report issuance expected by 5/6/22
John Wayne Airport (JWA)	Financial Statement Audit	6/30/2021	John Wayne Airport (JWA), including Passenger Facility Charge	April/May 2021	August through November 2021	December 2021	Report issued - dated 12/17/2021
Orange County Waste & Recycling	Financial Statement Audit	6/30/2021	Orange County Waste & Recycling	April/May 2021	August through November 2021	December 2021	Report issued - dated 12/17/2021
OC Community Resources / Redevelopment Successor Agency	Financial Statement Audit	6/30/2021	Redevelopment Successor Agency	April/May 2021	August through November 2021	December 2021	Report issued - dated 12/17/2021
District Attorney	Grant Audits	6/30/2021	District Attorney Grant Audits	August 2021	September 2021	October 2021	Report issued - dated 10/15/2021
CEO; HCA and Sheriff's Department	Tobacco Settlement Funds Agreed Upon Procedures	6/30/2021	HCA and Sheriff Tobacco Settlement Funds disbursements	November 2021	December 2021 through January 2022	March 2022	Report issued - dated 3/9/22
TTC	Agreed Upon Procedures over compliance	6/30/2021	Compliance with Government Code and Investment Policy	January 2022	February 2022 through April 2022	May 2022	Fieldwork/Preporing in progress
TTC	Schedule of Assets	6/30/2021	Report on the Schedule of Assets	January 2022	February 2022 through April 2022	May 2022	Fieldwork/Preporing in progress



# Memorandum

May 19, 2022

**AOC Agenda Item No. 5**

TO: Audit Oversight Committee Members

Recommended Action:

Approve Internal Audit Department's Quarterly Status Report and Approve Executive Summary of Internal Audit Reports for the Quarter Ended March 31, 2022

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Approve Internal Audit Department's Quarterly Status Report and Approve Executive Summary of Internal Audit Reports for the Quarter Ended March 31, 2022, as stated in the recommended action.

ATTACHMENT(S):

Attachment A – Internal Audit Department Status Report Memo

Attachment B – Executive Summary of Internal Audit Reports

Attachment C – Quarterly Status Report



## INTERNAL AUDIT DEPARTMENT

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April 22, 2022

To: Audit Oversight Committee Members

From: Aggie Alonso, CPA, CIA, CRMA  
Internal Audit Department Director

Digitally signed by  
Agripino Alonso  
Date: 2022.04.22  
09:12:12 -07'00'

Subject: Fiscal Year 2021-22 Internal Audit Department Status Report for the Quarter  
Ended March 31, 2022

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Attached for your review and approval is Internal Audit's status report on audit activity for the quarter ended March 31, 2022. Specifically, Attachment B is our "Executive Summary of Internal Audit Reports," which provides a summary of audits and follow-up audits conducted during the reporting period with a breakdown of the finding category (i.e., critical, significant, control). Attachment C is our "Quarterly Status Report," which is a listing of all audits scheduled for the year, along with the budgeted hours, actual hours, variance between budget and actual, and milestone comments for each audit.

For the quarter ending March 31, 2022, Internal Audit issued seven final reports (one original report and six follow-up reports) and seven pre-draft/draft reports. The one original audit included two findings.

If you have any questions, please contact me at 714.834.5442, or Assistant Director Scott Suzuki at 714.834.5509.

INTERNAL AUDIT DEPARTMENT  
EXECUTIVE SUMMARY - FINDING TYPE CLASSIFICATION  
FOR THE QUARTER ENDED MARCH 31, 2022

CATEGORY	ISSUED THIS PERIOD	ISSUED FOR FY 2021-22
<b>Critical Control Weaknesses</b> These are audit findings or a combination of audit findings that represent critical exceptions to the audit objective(s) and/or business goals. Such conditions may involve either actual or potential large dollar errors or be of such a nature as to compromise the department's or County's reputation for integrity. Management is expected to address Critical Control Weaknesses brought to its attention immediately.	0	3
<b>Significant Control Weaknesses</b> These are audit findings or a combination of audit findings that represent a significant deficiency in the design or operation of internal controls. Significant Control Weaknesses require prompt corrective actions.	0	11
<b>Control Findings</b> These are audit findings concerning internal controls, compliance issues, or efficiency/effectiveness issues that require management's corrective action to implement or enhance processes and internal controls. Control Findings are expected to be addressed within our follow-up process of six months, but no later than twelve months.	0	14
<b>TOTAL</b>	<b>0</b>	<b>28</b>



EXECUTIVE SUMMARY  
INTERNAL AUDIT REPORTS  
FOR THE QUARTER ENDED MARCH 31, 2022

**OC WASTE & RECYCLING**

**1. OC Waste & Recycling Franchise Contract Review – Ware Disposal**

Audit No. 2071 dated February 7, 2022 for calendar year 2019

OBJECTIVE	RESULTS	FINDINGS
Validate the accuracy of vendor annual gross receipts submitted to OCWR.	<ul style="list-style-type: none"> <li>The total amounts in the franchisee's revenue listing provided to Internal Audit matched the certified gross receipts total submitted to OCWR for CY 2019.</li> <li>Invoiced amounts matched authorized rates.</li> </ul>	<ul style="list-style-type: none"> <li>The franchisee charged customers certain ancillary fees (e.g., late, interruption, overfilled containers, and basket rental fees) that appear to be unauthorized causing gross receipts to be overstated by \$29,000. The ancillary fees were not explicitly approved by the current OCWR director, and documentation of previous director's approval was not provided.</li> <li>The invoices for commercial customers did not support the amounts stated in the revenue listing for 15 of 16 (94%) transactions tested. Specifically, payments collected exceeded what was billed causing gross receipts to be overstated by \$64,000.</li> </ul>





EXECUTIVE SUMMARY  
INTERNAL AUDIT FOLLOW-UP REPORTS  
FOR THE QUARTER ENDED MARCH 31, 2022

### OC COMMUNITY RESOURCES

#### 2. Second & Final Close-Out Follow-Up Internal Control Audit: OC Community Resources/OC Animal Care Cash Receipts

Audit No. 2039-O (Reference 1815-F2) dated January 20, 2022 as of December 3, 2021; original audit dated September 30, 2019

ORIGINAL AUDIT – 7 FINDINGS		FOLLOW-UP STATUS		PLANNED ACTION FOR RECOMMENDATIONS NOT IMPLEMENTED/IN PROCESS
CRITICAL CONTROL WEAKNESS/ SIGNIFICANT CONTROL WEAKNESS	CONTROL FINDINGS	IMPLEMENTED/ CLOSED	NOT IMPLEMENTED/ IN PROCESS	
0	7	7	0	NA

#### 3. First Follow-Up Internal Control Audit: OC Community Resources Cash Disbursements & Payables

Audit No. 2139-H (Reference 2014-F1) dated March 30, 2022 as of March 9, 2022; original audit dated June 30, 2021

ORIGINAL AUDIT – 3 FINDINGS		FOLLOW-UP STATUS		PLANNED ACTION FOR RECOMMENDATIONS NOT IMPLEMENTED/IN PROCESS
CRITICAL CONTROL WEAKNESS/ SIGNIFICANT CONTROL WEAKNESS	CONTROL FINDINGS	IMPLEMENTED/ CLOSED	NOT IMPLEMENTED/ IN PROCESS	
1  <b>One (1) Significant Control Weakness</b> 1. Invoices were not processed within 30 days of receipt.	2	2	1	<b>Recommendation No. 3 (Significant Control Weakness).</b> OCCR will continue to strive to process invoices within 30 days of receipt.

### OC PUBLIC WORKS

#### 4. First & Follow-Up Internal Control Audit: OC Public Works/OC Road Special Revenue Funds

Audit No. 2139-M (Reference 2019-F1) dated March 31, 2022 as of February 28, 2022; original audit dated August 9, 2021

ORIGINAL AUDIT – 1 FINDINGS		FOLLOW-UP STATUS		PLANNED ACTION FOR RECOMMENDATIONS NOT IMPLEMENTED/IN PROCESS
CRITICAL CONTROL WEAKNESS/ SIGNIFICANT CONTROL WEAKNESS	CONTROL FINDINGS	IMPLEMENTED/ CLOSED	NOT IMPLEMENTED/ IN PROCESS	
0	1	0	1	<b>Recommendation No. 1 (Control Finding).</b> For the remaining sub-account, OCPW has determined its disposition and plans to work with County Counsel and Auditor-Controller to disburse the funds.



**PUBLIC DEFENDER****5. First Follow-Up Information Technology Audit: Public Defender Selected Cybersecurity Controls**

Audit No. 2059-B dated January 27, 2022 as of September 30, 2021

ORIGINAL AUDIT – 9 FINDINGS		FOLLOW-UP STATUS		PLANNED ACTION FOR RECOMMENDATIONS NOT IMPLEMENTED/IN PROCESS
CRITICAL CONTROL WEAKNESS/ SIGNIFICANT CONTROL WEAKNESS	CONTROL FINDINGS	IMPLEMENTED/ CLOSED	NOT IMPLEMENTED/ IN PROCESS	
<p><b>5</b></p> <p><b>One (1) Critical Control Weakness</b> Due to the sensitive nature of the finding, details have been redacted from this report.</p> <p><b>Four (4) Significant Control Weaknesses</b> Due to the sensitive nature of the findings, details have been redacted from this report.</p>	<b>4</b>	<b>8</b>	<b>1</b>	<b>Recommendation No. 1 (Critical Control Weakness).</b> Due to the sensitive nature of the finding, details have been redacted from this report.

**6. First & Final Close-Out Follow-Up Internal Control Audit: Public Defender Revolving Funds**

Audit No. 2139-K (Reference 2017-F1) dated March 31, 2022 as of March 8, 2022; original audit dated June 29, 2021

ORIGINAL AUDIT – 5 FINDINGS		FOLLOW-UP STATUS		PLANNED ACTION FOR RECOMMENDATIONS NOT IMPLEMENTED/IN PROCESS
CRITICAL CONTROL WEAKNESS/ SIGNIFICANT CONTROL WEAKNESS	CONTROL FINDINGS	IMPLEMENTED/ CLOSED	NOT IMPLEMENTED/ IN PROCESS	
<b>0</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>NA</b>

**SHERIFF-CORONER****7. First & Final Close-Out Follow-Up Internal Control Audit: Sheriff-Coroner Purchasing & Contracts**

Audit No. 2139-B (Reference 1912-F1) dated January 27, 2022 as of November 30, 2021; original audit dated February 1, 2021

ORIGINAL AUDIT – 4 FINDINGS		FOLLOW-UP STATUS		PLANNED ACTION FOR RECOMMENDATIONS NOT IMPLEMENTED/IN PROCESS
CRITICAL CONTROL WEAKNESS/ SIGNIFICANT CONTROL WEAKNESS	CONTROL FINDINGS	IMPLEMENTED/ CLOSED	NOT IMPLEMENTED/ IN PROCESS	
<b>0</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>NA</b>



EXECUTIVE SUMMARY  
APPENDIX A: DRAFT REPORTS  
FOR THE QUARTER ENDED MARCH 31, 2022

The following pre-draft/draft reports were issued during the reporting period:

1. **Information Technology Audit: Registrar of Voters Selected Cybersecurity Controls**, Audit No. 2042
2. **First Follow-Up Internal Control Audit: OC Community Resources Cash Disbursements & Payables**, Audit No. 2139-H (the final report was also issued this period)
3. **First Follow-Up Internal Control Audit: OC Public Works Fiduciary & Special Revenue Funds**, Audit No. 2139-M (the final report was also issued this period)
4. **First & Final Close-Out Follow-Up Internal Control Audit: Public Defender Revolving Funds**, Audit No. 2139-K (the final report was also issued this period)
5. **First Follow-Up Information Technology Audit: John Wayne Airport IT General Controls**, Audit No. 2059-A
6. **Franchise Contract Review: OC Waste & Recycling/Waste Management Collection and Recycling, Inc**, Audit No. 2172
7. **Contract Compliance Audit: OC Community Resources/Ocean Institute**, Audit No. 2171





Internal Audit Department  
3rd Quarter Status Report for the Audit Oversight Committee  
For the Quarter Ended 3/31/22  
AOC Meeting Date: May 19, 2022

Audit Category and Name <sup>1,2,3</sup>	Audit Number	Start Date	End Date	Multi-Yr Projects		Current Audit Plan										FU Due	FU Number	Milestones & Comments <sup>4</sup>
				Total Budget	Actuals To Date	Budget	Changes	Revised Budget	#1	#2	#3	#4	Total	Est Remain	Budget Variance			
Internal Control Audits (ICA)																		
T-TC Accounts Receivable Controls (FY 2020-21 carryover)	2011	9/24/20		800	735	0	320	320	137	107	25		269	51	0		Pre-draft report issued 12/21/21	
CEO Cash Disbursements & Payables (FY 2020-21 carryover)	2012	9/03/20		480	323	220	20	240	51	33	8		92	148	0		In process	
JWA Cash Disbursements & Payables (FY 2020-21 carryover)	2013	3/03/22		NA	NA	440	(80)	360	15	4	113		132	228	0		In process	
OCCR/Dana Point Harbor P3 (FY 2020-21 carryover)	2015			131	130	480	(380)	100	46	53	0		99	0	(1)		Deferred until FY 22-23	
CEO Fiduciary & Special Revenue Funds (FY 2020-21 carryover)	2018	10/19/21		407	189	480	(80)	400	87	77	18		182	218	0		In process	
HCA/PG Revolving Funds	2111					360	(360)	0					0	0	0		Canceled	
OCCR Fee-Generated Revenue	2112	10/22/21				480	(80)	400	6	140	214		360	40	0		In process	
CEO Payroll	2113	10/19/21				360	(80)	280	86	42	11		139	141	0		In process	
T-TC Revolving Funds	2114					360	(360)	0					0	0	0		Canceled	
JWA Purchasing & Contracts	2115	10/19/21				480	(80)	400	7	180	109		296	104	0		In process	
JWA Cash Receipts & Accounts Receivable	2116	3/03/21				440	(80)	360	9	0	148		157	203	0		In process	
A-C Revolving Funds	2117					360	(360)	0					0	0	0		Canceled	
OCCR Revolving Funds	2118					0		0					0	0	0		Canceled	
JWA Payroll (department request)	2119					0		0	3	0	0		3	0	3		Deferred until FY 22-23	
OCCR Purchasing & Contracts	2120					0		0	4	0	0		4	0	4		Deferred until FY 22-23	
OCSD Fee-Generated Revenue	2121	10/25/21				0	480	480	93	173	150		416	64	0		In process	
Follow-Up Audits (FY 2020-21 carryover)						60	40	100	50	49	3		102	0	2			
OCCR/Animal Care Cash Receipts (1815/1939-I)	2039-O	7/21/21	1/20/22													NA	NA	Completed; final close-out report issued 1/20/22
First Follow-Up Audits						753	(302)	451	75	128	125		328	123	0			
SSA Fiduciary (1823)	2139-A																	Not started
OCSD Purchasing & Contracts (1912)	2139-B	9/08/21	1/27/22													NA	NA	Completed; final close-out report issued 1/27/22
HCA Department Request (1914)	2139-C																	Not started
OCPW Toll Road and Transponder Usage for County Vehicles Compliance (2022)	2139-D	10/05/21	12/13/21													NA	NA	Completed; final close-out report issued 12/13/21
T-TC Accounts Receivable Controls (2011)	2139-E																	Not started
CEO Cash Disbursements & Payables (2012)	2139-F																	Not started
JWA Cash Disbursements & Payables (2013)	2139-G																	Not started
OCCR Cash Disbursements & Payables (2014)	2139-H	2/15/22	3/30/22													9/30/22	2239-L	Completed; final report issued 3/30/22
OCCR/Dana Point Harbor P3 (2015)	2139-I																	Deferred until FY 22-23
SSA Purchasing & Contracts (2016)	2139-J																	Not started
PD Revolving Funds (2017)	2139-K	1/25/22	3/31/22													NA	NA	Completed; final close-out report issued 3/31/22
CEO Fiduciary & Special Revenue Funds (2018)	2139-L																	Not started
OCPW Fiduciary & Special Revenue Funds (2019)	2139-M	3/10/22	3/31/22													9/30/22	2239-O	Completed; final report issued 3/31/22
Second Follow-Up Audits																		
Probation P-Card (1822/1939-M)	2139-N	8/24/21	12/30/21													NA	NA	Completed; final close-out report issued 12/30/21
OCDA Revolving Fund (1913/2039-F)	2139-O																	Not started
OCSD Cash Receipts (1918/2039-K)	2139-P	12/10/21	12/30/21													NA	NA	Completed; final close-out report issued 12/30/21
Summary Close-Out						0	20	20	14	0	0		14	0	(6)			Completed; final reports issued for 1914, 2019, 1823, 2016, 2039-F
Total Internal Control Audits						5,273	(1,362)	3,911	683	986	924	0	2,593	1,320	2			
Mandated & Financial Audits (MFA)																		
None					0		0						0		0			NA
Total Mandated & Financial Audits						0	0	0	0	0	0	0	0	0	0			
Contract Compliance Audits (CCA)																		
OCCR/OC Parks Ocean Institute	2171	9/08/21				280	520	800	185	232	349		766	34	0			Draft report issued 3/31/22
OCWR Waste Management	2172	10/19/21				0	160	160		14	107		121	39	0			Draft report issued 3/3/22
Summary Close-Out						0	40	40	29	0	1		30	0	(10)			Completed; final report issued for 2071
Total Contract Compliance Audits						280	720	1,000	214	246	457	0	917	73	(10)			
Business Process Improvement (BPI)																		
General		NA	NA			200	(200)	0					0	0	0	NA	NA	Canceled
Total Business Process Improvement						200	(200)	0	0	0	0	0	0	0	0			
Information Technology Audits (ITA)																		
TTC SunGard/Quantum Upgrade (Department Request) (FY 2017-18 carryover)	1647	6/12/17		NA	436	40	40	80	35	14	0		49	31	0			In process
PTS System Implementation (FY 2017-18 carryover)	1754	7/01/18		NA	80	40		40	11	4	6		21	19	0			In process
HCA Cybersecurity (FY 2019-20 carryover)	1943	6/17/21		1,280	1,271	280	800	1,080	751	276	44		1,071	9	0			Pre-draft report issued 12/15/21
ROV Cybersecurity (FY 2020-21 carryover)	2042	12/10/21		NA	NA	480	240	720		37	651		688	32	0			Pre-draft report issued 3/10/22
Probation Cybersecurity (FY 2020-21 carryover)	2043			NA	NA	480		480		17	0		17	463	0			Planning
CEO/HRS Data Portal Access (FY 2020-21 carryover)	2045			NA	NA	360	(360)	0					0	0	0			Deferred until FY 22-23



Internal Audit Department  
3rd Quarter Status Report for the Audit Oversight Committee  
For the Quarter Ended 3/31/22  
AOC Meeting Date: May 19, 2022

Audit Category and Name <sup>1,2,3</sup>	Audit Number	Start Date	End Date	Multi-Yr Projects		Current Audit Plan										Est Remain	Budget Variance	FU Due	FU Number	Milestones & Comments <sup>4</sup>
				Total Budget	Actuals To Date	Budget	Changes	Revised Budget	Actuals to Date Per Quarter				Total							
Information Technology Audits (ITA)(CON'T)																				
(A-C) CAPS+ Application Security (FY 2020-21 carryover)	2046			NA	NA	480	(360)	120					0	120	0			Not started		
A-C Workforce/VTI Replacement (FY 2020-21 carryover)	2048	6/12/20		NA	49	40		40	12	1	4		17	23	0			In process		
C-R Cybersecurity	2151					0		0					0		0			Not started		
OCIT Remote Access Security	2152					360	(360)	0					0	0	0			Deferred until FY 22-23		
OCIT Third-Party IT Security	2153					0		0					0		0			Not started		
OCIT California Data Privacy Act	2154					0		0					0		0			Not started		
OCWR Credit Card Processing (department request)	2155					0		0					0		0			Not started		
OCIT CJTF	2156	7/01/21				80	40	120	32	25	28		85	35	0			In process		
Follow-Up Audits (FY 2020-21 carryover)						350	320	670	66	405	154		625	45	0					
JWA ITGC (1941)	2059-A	9/09/21																Draft report issued 3/31/22		
PD Cybersecurity (1942)	2059-B	9/09/21	1/27/22													8/1/22	2259-H	Completed; final report issued on 1/27/22		
Assessor ITGC (1844)	2059-E	5/18/21	12/30/21													7/1/22	2259-I	Completed; final report issued on 12/30/21		
OCSD ITGC (1845/1949-D)	2059-H	8/31/21																In process		
First Follow-Up Audits:						351	(241)	110	7	0	0		7	103	0					
HCA Cybersecurity (1943)	2159-A																	Not started		
OCDA Cybersecurity (2041)	2159-B																	Not started		
ROV Cybersecurity (2042)	2159-C																	Not started		
Probation Cybersecurity (2043)	2159-D																	Not started		
County Counsel Cybersecurity (2044)	2159-E																	Not started		
CEO/HRS Data Portal Access (2045)	2159-F																	Not started		
(A-C) CAPS+ Application Security (2046)	2159-G																	Not started		
Second Follow-Up Audits																				
SSA ITGC (1846/1949-E)	2159-H																	Not started		
JWA ITGC (1941/2059-A)	2159-I																	Not started		
PD Cybersecurity (1942/2059-B)	2159-J																	Not started		
Assessor ITGC (1844/2059-E)	2159-K																	Not started		
OCIT (1644/1644/1748-A)	2159-L																	Not started		
Summary Close-Out								100	35	60	6		101	0	1			Completed; final reports issued for 2044, 2059-F		
Total Information Technology Audits						3,341	219	3,560	949	839	893	0	2,681	880	1					
Total Audits Before Other Activities & Administration						9,094	(623)	8,471	1,846	2,071	2,274	0	6,191	2,273	(7)					
Other Activities & Administration																				
Annual Risk Assessment & Audit Plan	2101					360	240	600	90	29	423		542	58	0			In process		
Cash Losses	2102					80	40	120	33	50	18		101	19	0			In process		
TeamMate+ Administration	2103					80	80	160	67	39	15		121	39	0			In process		
External Audit Reporting	2104					200		200	84	32	29		145	55	0			In process; Q3 completed		
On-Demand Department Advisory Services	2105					80	(40)	40	0	0	15		15	25	0			In process		
Board & AOC Services	2107					160	200	360	125	73	87		285	75	0			In process		
Special Projects	2108					500	(460)	40	6	19	0		25	15	0			In process		
CWCAP	2109					80	30	110	111	0	0		111	0	1			Completed; submitted to A-C		
Total Other Activities & Administration						1,540	90	1,630	516	242	587	0	1,345	286	1					
Reserve for Board Directives/Contingency						1,826	(1,067)	759					0	759	0					
Total Budget						12,460	(1,600)	10,860	2,362	2,313	2,861	0	7,536	3,318	(6)					
Footnote 5																				
Productive Time Diverted to Administrative Services (in addition to 2107)									110	116	33		259							

**Footnotes**

1. The mission of the Internal Audit Department (IA) is to provide highly reliable, independent, objective evaluations and business and financial consulting services to the Board of Supervisors (Board) and County management to assist them with their important business and financial decisions. The director of Internal Audit shall report directly to the Board and be advised by the Audit Oversight Committee (AOC) designated by the Board. The director of Internal Audit and staff shall have complete and unrestricted access to all of the County's financial records, files, information systems, personnel, and properties, except where prohibited by law. The AOC is an advisory committee to the Board and provides oversight of IA and other County audit functions. The scope of IA shall include reviews of the reliability and integrity of financial, compliance, property, and business systems, and may include appraising the efficiency of operations and the achievement of business and program goals and objectives.

2. IA generates several different types of reports including audit reports, summary reports, and status reports. In addition, IA undertakes several different projects including audits of internal controls, audits of lessee compliance with County contracts, and audits of IT controls. IA also serves the AOC by providing clerk services (meeting agenda preparation, minutes, etc.) and by preparing summary reports.

3. The annual Audit Plan is subject to change for such events where the director of Internal Audit or Board majority assesses it is warranted, to substitute, postpone, or cancel a scheduled audit due to timing, priority, resource, or risk considerations. Such modifications will be noted in the Milestones & Comments section of this Quarterly Status Report for review by the AOC. **The acceptance of the Quarterly Status Report by the AOC authorizes both the content herein and any changes noted.** During the course of the year, the director of Internal Audit has discretion to research issues of interest to members of the Board, AOC, or County management and provide them with Technical Assistance. When charged, these projects will be directed either to advisory services or to a separate project. Assistance of this nature generally involves between 10 and 80 hours and results are generally communicated through discussions, memos, or a written report for public distribution.

4. For purposes regarding fiscal year-end reporting, we consider assignments completed (**Completed**) as of the official release of an audit report to the department head, and are shown as such in our Milestones & Comments column of this Quarterly Status Report.

5. The initial FY 2021-22 Annual Audit Plan of 12,460 hours is based on 9,262 direct hours to be provided by seven senior auditors/audit manager IIs, one audit manager II, and one senior audit manager plus 1,540 hours for other activities and administration/special projects and 1,658 hours reserved for Board directives/contingency. The direct hours exclude time charges for vacation, sick leave, holidays, training, administrative time, and other time not directly charged to an engagement. The audit plan has been reduced 1,600 hours to accommodate a continued senior auditor vacancy and productive time diverted to administrative services.



# Memorandum

May 19, 2022

**AOC Agenda Item No. 6**

TO: Audit Oversight Committee Members

Recommended Action:

Approve the Internal Audit Department's Annual Risk Assessment & Audit Plan for FY 2022-23

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The Internal Audit Department is pleased to present the Annual Risk Assessment & Audit Plan for FY 2022-23. This comprehensive report details our risk-based plan for audits in FY 2022-23.

Per the County of Orange Audit Oversight Committee Bylaws, the AOC shall review and approve the risk assessment and internal audit plan. If approved by the AOC, the Risk Assessment & Audit Plan will be presented to the Board of Supervisors at the June 28, 2022 meeting.

ATTACHMENT(S):

Attachment A – Annual Risk Assessment & Audit Plan for Fiscal Year 2022-23





# INTERNAL AUDIT DEPARTMENT



## Annual Risk Assessment & Audit Plan For Fiscal Year 2022-23

**Audit No. 2101**  
**Report Date: April 28, 2022**

### OC Board of Supervisors

CHAIRMAN DOUG CHAFFEE  
4th DISTRICT

VICE CHAIRMAN DONALD P. WAGNER  
3rd DISTRICT

SUPERVISOR ANDREW DO  
1st DISTRICT

SUPERVISOR KATRINA FOLEY  
2nd DISTRICT

SUPERVISOR LISA A. BARTLETT  
5th DISTRICT



# INTERNAL AUDIT DEPARTMENT

Audit No. 2101

April 28, 2022

To: Audit Oversight Committee Members

From: Aggie Alonso, CPA, CIA, CRMA  
Internal Audit Department Director

Digitally signed by  
Agripino Alonso  
Date: 2022.04.28 13:50:20  
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Subject: Annual Risk Assessment &amp; Audit Plan for Fiscal Year 2022-23

Attached for your review and approval is our Fiscal Year 2022-23 Annual Risk Assessment and Audit Plan. On an annual basis, we perform a countywide risk assessment that we use to develop our Audit Plan. The risk assessment, coupled with the Audit Plan, delivers a systematic approach for evaluating the effectiveness of internal controls and the efficiency of County business operations. For Fiscal Year 2022-23, we identified a total of 22 high-risk or high-priority areas in 10 County departments as follows:

DEPARTMENT	NUMBER OF HIGH-RISK (HR)/ HIGH-PRIORITY (HP) AREAS	AUDIT AREA
1. Auditor-Controller	3	Employee Claims (HR)
		Fiduciary & Special Revenue Funds (HR)
		Information Technology (HR)
2. Child Support Services	1	Cash Receipts (HP)
3. Clerk-Recorder	2	Information Technology (HR)
		Contract Compliance (HP)
4. County Executive Office	7	Fiduciary & Special Revenue Funds (HR)
		Remote Access Security (HR)
		Third-Party IT Security (HR)
		Enterprise IT Governance (HR)
		Data Governance (HR)(time permitting)
		Internet of Things Device Security (HR)(time permitting)
5. District Attorney/Public Guardian	1	HRS Data Portal Access (HP)
		Purchasing & Contracts (HR)

## Internal Audit Department Mission

*Our mission is to provide highly reliable, independent, objective evaluations, and business and financial consulting services to the Board of Supervisors and County management to assist them with their important business and financial decisions.*



DEPARTMENT	NUMBER OF HIGH-RISK (HR)/ HIGH-PRIORITY (HP) AREAS	AUDIT AREA
<b>6. Health Care Agency/ Public Guardian</b>	<b>3</b>	Cash Receipts & Accounts Receivable (HR)
		Purchasing & Contracts (HR)
		Information Technology (HR)(time permitting)
<b>7. OC Community Resources</b>	<b>2</b>	Fiduciary & Special Revenue Funds (HR)
		Purchasing & Contracts (HR)
<b>8. OC Public Works</b>	<b>1</b>	Payroll (HP)
<b>9. OC Waste &amp; Recycling</b>	<b>1</b>	Cash Receipts/Credit Card Processing (HP)
<b>10. Treasurer-Tax Collector</b>	<b>1</b>	Information Technology (HR)
<b>TOTAL HIGH-RISK/ HIGH-PRIORITY AREAS</b>	<b>22</b>	

Due to limited staffing resources, our Audit Plan only includes audits addressing 18 of the 22 high-risk or high-priority areas. If hours become available in Fiscal Year 2022-23, we will incorporate the remaining three high-risk areas and one other high-priority/department requested (time permitting) audits into the Audit Plan. The remaining high-risk and time permitting audits that have not been incorporated by the end of Fiscal Year 2022-23, will be included in our Fiscal Year 2023-24 Audit Plan.

We look forward to a successful year of providing professional, reliable, and objective audit and advisory services to the Board of Supervisors, County Executive Office, and County departments. If you have any questions, please contact me at 714.834.5442 or Assistant Director Scott Suzuki at 714.834.5509.

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# INTERNAL AUDIT DEPARTMENT

## EXECUTIVE SUMMARY

### INTRODUCTION

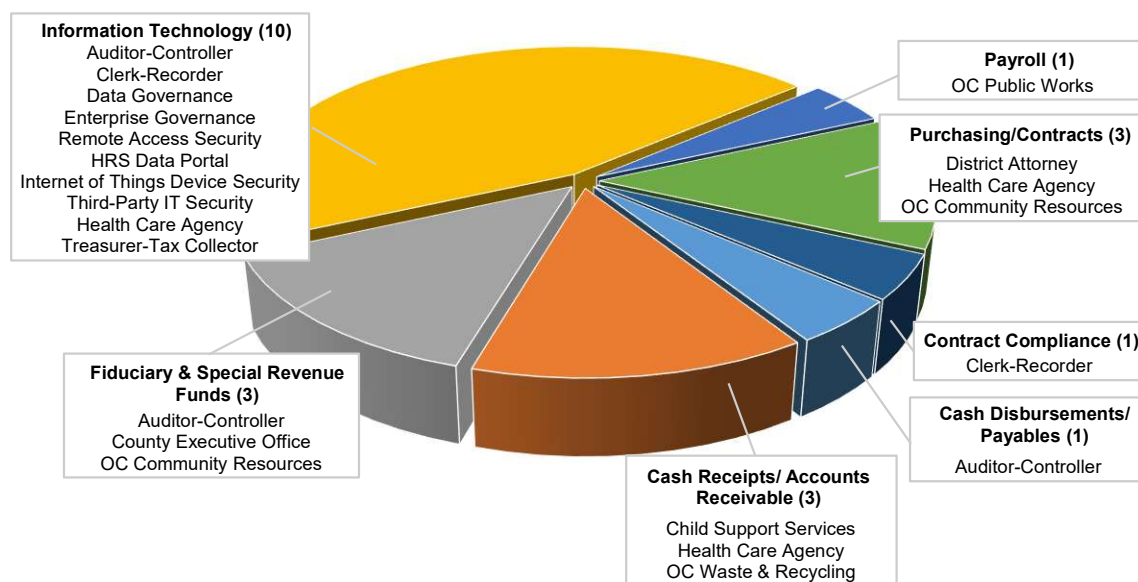
The mission of the Internal Audit Department is to provide highly reliable, independent, objective evaluations, and business and financial consulting services to the Board of Supervisors (Board) and County management to assist them with their important business and financial decisions.

We support and assist the Board and County management in the realization of their business goals and objectives. Our contribution to this effort is testing and reporting on the effectiveness of their internal control systems and processes as these relate to safeguarding the County's assets and resources, reasonable and prudent financial stewardship, accurate recording and reporting, and achieving the County's goals and objectives.

The Internal Audit Department utilizes professional standards for the development of the Audit Plan. The Institute of Internal Auditors' International Standards for the Professional Practice of Internal Auditing require the chief audit executive to establish a risk-based approach to determine the priorities for internal audit activities. Our methodology is to perform focused audits that address the most critical areas of operations and to provide a quick turnaround time to the department. We strive to minimize the disruption to department operations through this approach.

We completed a risk assessment to identify and measure risk and prioritize potential audits for the Audit Plan. We are committed to auditing business activities/processes identified: (1) as high-risk by our risk assessment process or (2) high-priority by Board, County Executive Office, or department head request. Our approach is to provide coverage of the most critical and sensitive aspects of the activity identified. We may make exceptions to this approach when there are carryover audits from the prior year, where there has been recent audit coverage, or if our professional judgment determines otherwise.

Our Fiscal Year 2022-23 Risk Assessment identified 22 high-risk or high-priority areas in 10 County departments as illustrated in the chart below.



## INTERNAL AUDIT DEPARTMENT

### RESULTS

Our Fiscal Year 2022-23 Audit Plan includes 18 scheduled audits, 11 of which are new audits and seven (six high-risk + one high-priority department request) are carried over from Fiscal Year 2021-22.

<b>8</b> NEW HIGH-RISK AUDITS SCHEDULED	+	<b>6</b> CARRYOVER HIGH-RISK AUDITS SCHEDULED	+	<b>3</b> NEW HIGH- PRIORITY AUDITS SCHEDULED	+	<b>1</b> CARRYOVER HIGH-PRIORITY AUDIT SCHEDULED	=	<b>18</b> AUDITS SCHEDULED
<b>3</b> TIME PERMITTING HIGH-RISK AUDITS			+	<b>1</b> TIME PERMITTING DEPARTMENT REQUESTED AUDIT			=	<b>4</b> TIME PERMITTING AUDITS
<b>17</b> HIGH-RISK AUDITS			+	<b>5</b> HIGH-PRIORITY OR DEPARTMENT REQUESTED AUDITS			=	<b>22</b> TOTAL AUDITS IN PLAN

Due to limited staffing resources, our Audit Plan only includes audits addressing 18 of the 22 high-risk or high-priority areas. There are seven carryover audits, five we did not get to and two were postponed to accommodate department availability. If hours become available in Fiscal Year 2022-23, we will incorporate the remaining three high-risk audits and the one time permitting, department requested audit into the Audit Plan. Any audits that have not been incorporated by the end of Fiscal Year 2022-23 will be included in our Fiscal Year 2023-24 Audit Plan.

### RISK ASSESSMENT

#### GENERAL RISK ASSESSMENT

The Internal Audit Department performed a general risk assessment that included discussion with members of the Board, the County Executive Office, and department executive management regarding risks affecting them. We distributed risk assessment questionnaires for input on risks and areas of audit interest in department business operations. We ranked and tabulated the results to develop a risk-based Audit Plan. Because of limited staffing resources, we evaluated all audit requests based on our risk assessment criteria. Special request audits from the Board and department heads were considered for inclusion in the Audit Plan.

We designed our risk-based Audit Plan to address what we considered to be the highest priority areas, while limiting the scope of work to what could realistically be accomplished with available staffing resources. Our risk ratings were based on current information that can fluctuate frequently given the nature, diversity, size, and impact of County operations on the public.



## INTERNAL AUDIT DEPARTMENT

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A department with a high-risk score indicates the services or functions it is responsible for are a high-risk activity because of factors such as having a large amount of expenditures and/or revenues, having a high level of liquid assets such as cash, management's assessment of the control environment, or a high degree of public interest. A high-risk score indicates that if something were to go wrong, it could have a greater impact. A high-risk score does not mean that a business process is being managed ineffectively or that internal control is not adequate.

### INFORMATION TECHNOLOGY RISK ASSESSMENT

Due to the complexities and widespread use of information technology throughout County operations, a separate IT risk assessment was performed to augment the general risk assessment. The IT risk assessment was conducted using a comprehensive IT survey which provided Internal Audit with an increased understanding of the department's IT environment. We distributed the survey for input on risks and areas of IT audit interest and summarized the results. A risk rating value was assigned to each department to illustrate the relative information technology risk applicable to the department. The result was a comprehensive and prioritized risk-based heat map of IT risks for development of the IT component of our Audit Plan.

A department with a high-risk score indicates the services or functions it is responsible for are a high-risk activity because of factors such as maintaining and managing systems that process sensitive information, contract with third-party vendors, on-site server rooms that host critical systems, large number of privileged user access, and/or remote access users. As with the general risk assessment, a high-risk score indicates that if something were to go wrong, it could have a greater impact. A high-risk score does not mean that an IT process is being managed ineffectively or that internal control is not adequate.

### FY 2022-23 AUDIT PLAN

Our Audit Plan is based on 12,600 productive hours to be provided by seven audit professionals and two supervising audit managers. Audit hours for the director of Internal Audit and assistant director are not included in the above total, and time for audit managers is adjusted to allow for administrative duties. Some audits we identified as high risk are listed on the Audit Plan as "time permitting" audits. If hours become available, we will begin performing those audits. Otherwise, those audit areas will remain as high risk (unless on-going risk assessment dictates otherwise) and will be included in next year's Audit Plan.

The Audit Plan is prepared by Internal Audit, reviewed by the Audit Oversight Committee, and approved by the Board of Supervisors prior to the beginning of each fiscal year. Our audit services are focused on improving internal control in standard business processes/cycles common to all departments with our primary emphasis on financial accounts and transactions. Examples of audits in our Audit Plan include Internal Control Audits, Information Technology Audits, and Contract Compliance Audits. Please see the table below for a description of these primary service areas, related objectives, and hours allocated to the service area.



## INTERNAL AUDIT DEPARTMENT

SERVICE	OBJECTIVE	HOURS	%
<b>Internal Control Audits</b>	Review effectiveness and efficiency of departmental operations including the safeguarding of assets, reporting (internal and external, financial and non-financial), and compliance with laws, regulations, and procedures as related to the 2013 Committee of Sponsoring Organizations of the Treadway Commission (COSO) Internal Control – Integrated Framework.	5,240	42%
<b>Information Technology Audits</b>	Review IT controls such as general controls over computer operations, access to programs and data, disaster recovery/business continuity, program development, program changes, and provide advisory services for system implementations.	3,660	29%
<b>Contract Compliance Audits</b>	Audit County contracts to ensure vendor compliance, the correct amount of rent is paid to the County (e.g., businesses with leases at JWA, OCCR, OCPW) based on a percentage of gross revenue, and/or internal controls are adequate to ensure the integrity of records used to report gross revenues.	400	3%
<b>Board Requests &amp; Contingency Reserve</b>	Hours reserved for special request audits from the Board, position vacancies, and other unforeseen events.	1,660	13%
<b>Other Activities &amp; Administration</b>	Perform the annual risk assessment; prepare the Audit Plan; investigate cash losses; support TeamMate+; provide technical assistance to departments on operational, reporting, or compliance issues; compile and present External Audit Reports to the AOC; perform required quality assessments; prepare and present oversight reporting to the AOC and Board; complete annual CWCAP reporting; complete special projects.	1,640	13%
<b>TOTALS</b>		<b>12,600</b>	<b>100%</b>

For each engagement in the Audit Plan, we have listed the department, preliminary audit objectives, and estimated hours to complete the audit. Please refer to Appendix A for more details on the Audit Plan methodology.

The Audit Plan is subject to change for such events where the director of the Internal Audit Department, or Board majority assesses it is warranted to substitute, postpone, or cancel a scheduled audit due to timing, priority, resources, and/or other risk considerations. Such modifications will be noted in the Quarterly Status Reports submitted to the AOC. The acceptance of the Quarterly Status Report by the AOC authorizes any changes noted.



## INTERNAL AUDIT DEPARTMENT

AUDIT	PRELIMINARY AUDIT OBJECTIVES	HOURS
<b>High-Risk Audits</b>		
<b>Internal Control Audits</b>		<b>Supervising Audit Manager: Michael Dean, Senior Audit Manager</b>
1. <b>CEO Fiduciary Funds &amp; Special Revenue Funds (2018)</b> Carryover from FY 2021-22	To assess internal controls over fiduciary or special revenue funds.	480
2. <b>OCCR/OC Parks/OC Dana Point Harbor Purchasing &amp; Contracts (2015)</b> Carryover from FY 2021-22	To assess contractor compliance with the Dana Point Master Lease (Public-Private Partnership) and efficiency of lease administration.	480
3. <b>OCCA Purchasing &amp; Contracts</b>	To assess procurement processes (other than human services).	960
4. <b>HCA Purchasing &amp; Contracts</b>		
5. <b>A-C Fiduciary Funds &amp; Special Revenue Funds</b>	To assess internal controls over fiduciary and special revenue funds.	960
6. <b>OCCR Fiduciary Funds &amp; Special Revenue Funds</b>		
7. <b>A-C Employee Claims</b>	To assess internal controls over employee claims (mileage and educational/professional reimbursement).	480
8. <b>HCA Cash Receipts &amp; Accounts Receivable</b>	To assess internal controls over cash receipts.	440

<b>Information Technology Audits</b>		<b>Supervising Audit Manager: Jimmy Nguyen, IT Audit Manager II</b>
9. <b>A-C CAPS+ Application Security (2046)</b> Carryover from FY 2021-22	To assess CAPS+ security controls.	360
10. <b>C-R Cybersecurity (2151)</b> Carryover from FY 2021-22	To assess cybersecurity controls.	480
11. <b>OCIT Remote Access Security (2152)</b> Carryover from FY 2021-22	To assess remote access security controls.	360
12. <b>OCIT Third-Party IT Security (2153)</b> Carryover from FY 2021-22	To assess IT security controls for third-party vendors that directly assist with maintaining, managing, or supporting critical systems.	480



## INTERNAL AUDIT DEPARTMENT

AUDIT	PRELIMINARY AUDIT OBJECTIVES	HOURS
<b>High-Risk Audits (con't)</b>		
13. <b>T-TC Cybersecurity</b>	To assess cybersecurity controls.	480
14. <b>OCIT Enterprise IT Governance</b>	To assess information technology governance processes.	360
The following high-risk engagements are time permitting audits and will be completed as audit resources become available:		
15. <b>OCIT Data Governance</b> Time Permitting Audit	To assess data governance (classification, retention) controls.	0
16. <b>OCIT Internet of Things Device Security</b> Time Permitting Audit	To assess IT security controls over IoT (Internet of Things) devices.	0
17. <b>HCA Cybersecurity</b> Time Permitting Audit	To assess cybersecurity controls.	0
<b>Total High-Risk Audits</b>		<b>6,320</b>

<b>High-Priority Department Requested Audits</b>		
18. <b>C-R Contract Compliance</b>	To assess vendor performance based on criteria established in the contract.	400
19. <b>CSS Cash Receipts</b>	To assess internal controls over cash receipts.	400
20. <b>OCWR Credit Card Processing</b>	To assess internal controls over credit card processing.	400
21. <b>HRS Data Portal Access (2045)</b> Carryover from FY 2021-22	To assess selected information technology controls over CAPS+ HR security management.	360
<b>Total High-Priority Department Requested Audits</b>		<b>1,560</b>





## INTERNAL AUDIT DEPARTMENT

AUDIT	PRELIMINARY AUDIT OBJECTIVES	HOURS
<b>Department Requested Audits</b>		
22. <b>OCPW Payroll</b> Time Permitting Audit	To assess integration with the new Workforce timekeeping system and OCPW applications.	0
<b>Total Department Requested Audits</b>		<b>0</b>

Follow-Up Audits		
Follow-Up Internal Control Audits	Follow-up on management's implementation of audit recommendations provided in prior audit reports.	640
Follow-Up Information Technology Audits		620
Total Follow-Up Audits		1,260

<b>Advisory Engagements</b>		
<b>Virtual Timecard Interface System Replacement (2048)</b> Carryover from FY 2021-22	To advise on System Development Life Cycle (SDLC) internal control.	40
<b>Property Tax System Implementation (1754)</b> Department Request Carryover from FY 2021-22	To advise on SDLC internal control.	40
<b>Countywide Cybersecurity</b>	Participate in Countywide Cybersecurity meetings related to various workgroups and committees.	80
<b>Total Advisory Engagements</b>		<b>160</b>



## INTERNAL AUDIT DEPARTMENT

Other Activities & Administration	
Special Projects	400
Annual Risk Assessment & Audit Plan for Fiscal Year 2023-24	360
Quality Assessment	200
External Audit Reporting	200
Board of Supervisors & Audit Oversight Committee Support	160
On-Demand Department Advisory Services	80
Cash Loss Investigations	80
TeamMate+ Administration	80
Countywide Cost Allocation Plan (CWCAP)	80
<b>Total Other Activities &amp; Administration</b>	<b>1,640</b>
Board-Requested Audits	400
Contingency Reserve	1,260
<b>TOTAL HOURS</b>	<b>12,600</b>



## INTERNAL AUDIT DEPARTMENT

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### ACKNOWLEDGEMENT

We appreciate the courtesy extended to us by departments that completed our requested surveys and met with Internal Audit staff. The information provided by departments was instrumental in preparing our risk assessment and developing our audit plan.

<b>PROJECT TEAM</b>	Scott Suzuki, CPA, CIA, CISA, CFE	Assistant Director
	Michael Dean, CPA, CIA, CISA	Senior Audit Manager
	Jimmy Nguyen, CISA, CFE, CEH	IT Audit Manager II
	Scott Kim, CPA, CISA, CFE	IT Audit Manager I
	Gianne Morgan, CIA, CISA	Audit Manager
	Zan Zaman, CPA, CIA, CISA	Audit Manager
	Mari Elias, DPA	Administrative Services Manager
	Gabriela Cabrera	Senior Auditor
	Alejandra Hernandez	Senior Auditor
	Stephany Pantigoso	Senior Auditor



# INTERNAL AUDIT DEPARTMENT

## APPENDIX A: AUDIT PLAN METHODOLOGY

### 1. DEFINE AUDIT UNIVERSE

There are several approaches to defining all the potential areas subject to risk assessment and audits, or the “audit universe”. We defined the County audit universe as 19 departments excluding Internal Audit, OC Ethics Commission, and Office of Independent Review.

We further defined our audit universe by seven standard business processes/cycles (see Table 1 below), including information technology, common to all departments. This results in an audit universe consisting of 133 auditable business processes (19 departments, seven business processes/cycles).

**Table 1. County Audit Universe**

BUSINESS PROCESS/CYCLE (FINANCIAL ACTIVITY FOR FY 2020-21)	DESCRIPTION
<b>1. Cash Receipts &amp; Accounts Receivable</b> \$15 Billion	Reviewing controls over receipting, recording, transferring, depositing, safeguarding, and reconciling of monies received in departments.
<b>2. Cash Disbursements &amp; Accounts Payable</b> \$5.5 Billion	Verifying receipt of goods and services, supervisory reviews and approvals adequacy, invoice processing timeliness, completeness and accuracy of payments, proper reconciliations, and safeguarding of assets.
<b>3. Purchasing &amp; Contracts</b> \$5 Billion	County-issued purchasing cards, vendor payment review/approval processes, ensuring terms of contracts were met prior to issuing payments, reviewing justification of sole source contracts, and monitoring CPO's oversight responsibilities.
<b>4. Revolving Funds</b> \$3.2 Million	Validating compliance with the County Accounting Manual, ensuring revolving cash fund disbursements are proper, approved, monitored, and safeguarded.
<b>5. Payroll</b> \$2.4 Billion	Reviewing timekeeping practices, premium and overtime pay practices, payroll unit supervision and payroll reports, Central Payroll's role in processing payroll, and monitoring for unauthorized payroll changes.
<b>6. Fiduciary Funds &amp; Special Revenue Funds</b> \$3.2 Billion	Validating the purpose/objectives of fiduciary funds and special revenue funds, ensuring sources and uses of the funds are in accordance with County policy or laws and regulations, and reconciliations are prepared timely and completely to safeguard funds.
<b>7. Information Technology</b>	Reviewing controls over IT and cybersecurity including general controls, application controls, system development, network security, and computer operations.



## INTERNAL AUDIT DEPARTMENT

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### 2. APPLY WEIGHTED RISK FACTORS

Our Risk Assessment Schedule for FY 2022-23 (see Attachment B) shows the 133 auditable business processes and assigned risk ratings. We consider the following factors in assigning risk levels for the six general business process/cycles (cash receipts, cash disbursements, purchasing, revolving funds, payroll, fiduciary/special revenue):

- Financial Activity (40%). Assessed department financial information for each auditable business process.
- Department Changes (15%). Assessed factors such as management and/or organizational changes, significant increases or decreases in staffing and workloads, new or eliminated programs, and significant changes in laws/regulations or IT.
- Operating Environment (15%). Assessed factors related to changes in the operating environment such as public image, laws and regulations, safety and environmental issues, sensitivity to economic factors, major crises, pending litigation, and business continuity.
- Last Audit Performed (30%). Identified all Internal Control Audits, Financial Audits & Mandates, and Information Technology Audits conducted in the last 10 years. Areas with no recent or prior audits are assessed higher risk (see Attachment C).

For information technology, weighting is 15% for governance, 20% for security management, 10% for change management, 10% for computer operations, 10% for general risk factors (drawn from department changes and operating environment above), and 35% for last audit performed.

### 3. CATEGORIZE RESULTS

Using the above criteria and professional judgment, an overall risk is assigned to each auditable business process as High Risk, Moderate Risk, or Low Risk. The overall risk levels assigned determine the focus of our audit resources and audit priorities.

Risk levels for the 133 auditable business processes we identify in our Risk Assessment Schedule for FY 2022-23 (see Attachment B) are as follows:

- 13 (10%) are High Risk
- 114 (86%) are Moderate Risk
- 6 (4%) are Low Risk

*Note, there are 17 high-risk audits in the 13 high-risk processes as the single CEO IT high-risk box represents five separate audits.*

### 4. IDENTIFY ENGAGEMENTS AND ALLOCATE AVAILABLE RESOURCES

Our Audit Plan is based on 9,300 available audit hours (12,600 productive hours less 1,240 hours for other activities and administration, 400 hours for Board-requested audits, 400 hours for special projects, and 1,260 hours for contingency reserve) to be provided by seven audit professionals and two supervising audit managers. We ensure the ratio of gross hours to available audit hours aligns with industry norms. The contingency reserve is for position vacancies and other unforeseen events.

We judgmentally select the highest risk audits we can realistically address with existing resources. Because of budget and staffing constraints, we evaluate all audit requests based on our risk assessment criteria. Audits that cannot be accommodated are noted for future consideration.



## INTERNAL AUDIT DEPARTMENT

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Our follow-up audit process ensures that our audit recommendations are implemented satisfactorily. Our first follow-up audit generally begins about six months following the release of an audit report. If necessary, a second follow-up audit will generally be conducted about six months following the issuance of the first follow-up audit report.



# INTERNAL AUDIT DEPARTMENT

## APPENDIX B: ACRONYMS

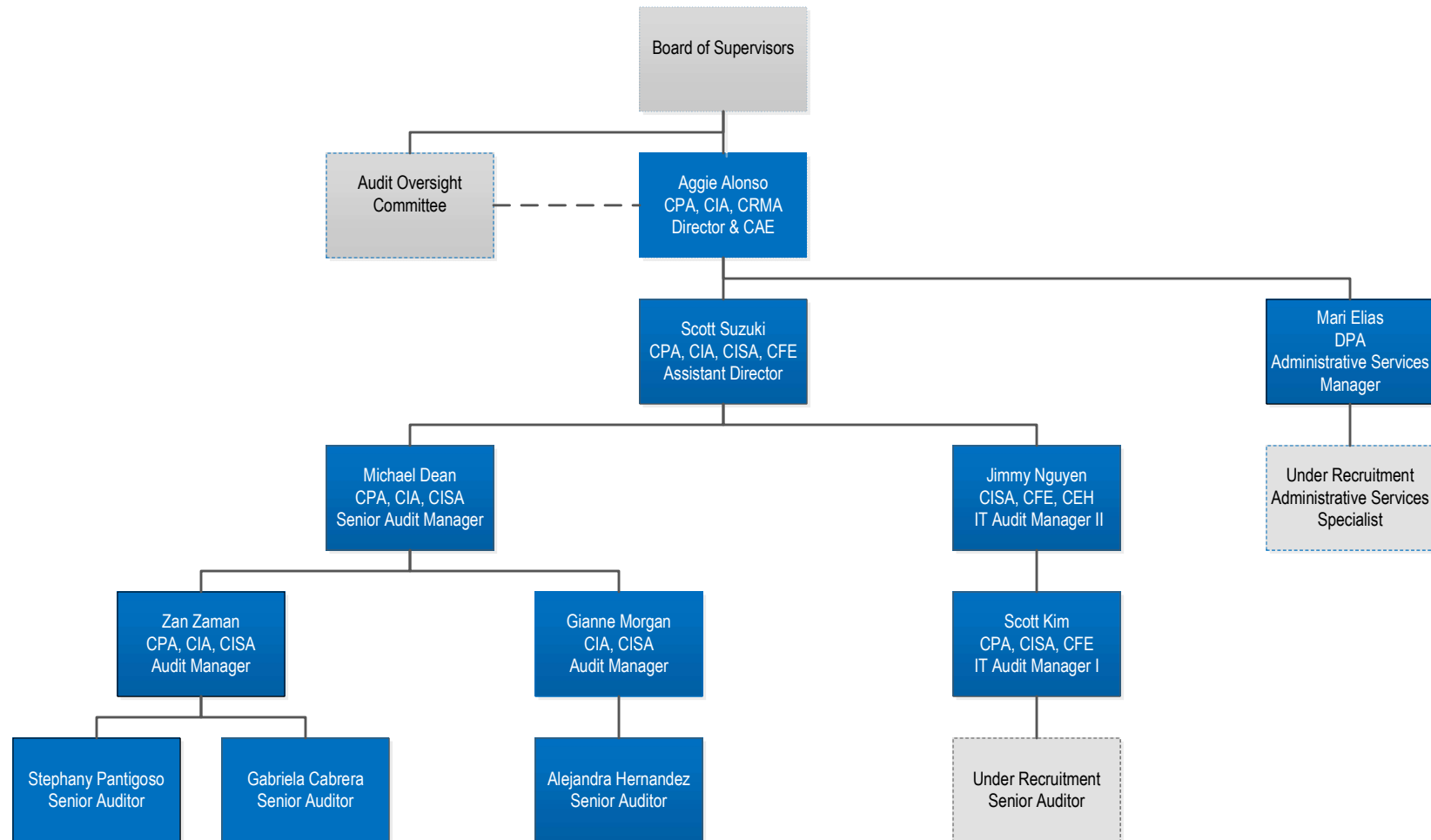
Acronym	Definition
A-C	Auditor-Controller
AOC	Audit Oversight Committee
C-R	Clerk-Recorder
CEO	County Executive Office
CPO	County Procurement Office
CSS	Child Support Services
HCA	Health Care Agency/Public Guardian
JWA	John Wayne Airport
OCCR	OC Community Resources
OCDA	District Attorney-Public Administrator
OCPW	OC Public Works
OCWR	OC Waste & Recycling
T-TC	Treasurer-Tax Collector





## ATTACHMENT A: ORGANIZATION CHART

## INTERNAL AUDIT DEPARTMENT

**PROFESSIONAL CERTIFICATIONS**

Certified Public Accountant (CPA)  
Certified Internal Auditor (CIA)  
Certified Information Systems Auditor (CISA)  
Certified Fraud Examiner (CFE)  
Certified Ethical Hacker (CEH)  
Certification in Risk Management Assurance (CRMA)  
Deputy Purchasing Agent (DPA)



ATTACHMENT B: RISK ASSESSMENT SCHEDULE FOR FISCAL YEAR 2022-23

BUSINESS PROCESS/CYCLE Financial Activity for FY 2020-21	1. Assessor	2. Auditor-Controller	3. Child Support Services	4. Clerk of the Board	5. Clerk-Recorder	6. County Counsel	7. County Executive Office	8. District Attorney-Public Administrator	9. Health Care Agency/Public Guardian	10. John Wayne Airport	11. OC Community Resources	12. OC Public Works	13. OC Waste & Recycling	14. Probation Department	15. Public Defender	16. Registrar of Voters	17. Sheriff-Coroner	18. Social Services Agency	19. Treasurer-Tax Collector	COMMENTS
CASH RECEIPTS & ACCOUNTS RECEIVABLE \$15 billion	M	M	M	M	M	M	M	M	H	M	M	M	M	M	M	M	M	M	M	Reflects all cash receipt transactions posted to 8010 Cash Account by the department that processed the transaction. A/R reported as year-end balances.
CASH DISBURSEMENTS & ACCOUNTS PAYABLE \$5.5 billion	L	H	M	L	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	Reflects all cash disbursements including automatic (A/P) disbursements, manual disbursements, and EFT/Wire disbursements.
PURCHASING & CONTRACTS \$5 billion	M	M	M	M	M	M	M	H	H	M	H	M	M	M	M	M	M	M	M	Reflects all purchases and contracts processed by departments including purchase orders, price agreements, and negotiated contracts.
REVOLVING FUNDS \$3.2 million	L	M	M	M	M	M	M	M	M	M	M	M	M	L	M	M	M	M	M	Reflects the total revolving fund replenishments to all departments.
PAYROLL \$2.4 billion	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	Reflects total payroll for our audit population of all departments shown.
FIDUCIARY & SPECIAL REVENUE FUNDS \$3.2 billion	M	H	M	M	M	M	H	M	M	M	H	M	M	M	M	M	M	M	M	Reflects year-end balances in Agency Funds and Private Purpose Trust Funds designated for restricted purposes and use.
INFORMATION TECHNOLOGY	M	H	M	L	H	M	H (1)	M	H	M	M	M	M	M	L	M	M	M	H	Includes IT controls and cybersecurity including general controls, application controls, system development, network security, and computer operations.
AUDITS ON FY 2022-23 PLAN See Appendix A for Audit Plan Methodology DR = Department request CO = Carryover audit TP = Time permitting audit		Employee Claims Fiduciary & Special Revenue CAPS+ Application Security (CO)	Cash Receipts (DR)		Cybersecurity (CO) Contract Compliance (DR)		Fiduciary & Special Rev (CO); Remote Access (CO); 3rd party IT Security (CO); IT Governance; IOT Security (TP); Data Governance (TP); HRS Data Portal (DR/CO)	Purchasing & Contracts	Cash Receipts & Accounts Receivable Purchasing & Contracts Cybersecurity (TP)		Fiduciary & Special Revenue Funds Dana Point Harbor Purchasing & Contracts (CO)	Payroll (DR/TP)	Credit Card Processing (DR)							Cybersecurity

High Priority Processes:	13	10%	High-priority audit areas (as determined by risk assessment)
Moderate Priority Processes:	114	86%	Moderate-priority audit areas (as determined by risk assessment)
Low Priority Processes:	6	4%	Low-priority audit areas (as determined by risk assessment)
Total Auditable Business Processes/Cycles:	133		

(1) There are 17 high-risk audits in the 13 high-risk processes as the single CEO IT high-risk box represents five separate audits.

ATTACHMENT C: SCHEDULE OF 10-YEAR PRIOR AUDIT COVERAGE  
For The Period July 2012 through June 2022

	1. Assessor	2. Auditor- Controller	3. Child Support Services	4. Clerk of the Board	5. Clerk-Recorder	6. County Counsel	7. County Executive Office	8. District Attorney- Public Administrator	9. Health Care Agency/Public Guardian	10. John Wayne Airport	11. OC Community Resources	12. OC Public Works	13. OC Waste & Recycling	14. Probation Department	15. Public Defender	16. Registrar of Voters	17. Sheriff- Coroner	18. Social Services Agency	19. Treasurer-Tax Collector
CASH RECEIPTS & ACCOUNTS RECEIVABLE		#1249, #1315 & #1415 Quarterly Reconciliation Compliance; #1818 Fiduciary Funds					#1317 Community Facilities Districts	#1325 Fiduciary Funds; 2012-2016 Annual Grants	#1325 Fiduciary Funds; #1420 Fund 13Y; #1619 Unearned Revenue	#2116 Cash Receipts	#1456 OC Parks Ticket Sales; #1578 Animal Care; #1579 Library; #1655 OC Parks; #1619 Unearned Revenue; #1815 AC Cash Receipts	#1619 Unearned Revenue; #1734 Billing	#1525 Cash Receipts	#1567 Juvenile; #1724 Mandate			#1918 Cash Receipts	#1619 Unearned Revenue	2014, 2017 & 2020 Audits of Tax Redemption Officer; 2012-2017 Annual TFA; 2011- 2016 Annual Compliance; #2011 AR
CASH DISBURSEMENTS & PAYABLES	#1626 Travel	#1249, #1315 & #1415 Quarterly Reconciliation Compliance; #1626 Travel; #1811 Claims; #1818 Fiduciary Funds		#1626 Travel			#1318 OCEA Pension Enhancement; #1316 Retiree Medical; #1317 Community Facilities Districts; #1626 Travel; #2012 Cash Disbursements	#1325 Fiduciary Funds; 2012-2016 Annual Grants	#1325 Fiduciary Funds; #1420 Fund 13Y; #1728 Mental Health Services Disbursements	#2013 Cash Disbursements	#2014 Cash Disbursements	#1223 Disbursements; #1626 Travel; #2022 Toll Usage		#1323 AB109; #1567 Juvenile; #1724 Mandate; #1822 Cal Cards		#1626 Travel	#1626 Travel	#1626 Travel; #1625 CalWorks / Rescare Contract	2011-2017 Qrtly TFA; 2012-2017 Annual TFA; #1583 Wire Transfers
PURCHASING & CONTRACTS		#1522 Procurement					#1521 Procurement; #1730 CEO/Real Estate RGL Admin Process; #1732 OCIT Capital Assets; #1624 OCIT Contract Admin		#1631 Procurement; #1819 Contracts & Procurement	#1125 Change Orders; #2115 Purchasing & Contracts	#1455 Expediter; #1426 Human Services Contracts	#1225 Contract Admin; #1455 Expediter; #1911 Purchasing & Contracts	#1334 La Pata Contract; #1455 Expediter				#1912 Purchasing & Contracts	#1224 Contract Admin; #1625 CalWorks / Rescare Contract; #2016 Purchasing & Contracts	
REVOLVING FUNDS	#1626 Travel	#1626 Travel					#1626 Travel	#1913 Revolving Fund			#1578 Animal Care; #1579 Library	#1626 Travel		#1567 Juvenile; #1822 Cal Cards	#2017 Revolving Funds	#1626 Travel	#1626 Travel; #1917 Revolving Fund	#1633 Revolving Funds; #1626 Travel	
PAYROLL		#1350-B Payroll					#2113 Payroll	#1629 Payroll	#1350 Payroll CAATs; #1812 Payroll		#1813 Payroll	#1916 Payroll		#1630 Payroll			#1350 Payroll CAATs; #1632 Billing of Law Enforcement Services for DPH & JWA	#1350 Payroll CAATs; #1814 Payroll	
FIDUCIARY FUNDS & SPECIAL REVENUE FUNDS		#1249, #1315 & #1415 Quarterly Reconciliation Compliance; #1337 Fiduciary Funds; #1818 Fiduciary Funds	#1519 Fiduciary Funds		#1519 Fiduciary Funds		#1317 CFDs; #1519 Fiduciary Funds; #2018 Fiduciary Funds	#1325 Fiduciary Funds; #1519 Fiduciary Funds; #1523 PA	#1325 Fiduciary Funds; #1420 Fund 13Y; #1519 Fiduciary Funds; #1524 PG; #1914 PG Fund 165		#1423 DPH; #1519 Fiduciary Funds	#1421 Flood Fund; #1519 Fiduciary Funds; #2019 Special Revenue Funds		#1323 AB109; #1519 Fiduciary Funds		#1519 Fiduciary Funds	#1519 Fiduciary Funds; #1520 Special Revenue Funds	#1336 Special Revenue Funds; #1823 Fiduciary Funds	2012-2017 Qtrly TFA & 2012-2017 Annual TFA; 2011-2016 Annual Compliance Audit; #1519 Fiduciary Funds
INFORMATION TECHNOLOGY	#1844 Cybersecurity	#1357 ARA; #1741 ITGC	#1644 ITGC		#1840 Vital Records Index Access System	#2044 Selected Cybersecurity	#1454 Off-Site Data Backup; #1455 Expediter; #1644 ITGC; #1945 OCIT Cybersecurity	#1143 ITGC; #2041 Selected Cybersecurity	#1943 Cybersecurity	#1444 ITGC; #1941 ITGC	#1644 ITGC	#1354 ITGC; #1644 ITGC	#1445 Paradigm; #1644 ITGC	#2043 Cybersecurity	#1942 ITGC	#2042 Cybersecurity	#1353 ITGC; #1845 ITGC	#1142 ITGC; #1644 ITGC; #1846 ITGC	#1583 Wire Transfers

10-Year Prior Audit Coverage (2012 to June 2022)

5-Year Prior Audit Coverage (2017 to June 2022)

Current/In-Progress Audits

No Audit Coverage Within 10 Years



# Memorandum

May 19, 2022

**AOC Agenda Item No. 7**

TO: Audit Oversight Committee Members

Recommended Action:

Approve External Audit Activity Status Report for the Quarter Ended March 31, 2022 and Receive Report on Status of External Audit Recommendations Implementation

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Approve External Audit Activity Status Report for the Quarter Ended March 31, 2022 and Receive Report on Status of External Audit Recommendations Implementation, as stated in the recommended action.

ATTACHMENT(S):

Attachment A – External Audit Activity Status Report Memo

Attachment B – Executive Summary of External Audit Activity

Attachment C – External Audit Activity Quarterly Status Report

Attachment D – External Audit Report, Implementation Status of Prior Quarter Significant & Material Issues

INTERNAL AUDIT DEPARTMENT

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April 20, 2022

To: Audit Oversight Committee Members

From: Aggie Alonso, CPA, CIA, CRMA  
Internal Audit Department Director

 Digitally signed by Agripino Alonso  
Date: 2022.04.20 14:30:21 -0700

Subject: External Audit Activity Status Report for the Quarter Ended March 31, 2022

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Attached for your review and approval is our External Audit Activity Status Report for the Quarter ended March 31, 2022. Pursuant to Audit Oversight Committee (AOC) Administrative Procedure Number 2, Reporting on External Audits, County departments are required to communicate the status of all third-party audits, including any significant audit findings identified, to Internal Audit on a quarterly basis. The procedure was established to keep the AOC informed of all third-party audits being performed and any significant findings identified. In addition, as requested by the AOC at its May 9, 2019 meeting, we have included County department reported corrective action taken to implement recommendations related to significant audit findings identified.

To facilitate the AOC's review, we are pleased to include an Executive Summary that presents the total audit additions and deletions from the prior quarter, the total current audits in process, references any new significant findings, and provides a summary of any material issues reported for the quarter, please see Attachment B. For individual report details, see Attachment C. Finally, for corrective action taken to implement recommendations, see Attachment D.

For the quarter ended March 31, 2022, two new material issues were reported. Specifically, the Department of Health Care Services conducted reviews of Health Care Agency's Short-Doyle/Medi-Cal Cost Reporting and Data Collection for the fiscal periods ended June 30, 2013 and June 30, 2014. The audits resulted in disallowed costs totaling \$4.2 million and \$5.5 million, respectively due to Medi-Cal units of service and administrative cost adjustments.

If you have any questions, please contact me at 714.834.5442, or Assistant Director Scott Suzuki at 714.834.5509.

## EXECUTIVE SUMMARY OF EXTERNAL AUDIT ACTIVITY

### For the Quarter Ended 3/31/22

<b><u>SUMMARY ACTIVITY</u></b>	
Total Audits Prior Quarter (12/31/21)	<b>67</b>
Additions:    In Progress	<b>9</b>
Planned	<b>2</b>
Started and Completed	<b>1</b>
Deletions	<b><u>18</u></b>
(Completed, Canceled, and Removed in Prior Quarter)	
 Total Audits Current Quarter (3/31/22)	<b><u>61</u></b>
(In Progress, Planned, and/or Completed this Quarter)	

#### **Results for the Quarter:**

Completed	<b>11</b>
Canceled	<b>0</b>
Removed for Other Reasons	<b>0</b>

New Findings/Issues Reported by the Departments	<b>0</b>
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<b><u>Material Issues:</u></b> (Includes Disallowances over \$100K)	<b>2</b>
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The Department of Health Care Services conducted reviews of the Health Care Agency's Short-Doyle/Medi-Cal Cost Reporting and Data Collection for the fiscal years ended June 30, 2013 and June 30, 2014. The audits resulted in disallowed costs of \$4,183,469 and \$5,487,703, respectively due to Medi-Cal units of service and administrative cost adjustments.

**EXTERNAL AUDIT ACTIVITY**  
**Quarterly Status Report**  
**3rd Quarter FY 2021-22 (3/31/22)**

**Results:**

Two material issues were reported to the Internal Audit Department this quarter. See pages 2 and 3 below.

The schedule below identifies the status of external audits as of 3/31/22, including any significant findings, as reported to us by Orange County Departments/Agencies.

This schedule does not include reviews performed by the OC Grand Jury.

Department / Agency	Division	Name of Third Party Auditor	Program, Process, or Area	Audit Period & Frequency	Date Last Audited	Audit Scope	Status as of December 31, 2021	Significant Findings
Assessor		No audits in progress.						
Auditor-Controller	Financial Reporting	Eide Bailly	Single Audit	Annual	6/30/2020	Uniform Guidance Expenditures of Federal Assistance	In progress.	
	Cost, Revenue & Budget	State Controller's Office	Trial Court	FY 16/17 - FY 19/20	FY 09/10 - FY 13/14	Court Revenues	In progress.	
	Property Tax	State Controller's Office	Property Tax State Audit	FY 17/18 - FY 19/20	FY 13/14 - FY 16/17	Property Tax Allocation and Apportionment System	Planned.	
Child Support Services	Program Support Services	Office of Audits and Compliance State of California Department of Child Support Services (DCSS)	Review of Local Child Support Agency CS 356 Administrative Expense Claim.	Every 4 Years	FY 16/17	Review of expenditures, abatements, internal control, and records related to Child Support Program claims for FY 2019-2020. Also, review of walk-in payments.	Planned.	
Clerk of the Board of Supervisors		No audits in progress.						
Clerk-Recorder	Information System	Lawrence R. Halme	SECURE: Modified System Audit	As Needed	6/13/2021	1. New software (v3.14) 2. New county (Imperial County)	Completed.	None.

Department / Agency	Division	Name of Third Party Auditor	Program, Process, or Area	Audit Period & Frequency	Date Last Audited	Audit Scope	Status as of December 31, 2021	Significant Findings
County Counsel		No audits in progress.						
County Executive Office	Finance	No audits in progress.						
	Risk Management	No audits in progress.						
	Information Technology	No audits in progress.						
	Corporate Real Estate	No audits in progress.						
	Human Resource Services	No audits in progress.						
District Attorney		State of CA, Office of Program Oversight & Accountability	CA Witness Relocation Program	7/01/14 - 6/30/19	FY 15/16	Program Audit	In progress.	
Health Care Agency	Administration	Eide Bailly	Tobacco Settlement Funds Agreed Upon Procedures	Annual	6/30/2020	HCA and Sheriff Tobacco Settlement Funds disbursements	Completed.	None.
	Mental Health & Recovery Services	State Department of Health Care Services (DHCS) contracted External Quality Review Organization (EQRO)	Drug Medi-Cal-Organized Delivery Systems (DMC-ODS) External Quality Review (EQR)	FY 20/21 Annual	FY 19/20	Review of operational process and regulatory compliance for DMC medical services.	Completed.	None.
		State Department of Health Care Services (DHCS)	Mental Health Cost Report; Short-Doyle/Medi-Cal Cost Report	FY 12/13 Annual	FY 11/12	Adjusting Short Doyle Medi-Cal units of service/time, the distribution of administrative costs between Medi-Cal and non-Medi-Cal, the distribution of utilization review costs between Medi-Cal and non-Medi-Cal, crossover revenues, contract maximums, and the overall accuracy of computations in the cost report.	Completed.	<b>One (1) New Material Issue:</b> Disallowance of \$4,183,469 due to Medi-Cal units of service and administrative cost adjustments.

Department / Agency	Division	Name of Third Party Auditor	Program, Process, or Area	Audit Period & Frequency	Date Last Audited	Audit Scope	Status as of December 31, 2021	Significant Findings
Health Care Agency (continued)	Mental Health & Recovery Services (continued)	State Department of Health Care Services (DHCS)	Mental Health Cost Report; Short-Doyle/Medi-Cal Cost Report	FY 13/14 Annual	FY 12/13	Adjusting Short Doyle Medi-Cal units of service/time, the distribution of administrative costs between Medi-Cal and non-Medi-Cal, the distribution of utilization review costs between Medi-Cal and non-Medi-Cal, crossover revenues, contract maximums, and the overall accuracy of computations in the cost report.	Completed.	<b>One (1) New Material Issue:</b> Disallowance of \$5,487,703 due to Medi-Cal units of service and administrative cost adjustments.
		Department of Health and Human Services (DHHS) / Substance Abuse and Mental Health Services Administration (SAMHSA)	SABG/MHBG Virtual Site Visit	FY 2016, 2017, 2018	N/A	Financial and compliance review	In progress.	
		State Department of Health Care Services (DHCS) County Compliance Unit	Substance Abuse Block Grant (SABG) and Drug Medi-Cal Organized Delivery System (DMC-ODS)	FY 21/22 Annual	FY 20/21	Financial and compliance review	In progress.	
		Board of State Community Corrections (BSCC)	Prop 47 Comprehensive Monitoring Visit - Cohort 2	Biennial	05/19	Fiscal and Program Compliance	In progress.	
		State Department of Health Care Services (DHCS) contracted External Quality Review Organization (EQRO)	Mental Health Plan (MHP)	FY 21/22 Annual	FY 19/20	Service quality and management.	Completed.	None.



Department / Agency	Division	Name of Third Party Auditor	Program, Process, or Area	Audit Period & Frequency	Date Last Audited	Audit Scope	Status as of December 31, 2021	Significant Findings
Health Care Agency (continued)	Public Health	DHCS Audits & Investigations - Targeted Case Management	Targeted Case Management, Program Financial Audit of the TCM Cost Report	FY 17/18 Annual	FY 16/17	Desk review of documents and all aspects related to fiscal compliance for charges claimed on the cost report.	In progress.	
		Department of Food and Nutrition Services, Western Regional Office (FNSWRO)	Nutrition Education and Obesity Prevention (NEOP) / Supplemental Nutrition Assistance Program Education (SNAP-Ed)	FY 20/21	01/15	Management Evaluation - Determine how nutrition education and obesity prevention interventions are provided and how the program is run in each state. FNSWRO will examine the following areas: program planning and implementation; fiscal integrity; staffing; reporting; communication and coordination; civil rights; edu materials, curricula, and reinforcements; and program evaluation.	In progress.	
		State Office of AIDS	Ryan White Part B	FY 20/21 Annual	02/20	Programmatic Site visit to ensure compliance with Ryan White legislation.	In progress.	
		EHA Consulting Group, Inc.	Food Safety Program at Environmental Health	2020 to Present One-Time	N/A	Food Safety program implementation, effectiveness, efficiency; staff productivity and performance; customer service; IT; strategic planning; fees; enforcement; stakeholder engagement; disaster preparedness; ordinance.	Completed.	None.
		State Department of Resources Recycling and Recovery (CalRecycle)	Environmental Health - Solid Waste, Local Enforcement Agency	Every 2-3 years	12/18	Program review. Ensure LEA's implement effective programs in accordance with laws, regulations, and Enforcement Program Plan and verify LEA compliance with certification requirements.	In progress.	

Department / Agency	Division	Name of Third Party Auditor	Program, Process, or Area	Audit Period & Frequency	Date Last Audited	Audit Scope	Status as of December 31, 2021	Significant Findings
Health Care Agency (continued)	Public Health (continued)	California Department of Public Health	Environmental Health REHS Accreditation Agency	Every 3 years	07/19	Provide an updated application and all documentation relating to OCEH approval and evaluation of providers of continuing education in accordance with CCR Title 22 Div 4 Section 65800 et seq	Completed.	None.
		Gilbey and Associates (First 5)	Community and Nursing Services Division	FY 20/21 Annual	FY 19/20	Fiscal and Program Compliance.	In progress.	
	Medical Health Services	California Emergency Management Agency (Cal EMA)	Health Disaster Management - State Homeland Security Funds; HCA is subrecipient through OCSD	GY 2006; Varies	N/A	Compliance field review - Grant Year 2006, 2007 and 2008 Note: OCSD is the lead on this audit and is coordinating all findings and responses.	Draft report issued 2/2/12.  As of 3/2022, OCSD has continued to contact Cal OES and requested a status of the close out for this audit. Cal OES' final determination of the matter is pending.  As of 3/2022, OCSD reports no updates.	<b>Reported in Prior Quarters:</b> Estimated findings total \$742,852 (\$183,101.51 leases and \$559,750.23 equipment), of which HCA requests clarification of approximately \$41,000 pertaining to subgrantee charged expenditures belonging to another grant year. HCA does not concur with the remaining estimated findings of \$701,852. Since the draft report is being discussed with the State and HCA disagrees, we will not yet consider this a finding (same status as several prior fiscal years).
John Wayne Airport	Finance Administration	Eide Bailly	Internal Control over Financial Reporting for Airport Improvement Program	2021	2020	Compliance with Title 2, Code of Federal Regulations, Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards	In progress.	
	Operations	Federal Aviation Administration	Airport Certification Inspection	2022	2021	Compliance with Title 14, Code of Federal Regulations, Part 139, the Airport Certification Manual and the Airport Operation Certificate	Planned.	
		Tevora Business Solutions	Common Use Passenger Processing System and Parking Revenue and Access Control System	2021	2020	Compliance with Payment Card Industry Data Security Standard	In progress.	
		Transportation Security Administration	Airport Security	2022	2021	Compliance with Title 49, Code of Federal Regulations, Part 1542, Airport Security	Planned.	

Department / Agency	Division	Name of Third Party Auditor	Program, Process, or Area	Audit Period & Frequency	Date Last Audited	Audit Scope	Status as of December 31, 2021	Significant Findings
OC Community Resources	Housing Community Development	Eide Bailly	OC Housing Finance Trust	FY20/21 Annual	FY 19/20	Financial Statements Audit	In progress	
	Orange County Housing Authority (OCHA)	Eide Bailly	HCV, CoC, FSS Coordinator, FSS Study, Mainstream, VASH, FUP, EHV and CARES Act	FY 20/21 Annual	03/21	Agreed-upon procedures for attestation of Section 8 cluster to the US Department of Housing & Urban Development	In progress	
	Office on Aging (OoA)	California Dept of Aging	Office on Aging	FY 19/20	N/A	Fiscal policies and procedures, accounting system, program income, expenditures, internal control, procurement policies and procedures, property management, etc.	In progress.	
		California Dept of Aging	Office on Aging	FY 18/19 - FY 19/20 Biennial	FY 17/18	Fiscal policies and procedures, accounting system, program income, expenditures, internal control, procurement policies and procedures, property management, etc.	In progress.	
	Community Investment Division	Employment Development Department (EDD) - State Workforce Innovation & Opportunity Act (WIOA) Development Area	WIOA - Fiscal and Procurement	FY 16/17 Annual	FY 15/16	Fiscal policies and procedures, accounting system, program income, expenditures, internal control, procurement policies and procedures, property management, etc.	In progress.	
		Employment Development Department (EDD) - State Workforce Innovation & Opportunity Act (WIOA) Development Area	WIOA - Fiscal and Procurement	FY 17/18 Annual	FY 16/17	Fiscal policies and procedures, accounting system, program income, expenditures, internal control, procurement policies and procedures, methods of procurement, property management, etc.	In progress.	

Department / Agency	Division	Name of Third Party Auditor	Program, Process, or Area	Audit Period & Frequency	Date Last Audited	Audit Scope	Status as of December 31, 2021	Significant Findings
OC Community Resources (continued)	Community Investment Division (continued)	Employment Development Department (EDD) - State Workforce Innovation & Opportunity Act (WIOA) Development Area	WIOA Fiscal & Procurement	FY 18/19 Annual	FY 17/18	Fiscal policies and procedures, accounting system, program income, expenditures, internal control, procurement policies and procedures, property management, etc.	In progress.	
		Employment Development Department (EDD) - State Workforce Innovation & Opportunity Act (WIOA) Development Area	WIOA (NEG Fire) - Fiscal and Procurement	FY 17/18 One-Time	N/A	Fiscal policies and procedures, accounting system, program income, expenditures, internal control, procurement policies and procedures, property management, etc.	In progress.	
		Employment Development Department (EDD), Department of Labor (DOL), & Office of Inspector General (OIG)	WIOA (NEG Fire) - Fiscal and Procurement	FY 17/18 N/A	N/A	Fiscal policies and procedures, accounting system, program income, expenditures, internal control, procurement policies and procedures, property management, etc.	In progress.	
		Employment Development Department (EDD) - State Workforce Innovation & Opportunity Act (WIOA) Development Area	WIOA Fiscal & Procurement	FY 19/20 Annual	18/19	To determine OCDB's compliance with applicable federal and state laws, regulations, and policies specific to program operations and systems related to WIOA-Slingshot 2.0. Interviews with OCDB staff, training and service providers staff, and participants, review of selected participant case files, review of policies and procedures pertaining to program operations.	In progress.	
		Employment Development Department (EDD) - State Workforce Innovation & Opportunity Act (WIOA) Development Area	Enhanced Desk Monitoring Review WIOA-Slingshot 2.0	FY 19/20 One-Time	N/A	Fiscal policies and procedures, accounting system, program income, expenditures, internal control, procurement policies and procedures, property management, etc.	In progress.	

Department / Agency	Division	Name of Third Party Auditor	Program, Process, or Area	Audit Period & Frequency	Date Last Audited	Audit Scope	Status as of December 31, 2021	Significant Findings
OC Community Resources (continued)	Community Investment Division (continued)	Employment Development Department (EDD) - State Workforce Innovation & Opportunity Act (WIOA) Development Area	WIOA Fiscal & Procurement	FY 20/21 Annual	FY 19/20	To determine OCDB's compliance with applicable federal and state laws, regulations, and policies specific to program operations and systems related to WIOA. Interviews with OCDB staff, training and service providers staff, and participants, review of selected participant case files, review of policies and procedures pertaining to program operations.	In progress.	
		Employment Development Department (EDD) - State Workforce Innovation & Opportunity Act (WIOA) Development Area	Ehance Desk Monitoring Review WIOA 85% Formula Grant	FY 20/21 Annual	FY 19/20	To determine OCDB's compliance with applicable federal and state laws, regulations, and policies specific to program operations and systems related to WIOA. Interviews with OCDB staff, training and service providers staff, and participants, review of selected participant case files, review of policies and procedures pertaining to program operations.	In progress.	
		Employment Development Department (EDD) - State Workforce Innovation & Opportunity Act (WIOA) Development Area	COVID-19 National Dislocated Worker Grant Review	FY 21/22 One-Time	N/A	To determine OCDB's compliance with applicable federal and state laws, regulations, and policies specific to program operations and systems related to WIOA-COVID-19 National Dislocated Worker Grant # 1194. Interviews with OCDB staff, training and service providers staff, and participants, review of selected participant case files, review of policies and procedures pertaining to program operations.	In progress.	
	OC Parks	No audits in progress.						
	OC Libraries	No audits in progress.						
	OC Animal Care	Macias, Gini & O'Connell LLP	City Billing	FY 20/21 Triennial	FY 17/18	Contracted examination of calculation of cost recovery from contracted cities.	In progress.	

Department / Agency	Division	Name of Third Party Auditor	Program, Process, or Area	Audit Period & Frequency	Date Last Audited	Audit Scope	Status as of December 31, 2021	Significant Findings
OC Public Works	Accounting	California Department of Transportation	San Juan Creek Bike Trail, 17th Street at Esplanade, Antonio Parkway	12/31/13	N/A	Audit of incurred costs	In progress.	
		Eide Bailly, LLC	Santa Ana River Flood Protection Agency (SARFPA)	FY 17/18 & 18/19 and FY 19/20 & 20/21 Every 4 years	2018	Bi-Annual Audits of the Santa Ana River Flood Protection Agency's Financials Statements	In progress.	
	Accounting/ Construction / Infrastructure Programs	Independent Office of Audits and Investigations (formerly part of California Department of Transportation)	- Santiago Canyon Road from Live Oak Canyon Rd to SR 241/SR261 - Live Oak Canyon Road from the T-intersection of El Toro Rd/Santiago Canyon Rd - OC Loop El Cajon (Segment H) Bikeway Gap Closure - OC Loop Segment OPQ Coyote Creek Bikeway	7/1/2017 - 3/31/2021	N/A	Audit of incurred costs	In progress.	
	Accounting & OC Fleet Services	BCA Watson Rice LLP	South Coast Air Quality Management District AB-2766 Fund (Fund 140)	FY 19/20 & FY 20/21 Bi-annual	01/22	A Financial and Compliance Audit to determine if recipient is in compliance with provisions of Assembly Bill 2766 Chapter 1705 [44220 through 44247].	Planned.	
	Administrative Services / Revenue Streams	Transportation Corridor Agency (TCA)	Road Fee Programs (TCA Fees specific)	CY 2021 Annual	05/21	TCA Fee Program for CY 2021. Audit of major thoroughfare fees collected by the County of Orange.	Planned.	
OC Waste & Recycling	Accounting	No audits in progress.						
Probation	Administrative and Fiscal	California Department of Education - Nutrition Services Division	Breakfast/ Lunch School Program	FY 20/21 Every 5 years	01/17	Audit of Revenue and Programatic Procedures	In progress.	
Public Defender		No audits in progress.						

Department / Agency	Division	Name of Third Party Auditor	Program, Process, or Area	Audit Period & Frequency	Date Last Audited	Audit Scope	Status as of December 31, 2021	Significant Findings
Registrar of Voters	IT	Department of Homeland Security	Cybersecurity	Upon request and availability of the DHS	1/25/2022 to 2/8/2022	External penetration test of external facing websites. Also included testing of malicious payloads on user workstations.	Completed.	None.
Sheriff-Coroner	Financial/ Administrative Services	Cal EMA / Grants Management Section	Homeland Security Grants	FY 06 through 08	FY 06/07	Financial / Compliance	In progress. As of 12/2020, OCSA has contacted Cal OES and requested a status of the close out for this audit. A response from Cal OES is pending.	This audit is also reported under HCA / Medical Health Services.
		US Department of Justice (DOJ) Office of the Inspector General (OIG)	Equitable Sharing Funds	FY 18/19 - FY 19/20	06/13	Compliance	In progress.	
	Custody Operations	Disability Rights Commission (DRC)	Theo Lacy, Central Men's Jail, Intake Release Center, James A Musick Facility	Current	N/A	Disability Rights	In progress.	
		BSCC	Theo Lacy, Central Men's Jail, Intake Release Center, James A Musick Facility	Biannual FY 20/21 - FY 21/22	N/A	Compliance	In progress.	
	Crime Lab	ANSI National Accreditation Board (ANAB)	ISO/IEC 17025:2017 and AR 3125, Forensic Science Testing and Calibration	Every 4 years	10-Jul	Conformance	In progress.	
	Technology	Tech Advisory Committee (TAC)	IT	10/19 to 03/20	2017	Operational Review	In progress.	
	Records	California Department of Justice	California Law Enforcement Telecommunications System (CLETS) Policy and Security Audit	2020-2022 Triennial	03/19	Ensure adherence to CLETS policies and security requirements	In progress.	
	Inmate Services Division	BSCC (Board of State and Community Corrections)	Coronavirus Emergency Supplemental Funding (CESF) Grant Program	7/1/21-12/31/21	N/A	Monitoring Visit	In progress.	

Department / Agency	Division	Name of Third Party Auditor	Program, Process, or Area	Audit Period & Frequency	Date Last Audited	Audit Scope	Status as of December 31, 2021	Significant Findings
Social Services Agency	Administrative Services	California State Auditor	CACI Grievance	11/21 - 03/22	1st time in last 6 years	Evaluate Orange County SSA grievance process to ensure sufficient P&P's to receive and review objections to individuals listed on CACI. Further, from period of 1997 to present, assess whether OC SSA complied with state law CACI reporting requirements.	In progress.	
	Children & Family Services	Disability Rights of California - Office of Payee Review and Beneficiary Assistance	SSA Representative Payee Program	7/1/2019-6/30/2020	04/17	Review of financial records for sample beneficiaries, evaluate representative payee services/responsibilities, interview beneficiaries, legal guardians or third parties.	In progress.	None.
		Community Care Licensing/CDSS	Annual Inspection of our licensed facility. Youth files/ employee files/grounds inspection.	Annual	04/19	All buildings and grounds/client files and employee files	Planned.	
	Assistance Programs	California Department of Social Services (CDSS)	CalFresh Employment & Training (CF E&T)	03/22 Annual	03/21	Management Evaluation (ME) of OC's CF E&T program to determine the compliance of the program rules and regulations, and the county's approved CF E&T plan.	Planned.	
	Family Self-Sufficiency & Adult Services	California Department of Social Services (CDSS), Children & Family Services Division, Adoption Services Bureau	Adoption Assistance Program (AAP)	09/2019 - 06/2021 Annual	09/19	Monitoring to ensure the AAP program administration from eligibility determination to benefit issuance is in compliance with federal and state regulations, which includes the review of AAP eligibility and AAP case files to verify appropriateness and accuracy of forms being used.	Completed.	None.
Treasurer-Tax Collector	Treasury and Investments	Eide Bailly, LLP	Annual IPS Compliance	FY 20/21 Annual	6/30/2020	Required Annual Examination of the Treasurer's Investment Compliance with Government Code 27130-27137 and County Investment Policy Statement	In progress.	



EXTERNAL AUDIT REPORT  
Implementation Status of Prior Quarter Significant & Material Issues  
Quarter Ended March 31, 2022

No.	Department	Audit Name	Finding	Recommendation	Material or Significant	Implementation Status* & Actions Taken or Planned
			No outstanding items from prior quarter.			

\* Implementation status reported as (1) implemented, (2) in progress, or (3) not yet implemented.



# Memorandum

May 19, 2022

**AOC Agenda Item No. 8**

TO: Audit Oversight Committee Members

Recommended Action:

Receive Report on Status of Auditor-Controller Mandated Audits for the Quarter Ended March 31, 2022

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Receive Report on Status of Auditor-Controller Mandated Audits for the Quarter Ended March 31, 2022, as stated in the recommended action.

ATTACHMENT(S):

Attachment A – Status of Mandated Audits as of March 31, 2022



Auditor-Controller Internal Audit  
 Status of Mandated Audits  
 As of March 31, 2022  
 AOC Meeting Date: May 19, 2022

Audit Name	Audit No.	Budget Hours	Actual Hours	Variance	Draft Report	Final Report	Status
Audit of Schedule of Assets as of 6/30/21	N/A	N/A	N/A	N/A	N/A		Fieldwork completed
Cash Shortages FY 20-21	2001	100	183	-83	N/A	N/A	2 in process, 8 completed
Cash Shortages FY 21-22	2101	120	54	66	N/A	N/A	1 in process, 6 completed
JPA's and Special Districts FY 20-21*	2112	120	42	78	N/A	N/A	Collection in process
Probation Audit for the Two Years Ended 6/30/21	2117	700	436	264	12/23/2021	1/13/2022	Completed
Review of Schedule of Assets as of 9/30/21	2106	300	225	75	1/12/2022	1/21/2022	Completed
Review of Schedule of Assets as of 12/31/21	2107	300	230	70	3/22/2022		Reporting in process
Review of Schedule of Assets as of 3/31/22	2108	300	7	293			Planning in process
First Follow-up: Review of Schedule of Assets as of 12/31/20	2110-B	20	19	1	2/1/2022	2/10/2022	Completed

\*We collect copies and post them online.



Auditor-Controller Internal Audit  
 Status of Mandated Audits  
 As of March 31, 2022  
 AOC Meeting Date: May 19, 2022

### Audit of Schedule of Assets as of 6/30/21

Objective	Status/Results	Material Weaknesses or Significant Deficiencies	Control Deficiencies
To perform an annual audit to express an opinion on whether the Schedule of Assets is presented fairly, in all material respects, in accordance with the modified-cash basis of accounting. This engagement has been contracted out to Eide Bailly LLP.	Fieldwork has been completed.	0	0

### Cash Shortages FY 20-21

Objective	Status/Results	Critical/Significant Control Weaknesses	Control Findings
To perform an investigation to determine whether to approve replenishment of cash shortages.	2 investigation(s) in process and 8 completed. Department(s) in process: Child Support Services and OC Public Works	0	0

### Cash Shortages FY 21-22

Objective	Status/Results	Critical/Significant Control Weaknesses	Control Findings
To perform an investigation to determine whether to approve replenishment of cash shortages.	1 investigation(s) in process, 6 completed, and 1 withdrawn. Department(s) in process: Sherrif's Department	0	0



Auditor-Controller Internal Audit  
 Status of Mandated Audits  
 As of March 31, 2022  
 AOC Meeting Date: May 19, 2022

Attachment A

### JPA's and Special Districts FY 20-21

Objective	Status/Results	Number of Modified Reports Reviewed	
To ensure all JPAs and Special District within the County file their annual audits within 12 months of their fiscal year end.	Collection of audited financial statements is in process. JPAs remaining: 31 of 73. Special Districts remaining: 13 of 34.	0	

### Probation Audit for the Two Years Ended 6/30/21

Objective	Status/Results	Material Weaknesses or Significant Deficiencies	Control Deficiencies
To perform a biennial audit to express a conclusion on whether Probation's internal control over its books and accounts relating to receipts, disbursements, and case file management of juvenile cases is adequate and effective to ensure compliance with WIC Section 275.	Final report was issued on January 13, 2022.	0	0

### Review of Schedule of Assets as of 9/30/21

Objective	Status/Results	Material Weaknesses or Significant Deficiencies	Control Deficiencies
To perform a quarterly review to express a conclusion on whether we are aware of any material modifications that should be made to the Schedule of Assets for it to be in accordance with the modified-cash basis of accounting.	Final report was issued on January 21, 2022.	0	0



Auditor-Controller Internal Audit  
 Status of Mandated Audits  
 As of March 31, 2022  
 AOC Meeting Date: May 19, 2022

### Review of Schedule of Assets as of 12/31/21

Objective	Status/Results	Material Weaknesses or Significant Deficiencies	Control Deficiencies
To perform a quarterly review to express a conclusion on whether we are aware of any material modifications that should be made to the Schedule of Assets for it to be in accordance with the modified-cash basis of accounting.	Draft report was sent to T-TC on March 22, 2022.	0	0

### Review of Schedule of Assets as of 3/31/22

Objective	Status/Results	Material Weaknesses or Significant Deficiencies	Control Deficiencies
To perform a quarterly review to express a conclusion on whether we are aware of any material modifications that should be made to the Schedule of Assets for it to be in accordance with the modified-cash basis of accounting.	Planning in process.	0	0

### First Follow-up: Review of Schedule of Assets as of 12/31/20

Objective	Status/Results	Material Weaknesses or Significant Deficiencies	Control Deficiencies
To perform a follow-up audit to review the actions taken by management to implement the recommendation from the management letter.	Final report was issued on February 10, 2022. The one significant deficiency continued to be unresolved.	1	0



# Memorandum

May 19, 2022

**AOC Agenda Item No. 9**

TO: Audit Oversight Committee Members

Recommended Action:

Receive Report on Status of Performance Audits for the Quarter Ended March 31, 2022

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Receive Report on Status of Performance Audits for the Quarter Ended March 31, 2022, as stated in the recommended action.

ATTACHMENT(S):

Attachment A – Performance Audit Activity Quarterly Status Report

Attachment B – County of Orange Office of the Public Defender Performance Audit Final Report

Attachment C – Orange County Community Resources Contract Compliance Review and  
Strategic Procurement Assessment

Attachment D – Environmental Health Food Safety Performance Audit

Attachment E – Performance Audit of the Environmental Health Food Safety Program

Attachment F – Revised Performance Audits Policy February 28, 2022

**ATTACHMENT A**  
**PERFORMANCE AUDITS**  
**Quarterly Status Report**  
**May 19, 2022**

Department	Division/Program	Third Party Auditor	Previous Audit	Audit Scope	Status
<b>FY 2019-20</b>					
OC Community Resources	Grant-related Operations	Measurement Resources Company	N/A	Review effectiveness in drawing down competitive funding for homeless services, and affordable and permanent supportive housing relative to other California counties	Completed; follow up in six months for status of implementation of recommendations
<b>FY 2020-21</b>					
Public Defender	Administration/Department Head Transition	Moss Adams LLP	N/A	Review administrative operations, policies, practices and procedures and make recommendations to streamline, reduce costs, expand efficiencies, apply best practices	Completed. See <b>Attachment B</b> - "Office of the Public Defender Performance Audit" by Moss Adams LLP (Responses from the Orange County Public Defender are attached to the report)
OC Community Resources	Procurement	National institute of Governmental Purchasing (NIGP)	N/A	Review procurement functions for compliance with County policy and procedures, compliance with government statutes, and recommendations for streamlining	Completed. See <b>Attachment C</b> - "Orange County Community Resources Contract Compliance Review and Strategic Procurement Assessment" by NIGP Consulting Powered by Periscope) (Responses from Orange County Community Resources are attached to the report)
OC Public Works	Administration/Department Head Transition	Macias Gini & O'Connell LLP	N/A	Review administrative operations, policies, practices and procedures and make recommendations to streamline, reduce costs, expand efficiencies, apply best practices	Draft report in progress



**ATTACHMENT A**  
**PERFORMANCE AUDITS**  
**Quarterly Status Report**  
**May 19, 2022**

Department	Division/Program	Third Party Auditor	Previous Audit	Audit Scope	Status
Probation	Administration/Department Head Transition	MGT of America Consulting LLC	N/A	Review administrative operations, policies, practices and procedures and make recommendations to streamline, reduce costs, expand efficiencies, apply best practices	Audit report completed; department finalizing responses to recommendations for Board transmittal
<b>FY 2021-22</b>					
Health Care Agency	Environmental Health	EHA Consulting Group, Inc.	N/A	Evaluate compliance with applicable policy and procedures; quantity and quality of inspections; output costs, mission achievement; customer satisfaction; and readiness for disaster or emergency declaration to provide the basis for recommendations for improving its effectiveness and efficiency and establishing performance metrics and measures	Completed. See <b>Attachment D</b> - "Environmental Health Food Safety Performance Audit" by EHA Consulting Group, Inc.  <b>Attachment E</b> - Responses from Health Care Agency/Environmental Health
Sheriff Coroner	Procurement	National institute of Governmental Purchasing (NIGP)	N/A	Review of procurement functions, including process mapping to address the effectiveness of procurement functions for compliance with County policies and procedures and government procurement-related statutes, to provide the basis for recommendations for streamlining and improving efficiencies and establishing performance metrics and measures	In progress

**ATTACHMENT A**  
**PERFORMANCE AUDITS**  
**Quarterly Status Report**  
**May 19, 2022**

Department	Division/Program	Third Party Auditor	Previous Audit	Audit Scope	Status
Child Support Services	Administration/Department Head Transition	To Be Determined	N/A	Review administrative operations, policies, practices and procedures, and make recommendations to identify opportunities for streamlining processes, expanding efficiencies, applying best practices, and establishing performance metrics and measures	RFP to be released before 6/30/22
Health Care Agency	Behavioral Health Services (BHS)	To Be Determined	N/A	Review of BHS' Mental Health Services Act (MHSA) programming to evaluate effectiveness of the MHSA governance structure (MHSA Steering Committee and MHSA Advisory Board), BHS' ability to identify and track appropriate performance measures for each MHSA program; compliance with MHSA mandates, goals, and objectives; alignment with County strategic priorities and initiatives such as OC Cares, Be Well Initiative, and Homelessness; and overall client experience such as outreach, navigation, referrals, assessments, warm hand-offs, linkages	Detailed Scope of Work developed for RFP, to be released before 6/30/22
<b>IMPLEMENTATION STATUS OF RECOMMENDATIONS FOR COMPLETED PERFORMANCE AUDITS</b>					
<b>FY 2019-20</b>					
Auditor-Controller	Department-Wide	Moss Adams	N/A	Review organizational structure, operations, staffing levels, mandated vs. non-mandated services, policies/practices/procedures, use of technology, training	Completed; follow up in six months for status of implementation of recommendations

**ATTACHMENT A**  
**PERFORMANCE AUDITS**  
**Quarterly Status Report**  
**May 19, 2022**

Department	Division/Program	Third Party Auditor	Previous Audit	Audit Scope	Status
Treasurer-Tax Collector	Department-Wide	Arroyo Associates, Inc.	N/A	Review operations, policies, practices, and procedures to identify opportunities for enhancing service delivery, streamlining processes, expanding efficiencies, applying best practices, etc.; review existing staffing levels for adequacy	Completed; follow up in six months for status of implementation if recommendations
Sheriff, Probation, District Attorney, Public Defender, Health Care Agency, Social Services Agency, and OC Community Resources	AB109-Related Operations	Arroyo Associates, Inc.	N/A	Identify resources allocated to the AB109 population above and beyond that provided by the State through 2011 Realignment	Completed; follow up in six months for status of implementation of recommendations
<b>FY 2018-19</b>					
Clerk of the Board	Department-Wide	Arroyo Associates, Inc.	N/A	Review of current operations, policies, practices and procedures to identify areas for improvement, streamlining, enhanced efficiencies	Preparing follow-up responses for Board transmittal
County Executive Office/Human Resources Services	Department-Wide	CPS HR Consulting	2012	Determine if 2012 recommendations were implemented and revisit for relevance; identify other recommendations for improvement	Preparing follow-up responses for Board transmittal
County Executive Office/Risk Management	Department-Wide	CPS HR Consulting	2012	2012 recommendations were implemented; identify other recommendations for improvement	Preparing follow-up responses for Board transmittal
OC Sheriff's Department	Department-Wide	Arroyo Associates, Inc.	2008, 2011	Identify current reasons for increasing cost of overtime and identify recommendations to reduce overtime costs without increasing number of positions	Preparing follow-up responses for Board transmittal



*Proprietary & Confidential*

FINAL REPORT

## County of Orange

### OFFICE OF THE PUBLIC DEFENDER PERFORMANCE AUDIT

January 28, 2022

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This report is intended for the internal use of the County of Orange, and may not be provided to, used, or relied upon by any third parties.

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## I. EXECUTIVE SUMMARY

### A. BACKGROUND, SCOPE, AND METHODOLOGY

The Orange County (the County) Office of the Public Defender Office (the Office) provides legal representation to those unable to afford a lawyer in criminal, juvenile, mental health, and dependency cases.

The County Board of Supervisors approved a general performance audit conducted by Moss Adams LLP to review the operations, policies, practices, and procedures of the Office's administrative functions. This performance audit was designed to:

- Review the current organizational structure and operations of the Office and make recommendations for enhanced efficiency within existing resources
- Review policies, practices, and procedures and identify opportunities for streamlining and reducing costs
- Review current use of technology systems and make recommendations for improvements and enhanced efficiency

Our analysis was informed by employee interviews, document review, a survey of administrative employees and the managers they support, and research into best practices for similarly structured Public Defender Offices in California.

### B. SUMMARY OF FINDINGS AND RECOMMENDATIONS

Findings and recommendations were grouped into two categories as defined below: 1) Organization and Staffing and 2) Processes.

FINDINGS AND RECOMMENDATIONS		
Organization and Staffing		
1.	Finding	The Office reports a single performance measure, which does not adequately reflect key aspects of workload and performance.
	Recommendation	Develop additional performance measures to portray both workload and outcomes for the work performed by the Office year-over-year to help inform potential resource needs.
2.	Finding	Clerical staff, who often intake client inquiries, are sometimes unable to connect clients with attorneys to resolve client issues and concerns.
	Recommendation	<p>A. Clarify the roles of public-facing clerical staff including what information they can or cannot provide.</p> <p>B. Consider establishing a defined triage process for providing legal support, as needed.</p>



FINDINGS AND RECOMMENDATIONS		
3.	<b>Finding</b>	Due to the size of the Office, career development opportunities for administrative staff are often in other County agencies, which may disrupt operational continuity.
	<b>Recommendation</b>	<p>A. Consider establishing a separate administrative position classification for criminal justice agencies at the County to promote operational continuity for unique functions.</p> <p>B. Collaborate with County Human Resources to educate administrative employees on the promotional process and encourage ongoing career development opportunities, either internally or externally.</p>
<b>Processes</b>		
4.	<b>Finding</b>	Overall staffing structures and administration levels appear to be adequate; however, workloads are increasing.
	<b>Recommendation</b>	Continue monitoring workloads and regulations to support appropriate staffing levels and consider leveraging workload metrics to demonstrate the need for existing or new resources.
5.	<b>Finding</b>	Administrative policies and procedures and the differences in the relative authority between the County and Office are unclear, resulting in potential gaps in policy.
	<b>Recommendation</b>	Continue to develop comprehensive Office-specific policies and procedures and clarify the differences between policies of the County and Office.



## II. BACKGROUND, SCOPE, AND METHODOLOGY

### A. BACKGROUND

The Orange County (the County) Office of the Public Defender Office (the Office) provides legal representation to those unable to afford a lawyer in criminal, juvenile, mental health, and dependency cases. The Orange County Public Defender safeguards the Constitutional rights of all by providing high-quality, cost-effective legal services to the indigent of Orange County. The Office's goals include:

- Guaranteeing the right to effective, competent counsel for all system-involved clients in the Office courts, consistent with statutory mandates to represent clients in criminal, juvenile, post-conviction, mental health, probate, civil commitment, and assisted outpatient treatment cases
- Protecting the rights of families in the foster care system while working towards reunifying families in the juvenile court
- Working collaboratively with the County and peer justice agencies to improve outcomes for system-involved clients
- Utilizing recidivism advisors to reduce the costs associated with repetitive crimes and incarceration

The Office provides quality representation to indigent clients through three independent units: the Public Defender's Office, the Alternate Defender's Office, and the Associate Defender's Office. The Alternate Defenders and Associate Defenders are separate subsidiary offices handling cases in which the Public Defender declares a conflict of interest, but all three units operate under the administrative supervision of the Public Defender. The three segments of the Office employ approximately 211 attorneys and 196 additional support staff (including administrative staff, investigators, investigative assistants, clerical staff, IT personnel, and paralegals). The FY 2020–2021 budget for the Office was \$89,741,469, with \$83,070,428 from the County General Fund and the remaining \$6,671,041 sourced from revenues for services provided. Judges determine the defendants' ability to pay for legal services at the end of a trial.

The Office has a decentralized administrative structure in which services such as Human Resources, Information Technology, Finance, and Procurement functions operate independently from those of Orange County but are still beholden to many of the County's policies and procedures.

### B. SCOPE AND METHODOLOGY

On September 15, 2020, the Orange County Board of Supervisors approved a general performance audit of the Offices of the Orange County Public Defender to review the operations, policies, practices, and procedures of the Office's administrative functions including, but not limited to:

- Accounting
- Budgeting
- Facilities Management
- Human Resources (HR)
- Information Technology (IT)
- Procurement





This performance audit was designed to achieve the following objectives:

- Review the current organizational structure and operations and make recommendations for enhanced efficiency within existing resources; including a review of each operational unit and the working relationships between each to identify any areas for streamlining operations.
- Review policies, practices, and procedures and identify opportunities for streamlining and reducing costs, expanding efficiencies, and applying best practices. Include any estimated costs/savings for recommendations, if applicable.
- Review current use of technology systems and make recommendations for improvements and enhanced efficiency.

Our analysis was informed by employee interviews, document review, a survey of administrative employees and the managers they support, and research into best practices for similarly structured Public Defender Offices in California. This project was conducted between June and November 2021 and consisted of four major phases:

- **Project Initiation and Management:** This phase concentrated on comprehensive planning and project management, including identifying employees to interview, identifying documents to review, communicating results, and establishing regular reports on project status.
- **Fact Finding:** This phase included interviews with Administration stakeholders, document review, a survey, and best practice research.
  - *Interviews:* We conducted interviews with key administrative support personnel and stakeholders within the Office such as Department Directors, Managers, and office supervisors.
  - *Survey:* We conducted a survey of internal administrative employees and law office support staff, as well as supervising attorneys representing external customers of the Office's administrative support services. The survey was open from August 2 through August 11. Out of the 66 employees invited to take the survey, 26 individuals submitted responses to the survey (a participation rate of 39.4%). Full survey results are included in Appendix A.
  - *Document Review:* We reviewed key administrative supporting documentation including policies, procedures, organization charts, budgets, department forms, and planning documents.
  - *Peer Benchmarking:* With input from Office leadership, we identified three peer agencies to ascertain best practices and other insights around administrative functions and processes in public defender's offices in California. Two peer agencies, Alameda County and San Diego County, agree to participate and were interviewed for this engagement. Appendix B includes a summary of the peer research.
- **Analysis:** This phase served as the assessment portion of the project where, based on information gathered, we evaluated the importance, impact, and scope of our observations in order to develop recommendations.
- **Reporting:** This phase concluded the project by reviewing draft findings and recommendations with the Office's leadership team and Office of the Orange County Executive to validate facts and confirm the practicality of recommendations.



### **C. STATEMENT OF COMPLIANCE WITH GAGAS**

We conducted this performance audit in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.



### III. COMMENDATIONS

Based on insights gathered through interviews, document review, and survey results, the Office has many commendable organizational qualities and practices, including:

- **Mission-Driven Staff:** Based on interviews, Office staff provide excellent service, take pride in their work, and employ creative problem-solving in the face of challenges. This contributes to increased levels of employee engagement, long employment tenures, and limited turnover. The office experienced only 9% turnover during FY 2020–2021.
- **Cross-training:** There is considerable emphasis on cross training employees within the administrative functions of the Office; including proactive identification of primary and alternate employees for all major functions and roles, which is actively managed by department leadership. This commitment to resiliency allows the small office to readily adapt to changing workloads and resource availability, as well as support employees when they are out of office.
- **Collaboration:** Based on staff interviews, there is a strong ability to manage high volumes of work among administrative staff and a robust environment of collaboration among interrelated services.
- **Information Systems:** There is a high degree of satisfaction with existing information technology systems, specifically, the E-Defender case management software. Staff report confidence in the system's capabilities and the commitment from leadership to the ongoing assessment of potential improvements to support efficiency and effectiveness.
- **Leadership:** Office administrative staff reported confidence and satisfaction in executive leadership communication, culture, and alignment, which supports employee morale across the organization.
- **Employee Recruitment:** The Office's robust internship program provides a potential pipeline of future public defenders, legal staff, and support employees.



## IV. FINDINGS AND RECOMMENDATIONS

Based on the input gathered from interviews, document review, survey results, as well as comparisons to peer agency best practices, we prepared a comprehensive set of findings and recommendations, which are presented in two categories: 1) Organization and Staffing, and 2) Processes. The findings and recommendations for each category are detailed in the following section.

### A. ORGANIZATION AND STAFFING

#### Performance Measures and Reporting

<b>1. Finding</b>	The Office reports a single performance measure, which does not adequately reflect key aspects of workload and performance.
<b>Recommendation</b>	Develop additional performance measures to portray both workload and outcomes for the work performed by the Office year-over-year to help inform potential resource needs.

In 2002, the Office began using an internal measurement tool (Proficiency Index) to monitor and evaluate the quality of representation provided by the Public Defender. Due to the mission of the office to provide high-quality legal representation to clients, this Proficiency Index is a key indicator of performance outcomes. The Office has consistently shown above satisfactory performance since 2017.

The Proficiency Index is a qualitative review of client files conducted by managing attorneys after a case is closed. While this review is a useful evaluation of quality, it does not fully represent the workload of Office attorneys and administrative staff, nor does it report on strategic or program outcomes achieved by the Office. The Office does report workload metrics, such as case volumes, to the County as part of the budget development cycle and strategic planning forecast, but reporting these are primarily driven by regulatory requirements rather than ongoing evaluation and understanding of the Office's workload demands.

To optimize performance, the Office should consider monitoring and reporting on additional performance measures and workload indicators to accurately portray critical aspects of work being performed by the Office. This is a common challenge among peers, though some agencies report quantitative metrics aligned with the strategic goals of the department and/or county to represent the work being performed. For example, the Office of the Alameda County Defender includes the following performance measures in its department budget:

VISION 2026 ALIGNMENT	PERFORMANCE MEASURES	FY 2019 ACTUAL	FY 2020 ACTUAL	FY 2021 GOAL	FY 2022 GOAL
Eliminate Homelessness	# of clients served in homeless and caring court (by calendar year)	123	55	75	100
Employment for All	% of Clean Slate motions granted (by calendar year)	97%	98%	98%	98%



VISION 2026 ALIGNMENT	PERFORMANCE MEASURES	FY 2019 ACTUAL	FY 2020 ACTUAL	FY 2021 GOAL	FY 2022 GOAL
Thriving & Resilient Population	# of incarcerated voters registered through our VOICE (Voting Outreach Increases Community Empowerment) program (by calendar year)	288	220	100	100
Safe & Livable Communities	# of clients who received holistic defense services through our social worker program (by fiscal year)	224	225	225	300

Source: County of Alameda Final Budget 2021–2022

Similarly, San Diego County Public Defender has a performance reporting model that correlates performance measures to County-wide strategic goals; a sample of goals are noted for FY 2019–20 in the following table.

2021–2026 STRATEGIC PLAN INITIATIVE	PERFORMANCE MEASURES
Building Better Health	Completed 92% (1,276 of 1,387) of mental health treatment plans for referred individuals about to be released from custody within two weeks, exceeding the goal of 90%.
Living Safely	Used juvenile record sealing statutes to assist juvenile clients in clearing their records to gain employment or to participate in training and/or education programs, in 99% (656 of 660) of requests, exceeding the goal of 90%.
	Maintained the number of elapsed days between admission and sentencing in 100% of juvenile cases at 28 days or less to accelerate rehabilitation, when doing so benefits the client.
Sustainable Environments/Thriving	Continued the Youth Council, comprised of high school students representing high schools throughout the county. Attorney advisors from the Public Defender trained and guided this diverse group of students as they built a collective and positive voice on issues that will have an immediate effect on their community. Youth Council members gained skills that impacted their own lives and the lives of others as they learned to work together toward a common goal.
	Provided Fresh Start assistance to 2,371 clients.
	Achieved relief for 98% (542 of 555) of Fresh Start conviction relief petitions, exceeding the goal of 90%.
	Developed and maintained partnerships with education and community organizations to promote opportunities for residents to be civically engaged, leveraged resources, and addressed common needs.
	Received 79,604 hours of volunteer service, exceeding the goal of 72,500.



2021–2026 STRATEGIC PLAN INITIATIVE	PERFORMANCE MEASURES
Operational Excellence	Resolved 85% (22,351 of 26,401) of misdemeanor cases prior to trial when doing so benefited the client more than engaging in litigation, falling short of the goal of 90% due to operational impacts caused by the COVID-19 pandemic.
	Resolved 56% (8,089 of 14,453) of felony cases prior to preliminary hearing when doing so benefited the client more than engaging in litigation, falling short of the goal of 65% due to operational impacts caused by the COVID-19 pandemic.
	Established the Diversity and Inclusion Advisory Panel to serve as a direct link between staff and management in order to promote equity and advise the Public Defender on issues of social justice, diversity, and inclusion. Management has implemented a series of Panel recommendations designed to foster equity and inclusion such as amending the Attorney Policy and Procedures manual to reflect our commitment to diversity, committing to implementing diversity training for all staff as well as supervisors and managers, and extending COVID-19 vaccine priority to all staff.

Source: County of San Diego Adopted Operational Plan Fiscal Years 2021–2022 & 2022–2023

In addition to these potential metrics, in 1973, the National Advisory Commission published numerical caseload standards, which included:

- No more than 150 felonies per attorney per year, or
- No more than 400 misdemeanors per attorney per year, or
- No more than 200 juvenile cases per attorney per year, or
- No more than 200 "Mental Health Act" cases per attorney per year; or
- No more than 25 appeals per attorney per year.

However, while these standards are helpful as a general reference, case-weighting approaches may be more appropriate to quantify workloads. Case weight refers to the amount of work (in time) that is required to bring a case to a conclusion. This analysis, when completed over time, provides administrators with a more realistic jurisdiction-specific assessment of the number and types of cases that attorneys can effectively handle. There are several models of case weighting systems used by peer agencies to effectively monitor public defense attorney caseload that the Office could consider. For example, in 2012 the Washington State Supreme Court adopted new Standards for Indigent Defense, including guidance and instructions for developing local case weighting policies (see Appendix B). The State of California has not adopted standards, but the State Bar of California does suggest that "Great care should be exercised by Chief Defenders to cause continuous monitoring of workload and to arrange for workload adjustments where necessary."<sup>1</sup>

In order to better reflect its workload and outcomes, the Office should adopt a set of performance measures that is regularly reported in budget and other ad-hoc reports. Performance measures that are recommended include:

<sup>1</sup> [The State Bar of California Guidelines on Indigent Defense Services Delivery Systems](#)



- Number of cases managed by case type (misdemeanor, felony, capital, etc.)
- Caseload per attorney (may also be listed out by case type as noted in case weighting example)
- Average cost of case type (per-case attorney fees only)
- Percent of cases resolved prior to trial (may be listed out by case type)
- Hours of body worn camera footage reviewed
- Percent of cases that ended in non-conviction
- Percent of convictions that ended in an alternative to incarceration

The Office should consider additional metrics that would also support a comprehensive understanding of its workloads, such as participation in specific programming (mental health, juvenile, etc.). These metrics should be presented with year-over-year data spanning between three and five years to evaluate changes which may inform additional resource requirements (see Finding 4) or opportunities for improvement.

## Clerical Staff Roles and Responsibilities

<b>2. Finding</b>	Clerical staff, who often intake client inquiries, are sometimes unable to connect clients with attorneys to resolve client issues and concerns.
<b>Recommendation</b>	<p>A. Clarify the roles of public-facing clerical staff including what information they can or cannot provide.</p> <p>B. Consider establishing a defined triage process for providing legal support, as needed.</p>

The Office is a service-oriented department that includes both legal and non-legal support staff. During interviews, clerical staff frequently mentioned being the entry point for clients with questions or concerns about their case. Because clerical staff and law office support employees are not attorneys, they are unable to address many client inquiries and must refer clients to the representing attorney. However, given the nature and demands on Office attorney workloads, representing attorneys are often unavailable to address many client inquiries and clerical staff are sometimes unclear on how to support the client or what information can be provided.

To improve the effectiveness of law office support functions and customer service, the Office should clarify the roles of public-facing clerical staff and develop policies for when and how to manage client-related escalations that require assistance from attorneys and/or legal staff. This guidance should include what information may be provided by non-attorneys. Additionally, the Office should consider creating an established process, such as a dedicated attorney mailbox or internal phone tree, for triaging client needs and providing timely responses to legal issues of clients.





## Administration Career Development

<b>3. Finding</b>	Due to the size of the Office, career development opportunities for administrative staff are often in other County agencies, which may disrupt operational continuity.
<b>Recommendations</b>	<p>A. Consider establishing a separate administrative position classification for criminal justice agencies at the County to promote operational continuity for unique functions.</p> <p>B. Collaborate with County Human Resources to educate administrative employees on the promotional process and encourage ongoing career development opportunities, either internally or externally.</p>

Due to the size of the Office and the relatively small administrative team, internal promotional opportunities are limited. In interviews, administrative employees reported a perception among staff that there is a preference for external candidates, which encompasses both transfers from other County departments and hires from outside of the County, when promotional opportunities arise. Since FY 2018–2019, 79% of administration hires have been either external new hires or transfers/promotions from other county agencies, while 16% have been internal promotions or reassignments. When evaluating potential candidates for a position, it is imperative that the process be fair and competitive to ensure the most qualified applicant is selected.

The functions of the Office are unique, and it is vital to effective continued operations to retain institutional knowledge and expertise. A perceived lack of career development within the Office administration presents a risk of losing specialized knowledge for opportunities elsewhere within the County or at another agency. The administrative functions of the Office have similarities with other criminal justice agencies at the County (i.e. Probation, District Attorney, Sheriff), but are otherwise unique. To promote staff development opportunities, Office leadership should collaborate with County Human Resources to educate administrative staff on the promotional process, which includes getting on the list for promotional positions at the time that the employee would qualify for a promotion. Additionally, the County may consider developing a separate classification for criminal justice agency administrative support to support operational continuity and career development among similar functions.

Finally, out of approximately 196 support staff, the Office has experienced 13% turnover due to external transfer, position dissolution, voluntary departure, or retirement. The Office has a well-established practice of cross-training administrative personnel across critical functional areas, but the Office should consider additional practices to continue supporting succession planning and career development among administrative staff—with emphasis on law office support personnel. Many employees noted a long tenure with the County and/or the Office, therefore it is imperative that succession plans are in place for key positions in the event of future retirements to support operational continuity.





## B. PROCESSES

### Resource Forecasting

4.	<b>Finding</b>	Overall staffing structures and administration levels appear to be adequate; however, workloads are increasing.
	<b>Recommendation</b>	Continue monitoring workloads and regulations to support appropriate staffing levels and consider leveraging workload metrics to demonstrate the need for existing or new resources.

The Office operates in a largely decentralized manner from the County given its unique mission and function. Therefore, its HR, finance, procurement, and IT functions are all specific to the Office and have dedicated staff. This decentralized framework is consistent with one of the two peer Offices of the Public Defender interviewed for the performance audit. The peer agency that reported a centralized organizational framework (including IT services that are managed by the County at large) indicated significant challenges in accessing the resources needed to perform critical work and concerns related to confidentiality. Conversely, the peer agency with a decentralized structure notes that this enables the Office to be responsive to unique internal needs while maintaining client confidentiality. Therefore, the decentralized model appears to be favored in order to provide efficient and effective client service.

We also evaluated whether administrative staffing levels were right-sized for the Office. When all budgeted positions are filled, staffing levels appear to be adequate for the Office and are comparable to other agencies within the County, as noted in the following table (based on the FY 2019–20 County Budget).

COUNTY DEPARTMENT	TOTAL DEPARTMENTAL BUDGET	TOTAL FTE COUNT	ADMINISTRATION FTE COUNT	PERCENT OF FTES DEDICATED TO ADMINISTRATION
District Attorney	\$166,521,906.00	867	160	18%
Probation	\$195,050,414.00	1275	316	25%
Public Defender	\$7,799,448.00	421	103	24%

To support appropriate staffing levels on an ongoing basis, the Office should continue monitoring workloads and developing regulations to properly plan for required resources. Additionally, the Office should consider leveraging additional workload metrics (as discussed in Recommendation 1) to demonstrate and support the need for existing or future resources.

During interviews, employees reported that workloads are increasing as a direct result of changing regulations from the State. For example, the increased use of body-worn cameras by law enforcement has had an exponential effect on the workload demands of Public Defenders and Office IT staff. In addition to the additional hours needed for an attorney to review video footage relative to a case, the impacts to support infrastructure and resources as a result of the increased data storage are extremely costly. The Office has not historically leveraged available data or workload metrics in



this area to support budget augmentation requests, which may help secure needed short- and long-term resources (see Recommendation 1 for additional detail).

Office workloads also continue to be elevated as a result of the COVID-19 impacts on the legal system. While court services in the County were not as limited during the pandemic as other peers in the State, the effects of courts limited in any capacity has caused an increase in workload, which has only increased as the County has continued to introduce and repeal different constraints in response to the public health crises. The Office should consider using temporary assistance and staffing to manage the increase in workloads and continue to present internal and external benchmarks to the County for budget development and financial planning.

## Policies and Procedures

5.	<b>Finding</b>	Administrative policies and procedures and the differences in the relative authority between the County and Office are unclear, resulting in potential gaps in policy.
	<b>Recommendation</b>	Continue to develop comprehensive Office-specific policies and procedures and clarify the differences between policies of the County and Office.

Similar to other county governments, the County operates in a largely decentralized manner, with some centralized County policies and procedures, and other policies and procedures developed by departments and offices. While most official policies and procedures are directed by the County, it was unclear during this review which require department-specific augmentation. As part of this review, we received the following Office and County policies and procedures:

- **Financial Policies and Procedures**
  - Asset Management Policy (Office) – 10/2/2020
  - Travel and Meeting Policy (County) – 9/24/2019
- **Purchasing/Procurement Policies and Procedures**
  - Cal-Card Procurement Policy & Procedures (County) – 10/2017
  - Contract and/or Purchase Order Creation Procedures (County) – 1/10/2018
  - Vendor Management Procedures (County) – 3/9/2021
- **Information Systems Policies and Procedures**
  - Cybersecurity incidents Reporting Policy (County) – 9/26/2018
  - Access Control and Management Policy (Office) – 10/2/2020
  - Business Continuity and Disaster Recovery Policy (Office) – 10/1/2020
  - Configuration and Change Management Policy (Office) – 10/2/2020
  - Controls Management Policy (Office) – 10/2/2022
  - Patch Management Policy (County) – 8/15/2018
  - Vulnerability Management Policy (County) – 8/15/2018
  - Information Technology Usage Policy (Office) – 1/26/2017



■ Use of Administrative Accounts by System Administrators and End Users Policy (County) – 8/15/2018

We received County-level policies and procedures, including the County Accounting Manual, which also provided additional policies and procedures. However, we did not receive any information about the following operational areas and cannot fully evaluate potential gaps in policy:

- Performance management, reviews, and/or evaluations
- Retention, performance, and/or reclassification
- Employee manual
- Annual mandatory or optional training for existing employees, including certification tracking
- Employee code of conduct

The Office has recently adopted several IT policies and should continue to develop comprehensive Office-specific policies and procedures as well as clearly identify the delineation between County and Office governed areas. Given the small team of administrative staff, it is critical to ensure policies and procedures are properly documented and referenced, including whether or not the policy expectations for the Office adhere to County requirements or are separate.



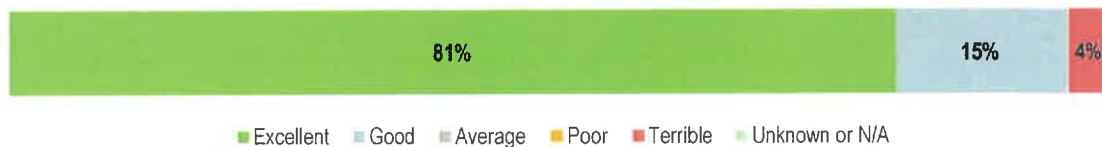
## APPENDIX A: SURVEY RESULTS

Distribution of a services performance survey was sent to Office administrative employees and legal staff and was open for submission from September 2, 2021 through August 11, 2021. Out of the 66 employees invited to take the survey, 26 individuals submitted responses (a participation rate of 39.4%).

### Human Resources Services

*How would you rate the following for the following for the Department's Human Resources services?*

#### Timeliness of Service



#### Quality of Service



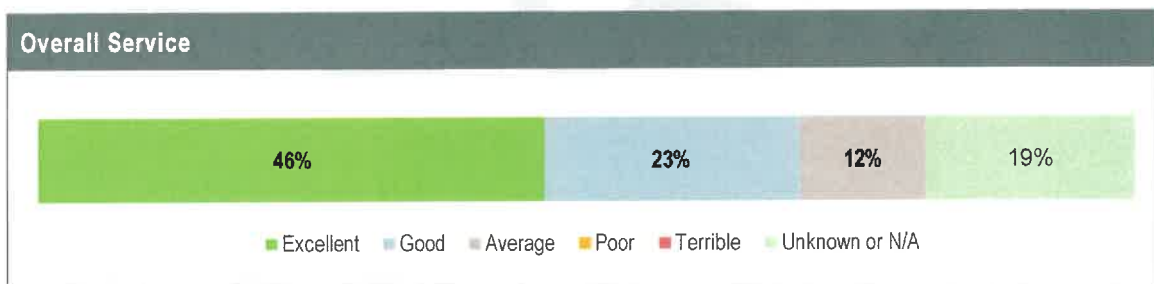
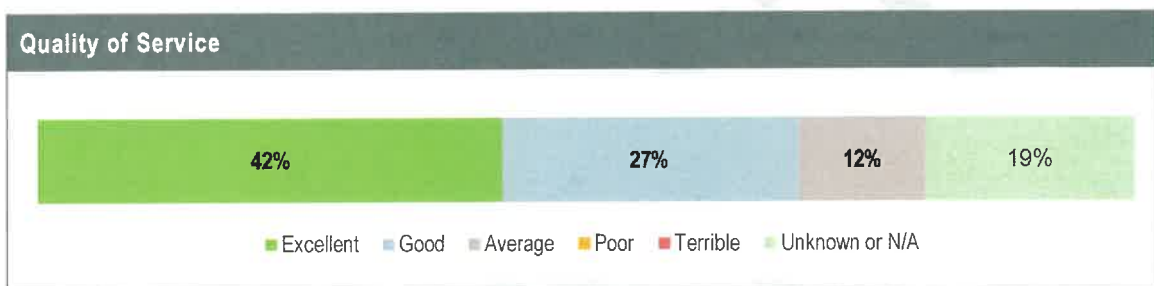
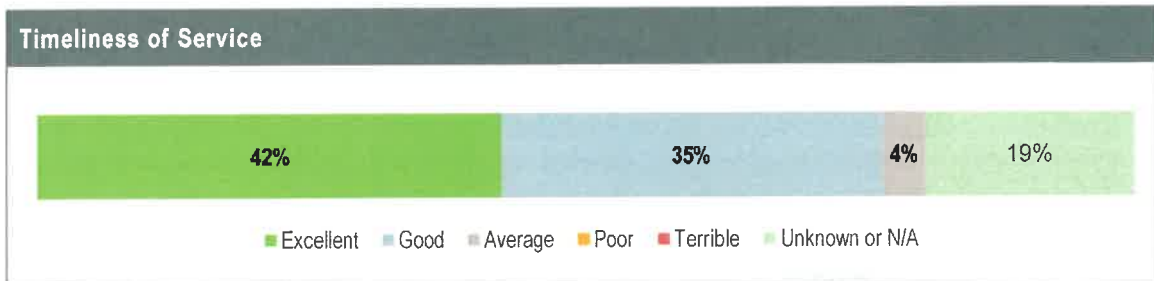
#### Overall Service





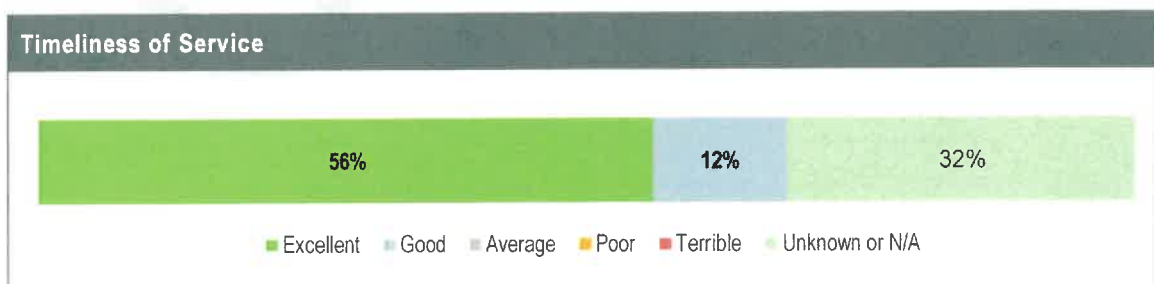
## Law Office Support Services

*How would you rate the following of the Department's Law Office Support services?*



## Finance Services

*How would you rate the following for the Department's Finance services?*

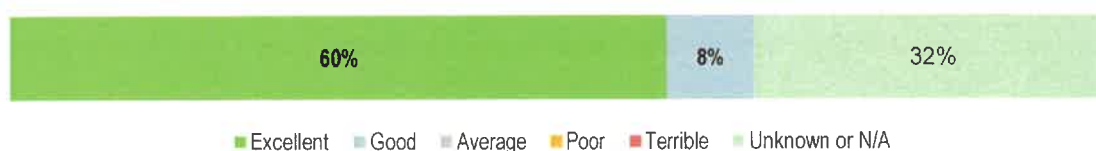




### Quality of Service



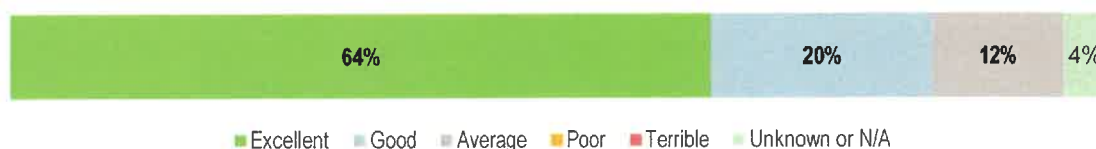
### Overall Service



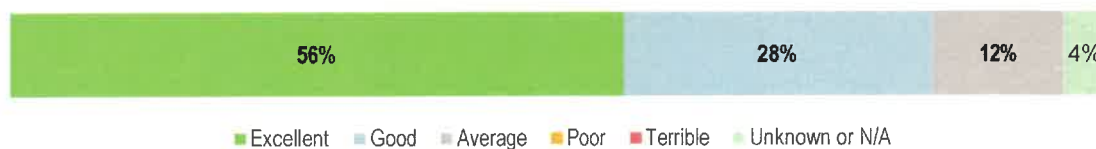
## Technology Services

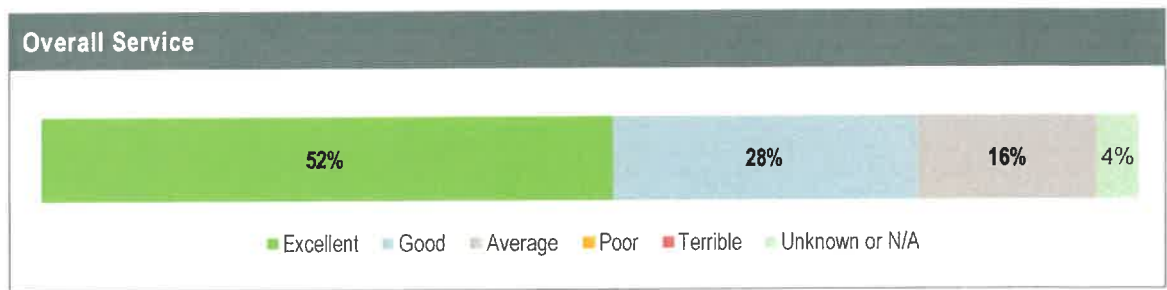
*How would you rate the following for the Department's Information Technology services?*

### Timeliness of Service



### Quality of Service







## APPENDIX B: PEER BENCHMARKING RESULTS

The following table summarizes the results of the peer benchmarking efforts conducted for this study.

	County A	County B
Administration Organization	Centralized	Hybrid
Administration Staffing Levels (HR, IT, Finance)	Approximately 13 FTE	N/A
IT Structure	In-house IT support; works well to ensure client confidentiality and provide necessary levels of system support to staff.	No dedicated IT support; creates challenges in maintaining client confidentiality and accessing system support when needed. Deputy Public Defender is often technical support for Office-specific programs.
Clerical Staffing Levels	58 FTE across the Office	48 FTE across the Office
Workload Levels	Significant fluctuations noted, in particular as a result of COVID-19 pandemic impact on the legal system.	Significant increase as a result of COVID-19 pandemic impact on legal system. Caseloads approximately doubled.
System Environment	District Attorney's Office provides discovery electronically for most items; system has been in place for about a decade.	Case management system poses some challenges, but anticipating an upgrade soon.  Have attempted to electronically share discovery through a system, but has not been effective in the absence of sufficient IT support. Currently, discovery that can be shared electronically is done so through a dedicated inbox.
Workload Monitoring	Development of 5-year forecast for resources, highly dependent on new legislation.	Evaluate resources required to continue providing work (referred to as Maintenance of Effort). Grant opportunities often leveraged to support staffing levels.





	County A	County B
Performance Measures	Detailed performance measures that tie to County strategic goals included in the County Budget.	Detailed performance measures that tie to County strategic goals included in the County Budget.



## APPENDIX C: LOCAL CASE WEIGHTING POLICY TEMPLATE

In 2012, the Washington State Office of Public Defense developed a model case weighting policy consistent with Washington State Standards for Indigent Defense. Case weighting is an optional approach to calculating attorney caseloads. This model policy serves as a tool to help local public defense systems determine policies of their own (*source: Washington State Office of Public Defense Model Misdemeanor Case Weighting Policy*).

### *[Insert jurisdiction]* Public Defense Case Weighting Policy – Misdemeanors

#### 1. Purpose

This policy implements a system for weighting public defense cases for purposes of certifying to public defense misdemeanor caseloads pursuant to the Washington Supreme Court's Standards for Indigent Defense. This policy recognizes that appropriate case weighting allows reasonable workloads for public defense attorneys consistent with applicable rules and standards.

#### 2. Applicable Court Rules, Regulations, and Standards

- A. Washington State Rules of Professional Conduct
- B. Criminal Rules for Courts of Limited Jurisdiction
- C. Washington Supreme Court Standards for Indigent Defense (Standards)
- D. *[Insert reference to local ordinance, court rule, and/or other local applicable authority.]*

#### 3. Definitions

- A. **Administrator:** the designated supervisor of public defense services: *[insert identification information]*.
- B. **Case:** the filing of a document with the court naming a person as defendant or respondent, to which an attorney is appointed in order to provide representation.
  - i. In courts of limited jurisdiction multiple citations from the same incident can be counted as one "case."
  - ii. The number of counts in a single cause number does not affect the definition of a "case."
  - iii. When there are multiple charges or counts arising from the same set of facts, the weighted credit will be assigned based on the most serious charge.
- C. **Case Weighting:** the process of assigning a numerical value, or "weighted credit," to specific types of cases that recognizes the greater or lesser attorney workload required for those cases compared to an average case.
- D. **Caseload:** the complete array of cases in which an attorney represents or provides service to clients.



- E. **Docket /Calendar:** a grouping of filings where a public defense attorney is designated to represent indigent defendants without an expectation of further or continuing representation. Examples include, but are not limited to, first appearance calendars and arraignment calendars.
- F. **Full Time:** working approximately forty hours per week. It is presumed that a “full-time” public defense attorney spends approximately 1,800 hours annually on case representation. It is expected that other work time is spent on administrative activities, attending CLEs, participating in professional associations or committees, and spending time on vacation, holiday, or sick leave.
- G. **Local Factors:** practices, characteristics, or challenges that are unique to the delivery of public defense in a given jurisdiction, and that substantially impact the time required for effective delivery of public defense services.
- H. **Non-Charge Representations:** matters where public defense attorneys represent clients who are eligible for public defense representation for matters that do not involve the filing of new criminal charges. Examples include, but are not limited to, sentence violations, extraditions, and representations of material witnesses.
- I. **Partial Representations:** situations where clients are charged with crimes, but representation is either cut short at early stages of the case, or begins significantly later. Such situations include, but are not limited to, client failures to appear, preliminary appointments in cases in which no charges are filed, withdrawals or transfers for any reason, or limited appearances for a specific purpose.
- J. **Public Defense Attorney:** a licensed attorney who is employed or contracted to represent indigent defendants. “Public Defense Attorney” also refers to a licensed attorney who is list-appointed to represent indigent defendants on a case-by-case basis.
- K. **Weighted Credit:** one weighted credit represents a type of case which, on average, requires six hours of attorney time.

#### 4. Misdemeanor Caseload Limits

As provided in the Washington Supreme Court Standards for Indigent Defense, the caseload of a full-time public defense attorney should not exceed 300 misdemeanor weighted credits per year, which is equivalent to the time spent on 400 average misdemeanor cases per year. The caseload of a full-time Rule 9 intern who has not graduated from law school may not exceed 75 misdemeanor weighted credits per year.

#### 5. General Considerations

- A. Caseload limits reflect the maximum caseloads for fully supported full-time defense attorneys for cases of average complexity and effort.



- B. Caseload limits are set to ensure that all public defense attorneys have adequate time to provide quality representation.
- C. Caseload limits assume a reasonably even distribution of cases throughout the year.
- D. If the public defense attorney is carrying a mixed caseload with non-misdemeanor cases, the attorney's caseload should be calculated proportionately by case type, as provided in the Standards.
- E. If the public defense attorney also maintains a private law practice, the public defense caseload should be proportionate to the percentage of work time the attorney devotes to public defense.
- F. If the attorney provides public defense services in multiple courts, the combination of cases from all courts are used for caseload calculations.

## 6. Weighted Credits

### A. Weighted Credits by Criminal Charge Category.

The weighted credits to be assigned by criminal charge category are in the Table of Weighted Credits by Charge Category found on the following table:

**Table of Weighted Credits by Charge Category**

<b>Criminal Charge Categories<sup>4</sup></b>	<b>Weighted Credits</b>
Alcohol Related Offenses (excluding DUI)	0.50 credits
Assault (not Domestic Violence)	1.0 credit
Criminal Trespass 1 or 2	0.75 credits
Disorderly Conduct (excluding Indecent Exposure)	0.50 credits
Domestic Violence - Assault, Reckless Endangerment	1.5 credits
DUI and Physical Control	1.5 credits
DWLS 1 <sup>st</sup> and 2 <sup>nd</sup> Degree	0.75 credits
DWLS 3 <sup>rd</sup> Degree	0.50 credits
Harassment	1.5 credits
Hit and Run-Attended and Unattended	0.75 credits
Malicious Mischief	0.75 credits
Obstructing a Public Servant	0.75 credits
Racing	1.0 credit

<sup>4</sup> Hundreds of misdemeanor charges arise in courts of limited jurisdiction based on statutes and municipal codes. In creating this policy, similar charges requiring approximately the same amount of work time have been grouped into the categories in this table. Examples of charges under each category can be found in Appendix A.



Reckless Driving	1.0 credit
Simple Traffic Offenses (e.g. No Valid Driver's License)	0.50 credits
Theft/Shoplifting	0.75 credits
Violation of a Protection Order/No Contact Order/Restraining Order	0.75 hours
Weapons Related Offenses	1.0 credit
Other Unlisted Misdemeanors	0.75 credits

It is important to remember that in all cases, even those with fewer weighted credits and those that may be resolved by routine non-criminal resolutions such as diversion or reduction to an infraction, an appointed public defense attorney must first meet the basic requirements for providing effective assistance of counsel, such as interviewing and fully communicating with the client, carefully reviewing the evidence, obtaining records, investigating as appropriate, and preparing for court.

**B. Guilty Pleas at First Appearance or Arraignment**

As required by Standard 3.5, resolution of cases by **pleas of guilty to criminal charges at a first appearance or arraignment hearing** are presumed to be rare occurrences requiring careful evaluation of the evidence and the law, as well as thorough communication with clients. Therefore, if the attorney is appointed, these guilty pleas must be valued as one case.

**C. Routine Early Non-Criminal Resolutions**

*[The following paragraph only applies to jurisdictions that use the practice described in section 6.C. of the Instruction Guide. If applicable, see the Instruction Guide for details on completing this section. If not applicable, remove this portion.]* When an attorney is appointed to represent clients facing **charges that, by local practice, are resolved at an early stage** by diversion, reduction to an infraction, stipulated order of continuance, or other alternative **non-criminal disposition** that does not involve a finding of guilt, Standard 3.6(B)(v) permits the attorney to count them at no less than 1/3 of a case.

Routine Early Non-Criminal Resolutions	
<i>This only applies to public defense attorneys in courts that regularly resolve cases at an early stage by non-criminal disposition. If applicable, see the Instruction Guide for details on completing this section. If not applicable, remove this portion.</i>	
Charge #1	No less than 1/3 of a case
Charge #2	No less than 1/3 of a case



	case
<i>Charge #3 (insert additional lines if necessary)</i>	No less than 1/3 of a case

**D. Partial Representation:**

A partial representation is counted based on the amount of time that an attorney has spent on the case. **Each hour** of work is assigned **0.17 weighted credits**, up to the maximum weighted credits normally assigned for the case type.

**E. Sentence Violations and Other Non-Charge Representation:**

As stated in Standard 3.6(B)(ii) sentence violations and other non-charge representations may be counted as **no fewer credits than one-third of a case**. *[See Instruction Guide]*

**F. Dockets / Calendars:** Cases on a criminal first appearance or arraignment docket where the attorney is designated, appointed, or contracted to represent groups of clients without an expectation of further or continuing representation and which are not resolved at that time (except by dismissal or amendment to an infraction) are not counted individually. Instead, the attorney's hours needed for appropriate client contact, preparation, and court time are calculated as a percentage of the net annual hours of work time, and then applied to reduce the attorney's caseload. **Each hour of such docket time is assigned 0.17 weighted credits.**

## 7. Adjustments

**A. Case-Specific Adjustments:** Because credits are assigned to cases based on an average amount of time needed for each charge type, ordinary deviations in how complex a case is or how long it takes do not justify an adjustment to a case's credit value. It is assumed that attorneys will receive a mix of cases of varying complexity and effort, ending with a combination of cases that closely approximates a full-time caseload. However, an attorney may request that the weighted credit be adjusted upward for any particular case that involves substantially more work. Examples may include cases where a client's competency is litigated, extraordinarily long trials, or cases that go to jury trial more than once. Weighted credits may not be adjusted downward unless pursuant to the process identified in 7.B.

**B. Local Factors:** *[The following paragraph only applies to public defense attorneys in courts that have local factors impacting the time required for public defense as described in section 7.B of the Instruction Guide. If applicable, see the Instruction Guide for details on completing this section. If not applicable, remove this portion.]* Due to the following circumstances, this policy deviates from the Model Misdemeanor Case Weighting Policy by making adjustments to weighted credits as follows:

*[Insert text here ]*



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December 15, 2021

TO: Lilly Simmering & Lala Ragen  
Chief Executive Office, County of Orange

SUBJECT: Department Responses to the County of Orange Office of the Public Defender  
Performance Audit

Please find below the Department's responses to the findings and recommendations contained in the Performance Audit of the Offices of the Public Defender conducted by Moss Adams, LLP.

**Finding #1 The Office reports a single performance measure, which does not adequately reflect key aspects of workload and performance.**

*Neither agree nor disagree with finding*

The proficiency index was never meant to be an indicator of workload, only an indicator of qualitative performance.

The original impetus for the Proficiency Index was the Department's participation in a County-mandated program called "Result Oriented Government." Through the program, the Department collaborated with a private consulting group, Management Partners, Inc., to identify meaningful performance measurement criteria. The firm thoroughly assessed our Department's operations and concluded that the quality of overall performance could not be measured in a quantifiable manner. Nevertheless, we continued working with the County to create a tool that could reliably measure qualitative performance. The Proficiency Index and accompanying guidelines were the result of a comprehensive review of national standards for delivery of indigent defense services, including the National Criminal Justice Reference Services' *Compendium for Standards for Indigent Defense Systems*, the National Legal Aid and Defender Association's *Performance Guidelines for Criminal Defense Representation*, the American Bar Association's *Standards for the Defense Function* and the Office of Juvenile Justice and Delinquency Prevention's *Juvenile Justice Standards*.

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The Proficiency Index tool is applied during the review of closed files by managing attorneys to gauge the quality of legal services delivered. The Proficiency Index measures quantifiable criteria for documentation of tasks performed, but is not the sole measure for evaluating performance as there is no effective objective metric that measures some of the work we do, such as the effectiveness of a closing argument or what constitutes a favorable settlement, because they are fact-driven and vary substantially from case to case.

**Recommendation #1 Develop additional performance measures to portray both workload and outcomes for the work performed by the Office year-over-year to help inform potential resource needs.**

*This recommendation has been implemented*

As noted in the report, the Department does report out annual caseload demands, which is a significant driver of workload. The Department also reports out data on other factors impacting workload, such as the impact of body worn cameras, new legislation and post-conviction work in its annual Strategic Financial Plan.

The report provides examples of data reported out by public defender offices in Alameda and San Diego counties. The cited data includes number of clients served in Homeless Court, percentage of post-conviction relief motions granted, number of incarcerated voters registered to vote, number of clients served by social workers, number of clients referred for mental health treatment, number of juvenile records sealed, and number of working hours contributed by volunteers.

The Department reports out similar data points to the County in different settings. For example, the number of volunteers and volunteer hours is reported annually to the County's Human Resources Services. For the past three years, the Public Defender's Office has ranked either first or second among departments countywide in volunteer utilization.

Other data points, such as post-release supervision violation cases opened, mandatory supervision violation cases opened, parole violation cases opened, total court appearances in supervision cases, total contested violation hearings held, client contacts by the Department's recidivism reduction advisors, and the number of program referrals are separately reported out the County and justice partners on a quarterly basis as part of the Orange County Community Corrections Partnership Quarterly Report. The Department also reports out additional workload impacts during the annual budget process to justify requests for additional resources.

**Finding #2 Clerical staff, who often intake client inquiries, are sometimes unable to connect clients with attorneys to resolve client issues and concerns.**

*Agree with finding*

Clerical staff responsibilities include servicing the Department's public-facing counters and answering phone calls to our general office lines. Attorney staff are typically in court handling cases on that day's court calendar during business hours and are not always available to take

calls from clients in the moment. Attorneys typically return phone calls from clients when they return from court.

**Recommendation #2A Clarify the roles of public-facing clerical staff including what information they can or cannot provide.**

*Concur with recommendation*

New clerical staff typically begin as receptionists and are provided training on a variety of issues, including training on what information can be provided to clients and third parties calling the office. Clerical staff are also provided with a list of Frequently Answered Questions posed by callers or visitors seeking information and how to respond to specific queries.

However, this training is only provided to new clerical staff. The fact that this was raised as a concern during the audit evidences a need for ongoing training in this area, something the Department will implement.

**Recommendation #2B Consider establishing a defined triage process for providing legal support, as needed.**

*This recommendation has been implemented*

When a client calls a general office number asking to speak with their attorney, the call is transferred to that attorney's direct line. The direct line is a hardwired Verizon handset that sits on the attorney's desk. All attorneys also carry office-issued cell phones that use a Verizon App known as "One Touch" that links the desk phone to the cell phone. This connection causes any call to the desk phone to simultaneously ring to the cell phone, allowing the attorney to pick it up on either device. Using this system, attorneys can take client calls regardless of whether they are at their desk or in court.

However, often attorneys cannot pick up calls to their cell phones because they are on the record in court, interviewing a different client or in court holding facilities. Additionally, attorneys cannot take calls when visiting clients at the jails, as cell phones are prohibited in jails by the Penal Code. When this occurs and the client needs immediate assistance, calls are referred to the assigned attorney's supervisor. That supervisor has immediate access to the electronic file in the case and can usually answer any questions the client has. However, that supervisor may not always be available to take a call because the supervisor may be in court on the record, in a custodial facility, evaluating an employee's in-court performance or with another client. Nevertheless, the second layer of assistance through the supervisor provides the client more access to counsel than a privately retained attorney would typically be able to provide.

When attorneys are not able to take calls because of other client obligations, calls from out of custody clients are returned when the attorney returns from court. When the calls are from in custody clients, attorneys visit clients at the jail or set up a remote visit through the Sheriff's Department.

Additionally, out of custody clients have access to their assigned attorneys through email as well. Through email, they have the option of emailing their assigned attorney directly or sending an email to the Department's general email account (available on the Department's public-facing website). Emails directed to the Department's general email account are addressed within one business day.

Another potential layer of access could be afforded to clients through the establishment of a daily on-call attorney, whose primary responsibility would be to field client calls throughout the day. However, current Department resources do not allow for such a position.

**Finding #3: Due to the size of the Office, career development opportunities for administrative staff are often in other County agencies, which may disrupt operational continuity.**

*Disagree with finding*

It is true that the Department is small relative to other County departments and therefore has a smaller number of administrative managers on staff than other larger departments. Because of the smaller number of managerial positions, there is less opportunity for non-managerial staff to move into administrative manager positions. This dynamic does create the potential for turnover among staff.

In practice, however, that is not the case. The Public Defender's Office is mission-driven and staff share a commitment to the work of the Department and find satisfaction in working toward the common goal of ensuring due process for all. While other Departments may offer more managerial positions to promote into, they cannot offer the mission-specific commitment that staff find so rewarding.

Nevertheless, as with all Departments, there will be turnover from time to time and sometimes that turnover will be driven by staff seeking promotional opportunities in other County departments. However, there is no basis for the finding that it may disrupt operational continuity. The Department has never experienced such disruptions due to employees seeking career development opportunities in other County agencies, as measures have been in place to prevent any disruptions. In fact, the County encourages its employees to seek promotional opportunities in other departments and views the County as one employer consisting of multiple agencies/departments. All agencies/departments must prepare for this type of employee turnover, and the Public Defender succession plan addresses this as well. As acknowledged in this audit report, the Office of the Public Defender has a robust cross-training program, and this has given employees the opportunity to expand their knowledge to cover other areas when need arises. Through this cross-training program, multiple employees have been trained to perform all critical functions. Unless an unforeseen catastrophic event causes a slew of administrative members to leave the Department at the same time, there are always enough people trained to perform the tasks and train the newcomers, so there will be no disruption to operational continuity.

Throughout the years, people have retired from the administrative unit or have left the unit for promotional opportunities, but that has never posed a risk to the Department's operations. Our cross training programs and uniform procedures have mitigated any risk in this area. Through the succession plan we have in place already, we have been able to successfully mitigate any staffing issues due to attrition.

**Recommendation #3A: Consider establishing a separate administrative position classification for criminal justice agencies at the County to promote operational continuity for unique functions.**

*Does not concur with recommendation*

We have considered this recommendation very carefully and strongly feel that it is not prudent for several reasons:

- 1) The recommendation is based on the assumption that administrative functions are unique to the Public Defender's Office. While the Department has confidentiality and ethical issues unique to a law office, the majority of the administrative functions performed by staff in our Information Technology, Accounting and Finance, Human Resources and Purchasing units is common to all County departments; therefore a separate administrative position classification is not necessary. With little orientation, qualified candidates coming from other departments have been able to easily perform the department's administrative tasks.
- 2) It is in the Department's best interest to fill promotional opportunities with the best candidates who possess relevant hard and soft skills. While the Department always takes a long look at internal candidates, we owe it to our clients to employ the best candidate for the job. Creating a separate administrative classification may unnecessarily narrow the pool of candidates to the detriment of the clients we serve.
- 3) Even if the County establishes a separate administrative classification for criminal justice agencies, the existence of the classification, by itself, may not prevent an employee from leaving for another Department for a promotional opportunity.
- 4) Employees leaving County departments for promotional opportunities is typical for all County departments. The Public Defender's turnover rate is lower than most departments and poses no operational risks.
- 5) The Department has a merit-based hiring practice and our robust cross-training program mitigates against any risk of losing specialized knowledge.
- 6) We believe the current classification structure for administrative positions meets the Department's needs. If employees in the existing administrative positions wish to transfer to another non-criminal justice department, creating unique classifications may have unintended consequences and may serve to limit one's promotional opportunities within the County of Orange.

**Recommendation #3B: Collaborate with County Human Resources to educate administrative employees on the promotional process and encourage ongoing career development opportunities, either internally or externally.**

*Concur with recommendation*

The professional and career development of staff has always been a priority for the Department. The Department encourages staff to take advantage of professional and advanced educational opportunities to obtain professional credentials and educational degrees, encourages participation in County leadership and organizational development programs, and cross-trains staff to expose employees to new areas and develop skills. Consequently, the Department concurs in the recommendation that it should continue to invest heavily in the professional growth of staff.

Ultimately, it is up to staff to take advantage of these opportunities. For example, the County provides staff \$10,000 per year through the professional and educational reimbursement program to develop their careers, and staff are encouraged to take advantage of this as well as to prepare themselves for promotional opportunities. This money can be used for, among other things, advanced education courses towards degrees and professional licenses and certificates. Nevertheless, it is incumbent upon staff to take advantage of this opportunity.

The Department has also encouraged participation in the County's various leadership and organizational development programs by allowing participation on County time but again it is up to the individual to participate and follow through.

The cross training provided by the Department is perhaps the most effective tool for practical skill development. However, rather than use those skills to seek promotions within the Department, some individuals have leveraged the new skills to seek promotional opportunities with other County agencies, possibly due to the limited number of promotional opportunities within the Department. The Department does not discourage this, as it is in keeping with the County's philosophy that it is a single employer which encourages its employees to seek promotional opportunities in other departments.

As indicated, the professional development of staff is a priority for the Department and we will meet with staff to see if more can be done in this area. Additionally, the Department will better publicize the opportunities currently available and clearly communicate the pathway to promotional opportunities to staff.

**Finding #4 Overall staffing structures and administration levels appear to be adequate; however, workloads are increasing.**

*Agree with finding*

The Department continues to provide effective representation to clients in a variety of court systems including the justice juvenile system, the child welfare system, in probate, involuntary hospitalizations, assisted outpatient treatment, civil commitments and most significantly, the criminal justice system. In fact, the Department represents over 90% of criminal justice involved

individuals with felony cases. Nevertheless, there are a number of factors which are causing workloads to rise dramatically, creating an unsustainable strain on the Department's resources.

The volume of discovery in cases, particularly in the criminal system, along with the ever-increasing demands of continued legislative efforts at criminal justice reform have strained the Department's ability to deliver core services. A case in point is the extent to which body worn camera evidence has impacted workload. Over the past few years, many municipal police departments have begun mandating the use of body worn cameras by officers in the field, with more adopting such policies every year. Those cameras are recording when arrests are made and crimes investigated, and the resulting footage must be provided to the defense. Most arrests and criminal investigations are conducted by teams of officers, the size of which is often dependent on the seriousness of the offense. Because each officer is recording footage from the time they receive the call for service through the arrest and investigation of the case, even simple cases often come with many hours of body worn camera footage. It is not unusual, especially in serious cases, for there to be over a hundred hours of body worn camera footage associated with just one case. Assigned attorneys are ethically obligated to review this footage in preparing the defense of cases and, if the footage is to be played in court, to prepare transcriptions of the recordings as required by the California Rules of Court. The result is a massively increased workload demand which is compounded each time a new police agency begins to use body worn cameras. With Irvine PD and the Orange County Sheriff's Department rolling out their body worn camera programs this fiscal year, the Department projects an 80% increase in the amount of digital evidence received. Measured in terms of time, the workload demand created amounts to roughly 350 hours of video for every attorney. This is a massive workload multiplier that did not exist at all as recently as five years ago.

Additionally, recent legislation, including the passage of AB 865, AB 1228, AB 1793, AB 1810, AB 1812, AB 1950, AB 3234, SB 260/261, SB 317, SB 384, SB 395, SB 483, SB 775 and SB 1437 have all had varying but significant impacts on the Department's workload by creating mandated programs or legal obligations that did not previously exist.

**Recommendation #4A Continue monitoring workloads and regulations to support appropriate staffing levels and consider leveraging workload metrics to demonstrate the need for existing or new resources.**

*This recommendation has been partially implemented*

The Department regularly updates the County CEO's Office on the workload impacts associated with new legislation, technology and other factors and requests resources to mitigate their impact. Requests are accompanied by data demonstrating the need for additional resources. One additional tool recommended by the report is exploring the use of a case weighting system to realistically define workload (as defined in Finding 1 and incorporated into Finding 4). The Department agrees that a case weighting system is the best tool to define workload. However, there is no universally agreed upon case weighting system in the California public defender community. Consequently, only a small percentage of institutional public defender offices employ a case weighting system. That, however, is changing. During the last legislative cycle, the Governor signed AB 625, which directed the Office of the State Public Defender, in

consultation with the California Public Defender's Association, to undertake a study to assess appropriate workloads for public defenders. Consequently, the California Public Defender's Association has set up a working group to address the issue. The Orange County Public Defender is represented on that working group which, hopefully, will ultimately result in statewide workload standards and a universally accepted case weighting system.

**Recommendation #4B Consider leveraging American Rescue Plan Act funding to secure temporary assistance to support increased caseloads resulting from the pandemic.**

*This recommendation has been implemented*

Resource issues associated with the pandemic have led to increased caseloads throughout the state, and Orange County is no exception. Given the direct link to the pandemic, the Department has engaged the County CEO's Office regarding the use of American Rescue Plan funding to help mitigate the impact. The CEO's Office has responded by providing additional funding this fiscal year to hire extra-help attorneys to help mitigate this issue.

**Finding #5: Administrative policies and procedures and the differences in the relative authority between the County and Office are unclear, resulting in potential gaps in policy**

*Disagree with finding*

Even though the Public Defender's Office operates in a decentralized manner, it strictly adheres to County policies and procedures. The County CEO's Office and the Auditor Controller's office have made available comprehensive policies and job aids to guide Departments in their execution of administrative tasks. Where applicable, the Department diligently adheres to these policies and guidance.

The Department has thorough desk procedures, which implement County policies, and detail the steps to perform a function from the beginning to the end. These consist of specific steps to accomplish certain tasks, as well as examples and exhibits. All procedures are in line with the County policies and the Office of the Public Defender adheres to them. The desk procedures were not shared with the Audit Team, as those procedures were geared towards helping the employees who are new to a task to learn and perform it quickly and easily. These desk procedures also help with the Department's cross-training efforts.

Some policies mentioned in the Audit Report as not received by them, such as Debt Management and Asset Management, do not apply to our operation, and therefore are not available for distribution. In other areas mentioned, the Department relies on County policies and procedures.

**Recommendation #5: Continue to develop comprehensive Office-specific policies and procedures and clarify the differences between policies of the County and Office**

*Concur with recommendation*

The Department is certain that it has comprehensive policies and procedures. Nevertheless, as recommended by the audit report, we will continue to develop comprehensive office-specific

policies and procedures and clearly delineate the differences between policies of the County and the Department.

Respectfully Submitted,

A handwritten signature in blue ink, appearing to read 'M. Schwarz', with a long horizontal flourish extending to the right.

Martin F. Schwarz  
Public Defender, County of Orange





**Orange County Community Resources  
Contract Compliance Review and Strategic Procurement Assessment**

**REVISED FINAL REPORT**

**November 16, 2021**

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## I. EXECUTIVE SUMMARY

The County of Orange ("County") contracted with NIGP to perform a contract compliance review and strategic procurement assessment ("Assessment") of Orange County Community Resources ("OCCR"). The results of the Assessment are presented in this final report ("Report"). NIGP has previously conducted a similar analysis on Orange County's Central Procurement Office ("CPO"). Given the CPO's responsibility for the Contract Policy Manual ("CPM") and broad oversight over the procurement function at County, there are a number of recommendations in the OCCR Report that are also found in the CPO Report.

The purpose of the Assessment was to analyze procurement policy, process, staff resources and workload at OCCR. Further, the Assessment addresses the effectiveness of the OCCR procurement function as it relates to: 1) compliance with procurement policies and procedures, and 2) compliance with government-related statutes. The Assessment identifies impediments in the procurement function and provides recommendations for increased efficiency, as well as alignment with industry best practices. The Report addresses the key components of the Assessment, including:

- Procurement Policy and Process Review
  - Contract Compliance
  - Procurement Process and Procedure Review
  - Procurement Roles and Authority
  - Performance Metric and Measurement
  - Relationship Management
- Staff, Workload and Organizational Structure Analysis

The Assessment was conducted by two NIGP consultants ("Review Team"). The Review Team consisted of Senior Consultant Marcheta Gillespie, FNIGP, NIGP-CPP, CPPO, CPPB, C.P.M, CPM and Consultant Penny Owens, NIGP-CPP. The Review Team represents over 50 years of public procurement expertise from highly active leaders in the profession.

The Review Team conducted the Assessment using NIGP's four phase methodology:

- 1) Preparation: County and CPO written policies, procedures and underlying procurement regulations are reviewed, in addition to State of California regulations applicable to CA counties.
- 2) On-site Data Collection and File Review: On-site file reviews are conducted, as well as virtual interviews of OCCR Deputy Purchasing Agents ("DPAs"), Contract Development & Management ("CDM") staff and Program Staff (also referred to as "end users") involved in the procurement function.
- 3) Analysis: Information provided by CPO and OCCR staff, staff interviews, and available industry information are analyzed for opportunities and noted deviations.
- 4) Report Generation: A draft report is developed for review and input by OCCR staff, resulting in the final report.

In addition to providing a summary of the analysis for each Assessment category, the Report also includes Appendix A: Summary of Recommendations, Appendix B: On-Site Stakeholder Interviewees, and Appendix C: Individual Contract File Reviews.

The Review Team found the DPAs, the Contract Administrators ("CA"s) and Program staff at OCCR to be supportive of the review and open to opportunities for improvement. Nicole Swain was particularly valuable to the Review Team during its work throughout this engagement. Ms. Swain and various other OCCR staff assisted in collecting information, coordinating on-site interviews, providing access and clarification on contract files, and providing general support to the Review Team.

OCCR staff are striving to meet the needs of the County to the best of their abilities, despite the numerous challenges faced over the past few years, not the least of which is the impact of the COVID 19 pandemic. While the past years' emergency has increased the level of challenges experienced by OCCR procurement, it has been observed that the resource challenges existed long before COVID (particularly in the procurement area). The following themes were recognized throughout the Assessment:

- 1) Program staff view DPAs as a valuable, knowledgeable resource and depend upon them to interpret the CPM and provide guidance on sourcing needs.
- 2) DPAs are struggling to meet customer needs due to heavy backlogs, a lack of resources and a challenging work environment.
- 3) DPAs have good support from CPO leadership, who provide oversight, support in resolving larger procurement issues, and provide entity-wide standards.
- 4) Opportunities exist throughout the procurement function to increase accountability, efficiency, competition, service and transparency.
- 5) Improvements are needed in communication and collaboration to break down silos.
- 6) A procurement transformation initiative would create tremendous value for OCCR, its staff, and the sustainability of its business operations.

### Conclusion

The County is a large organization with significant and diverse service needs, and a substantial number of individuals involved in the procurement process. While the CPO has responsibility for establishing procurement policy and oversight for the County, it is the DPAs that serve in critical, front-line roles for their department end users.

There is a collective perception from staff that leadership has not always viewed procurement as a value-added service, but rather as more of a transactional and administrative function. There does not appear to have been an investment in procurement resources or demonstration of executive support for the procurement function at OCCR. Consequently, DPA and CDM staff feel undervalued. Resource challenges and significant backlogs of work contribute to low employee morale.

Department leadership has been under transition during this Assessment, creating an opportunity for procurement transformation. While there are numerous recommendations contained in this Report, change will not be successful without the right leadership and oversight of the procurement function. Staff must be equipped for change for that change to be effective and longstanding. Front-line managers must know that they are empowered to drive changes that will create greater consistency, effectiveness, improved service, and professionalism.

The Review Team has offered recommendations that it believes are reasonable and achievable. Recommendations target opportunities to increase competition, decrease risk, increase transparency and efficiency, and increase the level of service to the stakeholders of OCCR procurement. Further, the recommendations bring OCCR into alignment with the practices and expectations of the CPO, creating a level of standardization and compliance.

It should be noted, and it is expected, that the implementation of recommendations will have different owners, perhaps multiple owners. Dependent upon the approach deemed most appropriate and effective by the OC, some recommendations may be more appropriately delegated to the CPO for implementation. Given the CPO's central oversight role for procurement at OC, it would be reasonable for them to take ownership of recommendations that have broader implications, as well as benefits, for other departments in the OC. While recommendations were provided based upon observation of the OCCR (based upon this specific engagement), the Review Team supports a strategic approach of allocating ownership wherever within the OC each recommendation's implementation will bring greatest

value, consistency and oversight.

The OCCR staff that the Review Team interacted with seem committed to providing value for the entity and providing service to the community. They demonstrate a desire to grow in knowledge, skill, and expertise in their respective roles. The Review Team is confident that the team at OCCR is fully capable of analyzing the recommendations in the Report and implementing those changes best suited for the department and the entity. How effective OCCR is in the pursuit of procurement transformation will depend greatly upon strong leadership, collaboration, and a clearly defined vision.

## II. INTRODUCTION

The Review Team brings a breadth and depth of procurement expertise necessary to execute scope of the Assessment. Ms. Penny Owens, NIGP-CPP, CPPO, possesses over 25 years of public sector procurement experience, both in federal and local government agencies, currently serving the City of Knoxville for the past 11 years, now as the interim Procurement Director. She has served in many leadership positions in the industry on the local level with multiple NIGP chapters and is an NIGP Chapter Ambassador for Area 3. Penny was the recipient of the East Tennessee Purchasing Association's Buyer of the Year and Volunteer of the Year for 2016.

Marcheta Gillespie, FNIGP, CPPO, NIGP-CPP, C.P.M., CPPB, CPM, has over 30 years of experience in public sector procurement and executive leadership. She retired as the City of Tucson's Chief Procurement Officer, having led a nationally-recognized strategic procurement operation with over 50 professional staff, multiple program areas and an annual procurement spend of over \$400M. Marcheta is an industry consultant, instructor, and leader in the public procurement community. Marcheta assisted in the development of the Principles and Practices of Public Procurement. She has served extensively in leadership positions in the industry, including as President and 10-year board member for NIGP - The Institute for Governmental Procurement, as well as Chair of the Universal Public Procurement Certification Council. Ms. Gillespie has completed consulting engagements for cities, counties, universities, airports, and state agencies throughout the United States. Marcheta has been inducted as a Fellow of the Institute by NIGP (the Institute's highest honor), receiving the 2019 Albert H Hall Award. She has also received the NIGP Distinguished Service Award, the Institutes second highest honor.

Utilizing their extensive public procurement experience and overall professional knowledge, the Review Team directed the strategies and approach of this Assessment. The Review Team conducted virtual interviews of a cross-section of OCCR staff, analyzed provided documentation and researched applicable procurement policy and procedure. Two on-site reviews were conducted for the contract audit.

Components of the Assessment included:

- Review and analysis of relevant procurement statutes, ordinances, policies, and procedures to gain an in-depth understanding of the existing environment.
- Identification of potential impediments to the procurement process and development of recommendations for change.
- Review of business processes from identification and communication of need/requisition through contract administration to identify potential process efficiencies and deviations from procurement best practices.
- Evaluation of procurement processes, timelines, and current customer service levels for identification of improvements based on global best practices in public procurement.
- Interviews with key stakeholders to gain an understanding of the perception of the procurement function, their role in procurement processes, and the level of satisfaction to develop recommendations for enhanced customer service and suggested customer satisfaction measurements.
- Identification of key performance indicators based upon industry standards and best practices.
- Review of 20 contracts, including small dollar purchases and formal procurements.
- Analysis of staff, staff workload and organizational structure.

Under the previous Assessment of the CPO, the Review Team conducted a detailed review of the CPM and various applicable state and local regulations. The foundation of those reviews informs various recommendations and observations under this Assessment. Further, proposed changes in this Assessment are in alignment with the same public procurement industry standards which guided the CPO Assessment. A summary of all recommendations for OCCR opportunities in the various scope

areas is provided in Appendix A. The list of OCCR staff members interviewed is reflected in Appendix B.

Appendix C is the detailed reviews of the twenty (20) randomly selected contract files for goods and services in all OCCR divisions. To prepare for the detailed file review, the Review Team researched State of California regulations and local OC ordinance applicable to goods and services contracting. A contract file checklist was created for the intended specific areas of compliance review. The areas of review included compliance with the applicable CA State regulations, alignment with global best practices in source selection, competition, transparency, and ethics. The checklist incorporated all phases of the sourcing process, from identification of need, to defining the need, to the competitive sourcing process to contract administration. Each item on the checklist was recorded as compliant ("Y"), non-compliant ("N") or not applicable ("N/A") to that particular contract file. The checklist was reviewed by OCCR in advance of the Review for accuracy, thoroughness, and incorporation of all known areas of regulatory compliance.

The recommendations in this Report provide areas of opportunity to assist OCCR in increasing the effectiveness and efficiency of procurement services and enhancing service levels to OCCR end users. Recommendations center on the principles of continuous improvement throughout the entire procurement lifecycle and continuous improvement in the integrity of the public procurement function. This Report is intended to not only reflect the current state, but also to be a tool to transform a future staff focused on providing the highest levels of support to the County and its citizens.

A key component to successful organizational improvement is having staff with the knowledge, skills, and abilities to implement meaningful change. While compliance is an important aspect of the public procurement function, having a procurement function that is continuously focused on improving its level of service to its stakeholders is equally vital. The Review Team believes the staff at OCCR possess the ability and the desire to make the changes recommended in this Report. To ensure staff success, OCCR must ensure the appropriate leadership is in place to drive the change and support the staff in the procurement transformation.



### **III. METHODOLOGY AND APPROACH**

NIGP Consulting has a proven methodology used to conduct procurement review engagements. The methodology, in use since 1995, provides consistency and thoroughness for each unique review. Each phase of the work is critical to the next phase, with four phases to the project.

#### **A. Preparation**

As part of the preparation phase of the engagement, the Review Team requested OCCR provide information in each of the designated areas of the scope. The Review Team was previously informed through the CPO project as to State of California codes, statutes, and regulations. The Review Team worked closely with OCCR staff to compile the stakeholder list for the staff interviews and to review the questions for the DPAs, CDMs and Program staff. Supplemental to documentation previously acquired through the CPO, OCCR provided additional information specific to the OCCR operation. These documents included internal policy, procedures, staffing responsibilities, reports and related data.

#### **B. On-site and Off-site Data Collection**

On-site contract audits and virtual staff interviews were conducted during the weeks of May 17<sup>th</sup> and June 1<sup>st</sup>. Interviews were held with OCCR DPAs, CAs and Program staff responsible for their own contracting in the various OCCR divisions. Interviews provided an opportunity to learn about stakeholders' needs, what they felt was working well and where they experienced challenges or had concerns with the procurement function.

The Review Team requested a report of all procurements conducted by OCCR to randomly select 20 contracts in goods and services. Numerous discussions were held to ensure the Review Team had a clear understanding of the documents being reviewed, the applicable policies and the practices employed throughout the sourcing process.

#### **C. Analysis**

The Review Team analyzed all collected information including the 2012, 2017, 2018 and 2019 CPMs applicable to the specific contract files being audited. The 2019 CPM formed the basis for the assessment of current state processes and practices. The Report provides recommendations reflective of best practices in the public procurement industry. These recommendations support strategic objectives for managing an effective procurement operation, focused on simplifying and streamlining processes and increasing the levels of open competition and transparency.

#### **D. Report Generation**

The Report provides the results of the Assessment and provides findings and subsequent recommendations, offered as opportunities for enhancing procurement. A draft report was reviewed by OCCR prior to issuance of the final report. The review of the draft report provided OCCR an opportunity to identify any errors, offer clarifications and ensure the Report incorporated all areas of expectation based upon the contractual agreement. All input from OCCR on the draft report was considered by the Review Team prior to issuing this Report.



## IV. PROJECT SCOPE OF WORK AREAS

### A. Procurement Policy and Process Review

Through documentation reviews, policy research, organizational overview and interviews of stakeholders, the Review Team was able to analyze the overall procurement strategy and practices at OCCR. As a large department with a substantial procurement spend, OCCR has a significant number of individuals involved in decision making across the department. Many of these individuals have no specific background, professional training, or professional certification in public procurement. There have been a number of changes to the organizational structure, management, and staff resources over the past few years. While CPO is responsible for procurement oversight throughout the entity, each department director is accountable for authorizing designated staff for specific responsibilities within the procurement function. DPAs, CAs and designated Program staff are responsible for executing the purchasing and contracting responsibilities for OCCR. This includes compliance with CPO policy as defined in the applicable CPM, sufficient resourcing for the procurement function, and delineation of the roles and responsibilities of staff.

Through the previous CPO Assessment, a thorough analysis of policies was conducted in comparison to the ABA Model Procurement Code and various applicable state regulations. For the OCCR Assessment, the Review Team focused on the current state of the department's ability to comply with applicable policies and to manage the various processes necessary to execute their responsibilities. The current state was then compared to industry best practices to vet out areas of practice that are out of alignment with industry best practices. These areas create risk for the entity. The Review Team then provides recommendations for improvement and progression.

#### 1. File Compliance Review

During the Assessment, twenty (20) contract files and related amendments/modifications were evaluated for compliance with applicable State of California statutes and applicable local regulations as represented in the CPM. (Note: Contract files are reviewed under the CPM effective at the time of the contract award and administration. As such, the 2012, 2017, 2018 and 2019 CPMs were utilized for the contract file reviews) The contract files were also reviewed in consideration of public procurement best practices and the ABA Model Procurement Code. The Review Team also looked at how compliance to these various requirements were implemented into practice. A summary of the file reviews is contained in Table 1.0 below, and details of each contract file review is located in Appendix C.

While the majority of the OCCR procurement files were found to be fundamentally compliant with State of California statutes, the CPM policies and defined sourcing processes, there were numerous findings that contradicted industry standards of practice, the ABA Model Procurement Code and the principles of sound public procurement. It was observed that several findings had an impact on the principles of open competition, transparency, and accountability. The files reviewed are the responsibility of OCCR, however, fall subject to the policies of the centrally managed CPM and the general organizational expectations of oversight under the CPO.

During the OCCR contract compliance review, as was the case with previous compliance reviews of the CPO and OCPW, the Review Team did not have access to electronic systems used for procurement, including OC Expeditor, CAPS, Bid Sync, CAMS, or the G drive. The limitation of third-party access to County systems is understandable, however, it does create certain challenges. The Review Team had to work with OCCR to secure information not contained in the contract file. OCCR maintains both a physical file and multiple electronic records (in multiple systems) of each contract, with the physical file provided as the official public record subject to public records requests. Given documentation is maintained in multiple systems, it was difficult to locate all the required data and various evidence

required to complete the contract audit. The official contract record (which is provided to the public, auditors, reporters) should be complete, orderly and include only the documentation appropriate for the public record. It should “tell the story”, standing on its own merits, without need for extensive assembly of information from other sources. During the contract audit, there was a draft review process which afforded OCCR staff an opportunity to address contract record omissions from the physical contract file as well as to update the file to reflect accurate and complete information.

Numerous findings were removed from the final contract audit record once OCCR staff were able to provide the required evidence. Given the physical contract file is viewed as the official contract record, it should contain complete information or, at a minimum, notation that the information is contained in other specific locations. Throughout the contract file review, notes have been made and provided as recommendations for improvement, recommendations to avoid future findings or recommendations for consideration of standardization across the organization.

**Table 1.0 – Summary of Contract File Review**

Record#	Owner	Observation	Specific Finding
PO 012 20012140	OCPK	None	None
MA 012 17011966	OCPL	None	<ul style="list-style-type: none"> <li>Missing insurance certificates</li> </ul>
MA 012 17010591	OCPL	Practices deviate from public procurement industry standards; low/limited supplier response	<ul style="list-style-type: none"> <li>Late bid accepted</li> <li>Negotiated terms and pricing after bid opening/prior to award</li> <li>CSE submitted 35 days late</li> <li>Conflicting language in CPM vs IFB</li> <li>No evaluation information</li> <li>No reference checks</li> <li>No current term PO</li> </ul>
MA 012 20010273	OCAC	Practices deviate from public procurement industry standards; CPM and IFB terms/language inconsistent	<ul style="list-style-type: none"> <li>No solicitation review/publish approval</li> <li>No attorney review prior to publishing</li> <li>No evaluation info in file</li> <li>No record of bid tabulation</li> <li>No evidence of price analysis</li> <li>No evidence of CSE for contractor (BI)</li> <li>No insurance certificate</li> <li>No current DO</li> <li>Contractor permitted to modify terms, product, pricing after bid opening</li> <li>No record of price analysis</li> </ul>
MA 012 16011742	OCPK	Low supplier turnout for \$2M maintenance project; requirements appear restrictive	<ul style="list-style-type: none"> <li>No committee member Conflict of Interest forms or qualifications in file</li> <li>No signed award recommendation by committee</li> <li>No reference checks</li> <li>No current term Cert of Insurance</li> </ul>
MA 012 20010097	OCPK	No information on the evaluation and award process	<ul style="list-style-type: none"> <li>No record of bid opening/recording</li> <li>No evaluation committee info/COIs</li> <li>No award recommendation</li> <li>No award approval info</li> </ul>

			<ul style="list-style-type: none"> <li>No notice of award</li> <li>No notice to unsuccessful(s)</li> <li>No PO/CT</li> </ul>
MA 012 20011824	OCPL	None	None
PO 012 20010212	OCPK	None	<ul style="list-style-type: none"> <li>No record of waiver of insurance on file</li> </ul>
MA 012 20011949	OCCS	None	None
MA 012 18010585	OCCS	File lacks information in several areas	<ul style="list-style-type: none"> <li>No committee information</li> <li>No award approval</li> <li>No notice of award</li> <li>No notice to unsuccessful</li> </ul>
MA 012 21010438	OCCS	None	None
MA 012 20011193	OCCS	PO not issued until 45 days after contract start	<ul style="list-style-type: none"> <li>No 2<sup>nd</sup> quote secured for services coop</li> <li>No Contractor Performance Evaluation</li> </ul>
MA 012 20010610	OCPK	Actions in contracting activity not well documented and inconsistent between CPM and solicitation documents (IFB)	<ul style="list-style-type: none"> <li>No documentation of verbal quote</li> <li>No current insurance coverage</li> <li>No additional insured on COI</li> <li>Contract extended w/o renewal language</li> <li>Two consecutive PO's issued to same supplier in contradiction of CPM</li> </ul>
CT 012 20010796	OCPL	None	None
CT 012 20010608	OCPL	None	None
CT 012 20011342	OCPL	None	None
MA 012 16010217	OCPK	Same contractor has held contracts for service for over 43 years; contract value over \$13.5M	<ul style="list-style-type: none"> <li>Multi-step bid non-compliant to CPM</li> <li>No evaluation criteria</li> <li>No evaluation documents (criteria, offer analysis, price evaluation)</li> <li>COVID 19 leveraged to extend contract for an additional term, and COVID "emergency pest infestation" services</li> </ul>
MA 012 20011999	OCCS	No record of funding requirements; potential issue with consistency in Federal language	<ul style="list-style-type: none"> <li>No notation on req of Fed funding</li> <li>No insurance (no notation of insurance being maintained in RCA file)</li> <li>No Federal terms included in quote</li> <li>Matrix of price comparison may or may not be sufficient to meet Federal requirements for cost/price analysis</li> </ul>
MA 012 19010714	OCAC	None	None
MA 012 21010019	Housing	No reference in file regarding supplemental file with evaluation information. No correlation between file numbers. No connection between multiple award files	<ul style="list-style-type: none"> <li>No reference checks</li> <li>No evidence of price analysis</li> <li>No evidence of DPA/CPO concurrence</li> </ul>



OCCR has approximately 400 active contracts. The 20 contract files audited reflect approximately 5% of active OCCR contracts. Of the 20 records audited, half (10 files) had some degree of error or oversight in compliance with policy, procedure, or exception lacking evidence in the file. Many files required clarification of what transpired and several deviated from industry standards in procurement. While it is noted that several of the contracts were awarded under previous year CPM policies, extending this rate of error across all active OCCR contracts suggests the need to provide increased controls, training on procurement file management, clarification and standardization of procedure, revision to CPM policy (noted in previous CPO Report), introduction of additional tools for procurement oversight, and more formalized contract compliance by OCCR and CPO staff. The training should include division supervisors and managers who oversee staff working within the procurement function.

### **Current State**

There were several notable best practices identified during the contract file review. These included use of:

- Delegation of Authority Memos, Delineation of Roles and Responsibilities
- Risk Assessment/Insurance Modification approval form to make changes to standard requirements
- Contract Increase Request Form to make changes beyond the level of authority of the DPA (requires CPO approval). Have not seen these forms in all files, but they are being used
- Contract Compliance Checklist
- Organized files

A number of challenges observed in older contracts (as well as in earlier CPMs) have since been resolved by a change in policy and practice. So, while noted on the individual audit record, the subject of the challenge is not captured as recommendations. Below are the Review Team's noted observations:

- Orders against contracts are kept separate from the originally sourced contract (MA). They receive different file folder numbers. Unclear as to whether the system connects the orders to the MA since there is no consistency in file numbering. This presents challenges in tracking organizational spend, potentially limiting a critical decision-making tool.
- Multiple files are maintained for a single procurement, separating contracts from the information that forms the basis of the decisions related to the contract (evaluation information). This makes auditing the contract more challenging and creates a barrier to accessing the information. Information pertaining to a sourcing process is considered public record and should be readily available to the public for inspection at the appropriate time. It is unclear on why a separate file needs to be maintained as no known state law establishes that evaluation information is confidential and can be withheld from the public or made difficult to access.
- Multiple awards from a single solicitation lack any numeric correlation in the filing system, creating similar challenges as outlined above.
- Files would benefit from executive summaries with centralized key data. Executive summaries "tell the story" of what transpired in a procurement, providing key data, milestones, and justification for actions. Many of the files audited lacked information that established the basis of actions, thereby affecting transparency and accountability. While the outside of the folder does contain some data, it is often not complete.
- Need to establish a single, complete file whether fully electronic (and therefore load all records into the electronic format) or a complete physical file. Current practice of partial electronic and partial physical is challenging.
- There is inconsistency across the department on how and when County Counsel is engaged in

reviews and approvals. The role of County Counsel in the process is not clear in policy and given there is no procedural documentation at the time of the Assessment, it creates inconsistency in staff engagement. Further, there are numerous attorneys involved with procurement, there is risk of inconsistency in application and interpretation of CPM and other policy.

- There are numerous inconsistencies in CPM and solicitation template language, particularly when considering the numerous versions of the CPM that apply to contracts active over multiple years.
- File numbering conventions create challenges in tracking and connecting various documents.

### **Recommendations**

Based upon the above observations, the following recommendations are offered from the contract file review:

- Develop a contract file standard/template, inclusive of instruction on what documentation should and should not be in the official contract record. The standard should include a contract data/tracking record, notating all electronic records not contained in the central file (whether physical or electronic) and their specific location. The CPO offers templates and standards that should be followed for consistency in file management throughout the County.
- Provide staff training (or refresher training) on how to appropriately assemble, and maintain, the official contract record. This should include identifying who is specifically accountable for updating and maintaining the official contract record, including additional data and documents that need to be added to the file after contract award (e.g. – updated insurance certificates, amendments, purchase orders).
- Mandate use of a Contract Summary Page for all contract files. Contract tracking sheets provide organization and valuable, easy-to-access data on the outside of the contract file. Establish a standardized management review process for completed staff work and contract file reviews. Create a Contract File Checklist for management to use during staff work review.
- Merge sourcing information into the same public record as the contract. Identify how long unsuccessful submissions must be retained by the State of CA retention policy and begin practice of removing those records once the retention period is met.
- Retain all contracts resulting from a solicitation in the same contract file or clearly identify when multiple files exist (should have same contract numbers – Folder 1, Folder 2). Retain all DO's within the same MA file.
- Evaluate the CA State Record Retention laws to validate what documents are and are not to be retained in the official contract file. Barring exclusion by state law, files should contain all documents from the procurement sourcing process, such as unsuccessful bids/proposals/statements, all documentation related to the decision-making process and contract completion documentation.
- Develop an executive summary/award summary template for the file to provide a high-level overview of the actions taken in the procurement.
- Streamline the number of document identifiers (file number, contract number, PO/DO/TO numbers, Requisition numbers, MA numbers). Consider using file numbers that correlation to the contract number.
- Merge to fully electronic files or ensure physical file contains all documentation as the electronic file. Alternatively, ensure consistency in what is retained in electronic but not in physical, with specific reference in file to locate of electronic document.
- Create a specific file management policy, including streamlining how files are stored throughout the organization.

These recommendations are focused on creating greater clarity of expectations, streamlining processes, and aligning procurement actions with industry best practices. The contract file is the official record of an entity's procurement action, the basis of that action and the supporting documentation demonstrating

compliance. Proper management of contract files leads to reduced risk to the agency, confidence in the due process for parties competing in the sourcing process and increased transparency of the agency.

For additional guidance on industry standards for compliance auditing, review the Global Best Practice entitled "Audits".<sup>1</sup>

## 2. Procurement Processes and Procedures

### Current State

The current structure provides authorization for many staff throughout the department to conduct procurement activity. There is a lack of standardization across the individual divisions within OCCR that leads to program managers, DPAs, and related staff executing their responsibilities in a manner that is unique to their divisions' needs and not consistent throughout the department.

While there are some procedures in the CPM, there is presently no detailed procedures manual for County departments. Absent an existing procedures manual, it was challenging to determine compliance with the ways in which various policies were being met by DPAs and customers. For example, while the CPM and state regulations require a determination of "responsibility" and "responsiveness", in many files it was difficult to determine exactly how that determination was consistently executed. As such, there are limited standards for which to measure consistent practices and compliance with defined processes. This leads to improper decision-making and actions by staff. A lack of consistent understanding of proper procedures leads to a failure to consistently applying sound procurement judgment and exercise compliance with policy.

The CPO has been working toward a Procedures Manual and has been working on creating standards for various procurement functionality. This includes establishing standards for procedures (such as standard RFP scoring), for tools (such as the use of a standard Committee Evaluation form), for training (such as the annual Ethics Training) and for systems (such as the expanded use of the OC Expeditor system).

OCCR is generally compliant to CPM policies in its procurement sourcing practices. However, given policy is high level, most of the activity in the various sourcing processes are not formally defined. These daily practices are likely communicated through training over time and by multiple individuals. While the CPO provides sourcing training, and OCCR provides training to new staff, there has previously not been a thorough, detailed procedures manual for OCCR DPAs or Program Managers/End Users. This introduces opportunities for variations in how procurements are managed as well as potential lack of understanding by staff of the purpose of procurement practices. The Review Team found numerous cases in the audit where technical compliance may have been achieved, but it did not appear that the fundamental purpose of the action was achieved.

***Post Assessment Note:** On 7/1/21, the CPO issued the Countywide DPA Procedures Manual. This is a significant achievement and should assist County departments with compliance and consistency.*

Challenges observed in OCCR procurement (for DPAs and Program Staff) appear to stem from:

- Decentralized structure of procurement at OCCR.
- Inconsistency in how divisions manage and oversee the procurement function.
- Lack of procurement sourcing strategy for planning and resourcing the procurement function.
- Absence of detailed procurement procedures.
- Large number and variation of staff across the organization engaging in the procurement process

<sup>1</sup> Principle and Practices of Public Procurement, "Audit", [https://www.nigp.org/docs/default-source/new-site/global-best-practices/audits.pdf?sfvrsn=bf398a7a\\_0](https://www.nigp.org/docs/default-source/new-site/global-best-practices/audits.pdf?sfvrsn=bf398a7a_0), © 2018 NIGP

with limited knowledgeable of and experience in the public procurement profession.

- Certain practices not grounded in public procurement best practices.

Throughout the contract file reviews, staff interviews and documentation review, the Review Team noted the following challenges in sourcing and contract administration at OCCR:

- Human Service contracts do not appear to have much procurement control and oversight. The contracts viewed lacked supporting documentation or justification for many contract-related actions. Given the size and dollar value of these contracts (most in the millions), there was limited (and in some cases no) evidence of the basis for substantial dollar increases (some doubling the size of the contract), overall lack of competition, minimal controls established in the contract to control expenditure (most contracts were cost reimbursement based – a high risk contracting approach with minimal controls) and minimal demonstration of contractor performance and compliance to the contract through contract administration.
- Contract administration is limited and inconsistent. Solicitation requirements, evaluations and contract terms are not structured to be conducive to effective contract administration. There are insufficient resources and a lack of structured roles and responsibilities within a formal Contract Administration program to establish accountability for contractor performance and contract oversight.
- Numerous “interim” contracts are put in place to address the backlog of solicitations resulting from resource challenges and COVID 19 emergencies, eliminating competitive opportunities, likely impacting cost savings opportunities, decreasing quality of service, and increasing risk to the agency.
- Many of the contract file has limited competition, restrictive specifications, insufficient supplier outreach or demonstrated research as to why suppliers chose not to engage. Several contracts have been awarded to the same providers for decades.
- Practice of accepting late bids is permissible in CPM, however, out of misalignment with public procurement industry standards. This practice compromises the integrity of the competitive process, creating inequitable competitive opportunities<sup>2</sup> In Element 1 of the NIGP Global Best Practice, “Invitation for Bids (IFB) AKA Invitation to Tender (ITT)” recommends establishing policies and procedures related to the use of an IFB and references the need, in order to “preserve the integrity of the bidding process, e.g., treating all bidders with impartiality,” to “define ‘late’ and determine how the delivered bid is handled, e.g., time-stamp, return without opening, retain, accept.” It also states that consideration of a late bid, “compromises the value of impartiality and integrity in the bidding process, which may impact the entity’s reputation.” The footnotes reference articles on case law upholding the rejection of a late bid. The bid date is an element of the specification therefore a bidder can be determined non-responsive if a bid is late. Lastly, GovCode 53068 states, “Any bids received by such local agency after the time specified in the notice shall be returned unopened.”
- Contract file lacks evidence of program staff/end users reviewing and recommending award on bids. The record should reflect consideration of a bid, assessment that the bid is in compliance with the specifications, verification that the bid is responsive and affirmation of awarding to the identified successful bidder based upon the award criteria.
- Contracts lack evidence of price analysis during the evaluation process, particularly for analysis of determining low responsive, responsible bidder or best value when pricing involves hourly rates or percentage off list price.



- Practice of allowing negotiations on bids after due date and prior to contract award is out of alignment with public procurement industry standards. GovCode 25482 states any or all bids may be rejected but with “preference being given, however, to the lowest responsible bidder.” Further, Element 3 of the NIGP Global Best Practice, “Invitation for Bids (IFB) AKA Invitation to Tender (ITT)” states the an Invitation to Bid “must detail the entity’s process for awarding the contract” and “state the entity’s selection criteria, e.g., lowest price, required delivery date, and total cost.” Element 5 requires “evaluation of the bid against the requirements stated in the IFB” and “After the lowest responsive bid from a responsible bidder has been determined and require approvals have been received by Procurement, the contract may be awarded...” If the criteria states that a bid will be awarded to the lowest, responsible bid, there is no room to negotiation with another bidder unless the lowest bid was rejected. The only exception to this may be negotiation to reduce the lowest bid when above budget, in accordance with Element 1.2 of the NIGP Global Best Practice “Negotiation.”
- Lack of evaluation scorecard, standard template, or formula for the departments to utilize. Files are lacking in any type of evaluation information to support committee scoring beyond the score itself.
- Several Emergency Procurement memos are lacking in recorded justification.
- County Counsel deals with wide variations in approach to procurement, risk level tolerances and level of experience as they review various procurement documents from each division. This creates challenges for County Counsel.
- No defined standards for County Counsel’s level of engagement by OCCR staff.
- Duplication of effort and inconsistencies in managing various documents in various systems due to non-standardization of document management and data entry leading to inefficiencies, increased soft costs to the entity, inconsistent data, and ineffective use of staff resources.
- Delays in processing invoices to pay contractors. Some occasions where contractors are not paid until months after invoice submission. The process for payment of invoices seems to be inconsistent throughout the department. Though this is not a main responsibility for the procurement team, the Review Team heard instances of both DPAs and CDMs assisting divisions with overdue payments.

### **Best Practices**

Absent a specific policy or procedure that is unique to the County due to state or federal-funding source regulations, procurement practices should be guided by the Public Procurement Values and Guiding Principles<sup>3</sup> and Global Best Practices<sup>4</sup>. These industry standards establish that procurement should have a strategic approach to how it will meet the needs of the entity it serves. Rather than reactively addressing needs, a strategic procurement function aligns with the goals and objectives of the entity in each of the defined areas. As opposed to a tactically driven procurement function (one that reacts to activity in the environment), a strategic procurement function focuses on the correlation between procurement services and the clients served. Through proper alignment, the entity can better set expectations, ensure needs are properly met, and align resources toward a common vision.

There are numerous Global Best Practices available that serve as standards for procurement professionals throughout the sourcing and contract administration phases. These include practices such as:

- Strategic Procurement Planning
- Invitation for Bids
- Request for Proposals
- Distinguishing Between Scope of Work and Statement of Work
- Contract Administration

<sup>3</sup> Values and Guiding Principles of Public Procurement, NIGP, <https://www.nigp.org/our-profession/values-and-guiding-principles-of-public-procurement>

<sup>4</sup>Global Best Practices, NIGP, <https://www.nigp.org/our-profession/global-best-practices#strategy>



## **Recommendations:**

OCCR is encouraged to develop a Strategic Procurement Plan, specific not only to the overall procurement function, but which also speaks to meeting the planned procurement needs of the department on an annual basis. This is particularly important in light of the significant workload on a reduced staff in procurement. This plan should incorporate the specific annual goals of the CPO, goals specific to OCCR, objectives related to specific OCCR projects, as well as the planned approach to all sourcing needs of the department.

The Review Team offers the following recommendations relative to the sourcing and contract administration practices at OCCR:

- Eliminate practice of accepting late bids.
- Eliminate practice of negotiating bids.
- Eliminate practice of permitting any modifications to bids after bid submission.
- Establish a standard price and cost analysis model for various structures (unit price, market basket, % of list price, etc) as well as a model for price point allocation.
- Establish a standard scoring approach for RFPs to the greatest extent possible for consistency in committee performance and consistency in treatment of the supplier community. Presently there are 3 approaches to scoring (including consensus, total points, and average). The scoring of a proposal could be affected dependent upon which scoring method was selected.
- Work with CPO and County Counsel to identify and eliminate discrepancies between CPM language and solicitation (IFB, RFP) terms and conditions.
- Establish policy, procedure, and training for supplier evaluation, including determinations of responsibility, responsiveness, and assessment against evaluation criteria.
- Require written evidence of all quotes, eliminate verbal quote practice.
- Work with the CPO to leverage the County's Supplier Outreach Program to build a strategy to expand and diversify supplier base and increase competition at OCCR.
- Establish and document clarification on difference between what constitutes a "consecutive" contract (under CPM 3.3.109) and a contract extension (3.3.106).
- Develop policy, train, and ensure compliance to what determines supplier "responsiveness" to a bid situation (i.e. – what additional documentation is deemed "immaterial" and is permitted for post-bid opening submission versus what is "substantive" and not permissible for post-bid opening submission).
- Provide staff training on solicitation development, evaluation, and contract management.
- Map sourcing processes to identify efficiencies, opportunities for standardization and consistency. Process maps of current and future state will then provide a foundation for future procedures development in areas not covered in the forthcoming CPO procedures manual.
- Review roles and responsibilities as they pertain to processing contract modifications, tracking of expenditures and ensuring contract compliance for the various modifications to contracts.
- Increase staff accountability to record data accurately and thoroughly in the appropriate system to capture information available for reporting on procurement spend and various contracting metrics.
- Establish a recommendation for award template for IFBs, where customer/end user can capture for the official record, their evaluation and recommendation for award.
- Collaborate with CPO to develop a formal Contract Administration program for OCCR, to include defined roles and responsibilities, policies, templates, and training.
- Generally Accepted Accounting Principles (GAAP) discourage any advance payments in public contracting. Develop training of OCCR staff on proper processing of invoices to ensure timely payment.
- Develop supplemental procedures for OCCR specific requirements (this will support the forthcoming CPO Procedures Manual).

### 3. *Procurement Roles and Authority*

#### **Current State**

The current organizational structure of OCCR presents challenges in decision making and execution of responsibilities. Numerous individuals in OCCR are managing critical procurement activities and making procurement decisions without having a DPA status, professional training, or professional certification. This creates risk to the organization, the potential for inconsistent decision making and deviation from the standards of public procurement practice. Given there are numerous individuals involved in procurement decisions, including DPAs, CAs, Department Directors, Attorneys and Program staff, key decisions are being made without the proper level of knowledge and expertise in public procurement.

Purchasing DPAs and CAs have varying degrees of authority in their respective positions. The determination of their roles and responsibilities appears to be driven in part by the divisions and Division Directors. Of note, the Directors appear to have the ability to customize the level of services they receive from CAs in the Human Services contract area, based upon the desired level of administrative service fees. Human Service contracts represent a significant portion of the County's procurement spend, and the contracts appear to be primarily managed by non-DPAs and individuals with limited procurement training and expertise. These individuals are responsible for defining needs, establishing contract terms, negotiating contracts, evaluating suppliers, and overseeing the execution of service under the contract. Given each Director has authority to determine what procurement responsibilities are executed by their Program staff (non-DPAs), there is inconsistency in how professional procurement staff are utilized across OCCR.

Appreciating that only 2 attorneys were interviewed, the general sense is that County Counsel ("Counsel") has a high level of confidence in many of the DPAs and Program Managers working with contracts throughout OCCR. Counsel appears to work well with those involved in the procurement process. Counsel views their role in the procurement process as reasonable and appropriate, however, they do acknowledge reviews can be lengthy for some documents. Multiple attorneys providing guidance, opinion, and interpretation of policy to OCCR staff do not necessarily have any specific background in procurement and contract law. This creates an environment where staff may receive inconsistent guidance on similar situations in the competitive procurement process or in contract disputes. As a result, stakeholders in a procurement process, particularly suppliers, could receive inequitable treatment due to varying decisions and actions.

Consistency is paramount to maintaining the integrity of the procurement process. It is also important to make decisions in consideration of knowledge in industry standards, best practices, and principles. As an example, where one attorney may deem negotiation of terms and pricing after a bid opening to be in compliance with CPM policy, another attorney may deem that the practice is acceptable due to the creation of inequitable opportunity among suppliers.

OCCR procurement staff handle a myriad of goods and services procurements. Currently, there is minimal category management taking place at OCCR and no staff appear to be aligned to defined spend categories. As a result, there is limited management of spend in similar categories of goods and services. Compounding this issue is a lack of consistent, complete data. There is some effort in Purchasing to consolidate contracts for similar goods and services.

#### **Recommendations**

The Review Team provides the following recommendations relative to modifications to procurement roles and authority based upon the observations during interviews, contract file reviews and documentation reviews, as well as in consideration of industry best practices:

- Centralize specific authority, roles, and decisions to only central procurement staff who are certified DPAs. OCCR should establish a list of decisions and actions that should be included in this list of responsibilities. This does not suggest any eliminations of the CPO, where CPO guidance and approval may currently be required. It should include concurrence with procurement DPAs prior to discussions with Counsel. At a minimum, the following decisions and actions should be part of that list:
  - Determination of responsiveness
  - Disputes involving determinations of qualification
  - Contract cancellation or termination
  - Decisions on protests and claims
  - Waiver of competition (Sole Source, Emergency)
  - Any deviations from standard practice or policy
- Standardize the roles and responsibilities of DPAs, CAs and Program staff across the entire department. Bring roles and responsibilities of DPAs and CDMs into alignment with the standard procurement responsibilities in the CPO. This recommendation requires a vetting of actions throughout all procurement processes, such as would be defined in the proposed mapping processes of current and future state (as recommended in this Report).
- Narrow the number of legal counsel involved in advising on procurement. Ensure those defined legal counsel representatives receive training on procurement standards and contract law. Encourage legal counsel to share issues encountered and approaches taken, as well as basis of guidance to clients. This will help establish consistency.
- Create category manager positions as part of specified roles within procurement staff/DPAs. This involves analyzing categories of spend and analysis of how current workload is assigned. This should be further vetted throughout the department, such that staff are not limited to assignment of a given division, but rather are assigned based upon categories of similar spend in goods and services to the extent that is reasonable. Category managers should be trained in strategic spend analysis to assist in identifying opportunities to leverage new contract opportunities, as well as analyzing past spending practices for modification to drive savings and efficiencies.
- These recommendations are focused on ensuring that individuals with the appropriate level of knowledge and experience in public procurement professional are responsible for key procurement decisions in the department. The above does not suggest the Program staff should be removed from the various processes, but rather that they should provide subject matter expertise and recommendations to the DPAs for the final decision.

#### 4. **Procurement Timeline**

##### **Current State**

The Review Team encountered evidence of numerous processes taking longer than typical processing times when compared to timelines experienced at other procurement entities. As an example, the RFP process at OCCR taking upwards of six to eight months or more, even for less complex procurements. OCCR provided several documents, including the Human Services Contract Acquisition and the CDM Human Services Contracts Workflow documents detailing the RFP process. The following items detailed in this document delay the process:

- Requiring notification six months prior to release of the RFP with actual working beginning four months prior to release of the RFP
- Ten days lapse between the time of receipt of RX and the initial meeting to discuss the RFP and then another ten days pass for CDM to provide the timeline and template
- Twenty days allotted for CDM to provide the draft RFP to the Program and Program review
- Ten days allotted for County Counsel review (required if there is no template and the interviews indicated there is not a template for Human Services contracts), five days for Risk Management review and three days for OCCS Director to meet with CDM/Program and approve

- Upon RFP approval, CDM requires three days' time before posting and posting only occurs Monday through Thursdays
- Reviewing the current RFPs posted, the average posting time is about four weeks/28 days
- Estimated evaluation time is four weeks
- Following evaluation and intent to award, the ASR process is 45 days

Reviewing these steps, the total time to publish, post, and review the RFP to the point of award is 153 days or a little over five months, provided there is no protest, and the evaluation and negotiations move quickly. Based on benchmarking performed during the review for CPO, the average processing time of a comparable county entity for an RFP from start to contract execution is about three to three and a half months (approximately 90 – 105 days). Industry averages for RFPS range from 90-120 days.

### **Recommendations**

- Develop a strategic method to planning for procurements, working with Program staff, following the annual budget process to determine procurements planned for the coming year. Develop a calendar of expected solicitations.
- Develop a template for Human Services solicitations to eliminate the need for County Counsel review prior to publishing a solicitation.
- Evaluate the Attorney role in various reviews and approvals if using template solicitation and contract documents. (Note: Also recommended in the CPO Report).
- Use technology (Zoom, Teams, etc.) for meetings with departments to have RFP development meetings.
- Require customers provide a draft scope of work when submitting the RX.
- Review the need to allow three days between receipt of final documents and posting RFP.
- Allow for posting of solicitation documents on Fridays.
- Review the need for a meeting/approval from the OCCS Director prior to posting RFP.
- Review the requirement and value for prior public notice.
- Transition the RFP packages prepared for each evaluator to an electronic document to be emailed or utilize an online document repository for evaluators' access.
- Eliminate the need for Program staff to review the Final Award Recommendation Letters.

In addition to the above, the Review Team advocates for a process reengineering effort. To identify process inefficiencies, non-value-added steps, duplications and missed opportunities, OCCR should develop current and future state process maps. Following are some of the proposed elements that should be reflected on the process maps:

- Establish standard timelines for all phases for the various sourcing processes
- Identify actions and action owners
- Identify documents and data input and output
- Identify decision points

## **5. Performance Metrics and Management**

### **Current State:**

The CPO has established Key Performance Indicators (KPIs) which measure performance of the procurement function at OC. The KPIs are reported on a quarterly basis. This is a best practice. Through the CPO Report provided previously, the Review Team has proposed that the KPIs be reviewed and revised in collaboration with the stakeholder community (including OCCR) to ensure the KPIs are reflective of the value that procurement brings to the entity, as well as reflecting those performance measures of greatest importance to the stakeholders such as OCCR.



The current CPO KPI measures that would be applicable to OCCR include:

- Number of transactions and document types processed
- Procurement spend
- Training provided
- Number of sole sources
- Bidding activity

The present challenge is the lack of defined measures and the access to consistent and accurate data. Multiple systems, multiple points of data entry, non-standard data, and deficiencies in understanding the value of performance measures and metrics create hurdles to a successful performance management program. However, measuring performance is critical to improving the performance of an entity.

### ***Best Practices***

Performance management is the manner in which an entity establishes a basis upon which it will measure the results and quality of activity in defined areas. In order to know whether the procurement function is effective in an entity, the entity must be able to define what to measure, how to measure it and what data is necessary to conduct the measurement. Global best practices are available in the following areas to assist an entity in establishing the measurement criteria based on the strategic goals of the entity, the process by which the metric will be measured and how to manage the entity around the performance against the metrics:

- Performance Management<sup>4</sup>
- Performance Measurement
- Performance Metrics

### ***Recommendations:***

Additional metrics OCCR should consider establishing performance metrics for include:

- Cost savings/cost avoidance due to procurement efforts (such as % of negotiated savings from base offer)
- Spend management (such as % of spend under contract)
- Process efficiencies (such as reductions in process steps, streamlining of forms)
- Demand for service/Staff workload – measure the burden on procurement resources
- Total procurement spend broken down by spend management categories and by supplier
- Level of supplier engagement – number of solicitations with number of supplier responses
- Procurement cycle times by type of procurement (IFBs, RFPs, CTs, amendments)
- Procurement exceptions to competitive sourcing (sole sources, emergencies)

Determining appropriate performance metrics should be an exercise conducted with OCCR stakeholders, including CPO, program staff and OCCR leadership. It should be noted that the development and management of metrics and measures will have different owners within the entity. Global procurement metrics and measures should be led by the CPO, as has been noted in the previously provided CPO Report. However, it should be recognized that those metrics and measures that are more unique to the service and needs of OCCR, should be appropriately developed and managed within the OCCR. Results should be shared with stakeholders. Areas of success should be celebrated and marketed to demonstrate the value procurement is bringing to the entity. Areas requiring improvement should have a developed action plan for improvement, with close monitoring to ensure improvement occurs.

## 6. Relationship Management

### **Current State:**

Building relationships with internal and external stakeholders is critical for a high-performing procurement function. Stakeholder interviews offered a consistent view that both DPAs and CDM staff are very willing to support them but neither have the staff levels to provide an excellent level of service. The customers do view the DPA and CDM staff as experts in procurement capable of answering questions and providing guidance. However, many Program managers shared frustration with the impact that delays in procurement have upon their ability to support their clients. Most who offered these observations also shared their perspective that the delays are due to these areas being significantly under-resourced. Numerous favorable comments were offered for Tui and Lydia for their expertise and their willingness to offer help when called upon by program staff. Further, many interviewees offered their appreciation for the “very knowledgeable staff” on both teams.

While the stakeholders appear to appreciate the procurement staff, numerous interviewees shared that OCCR staff work in silos, lack trust in one another and are operating in an environment and under conditions which cannot be sustained. It became evident to the Review Team that the staff feel undervalued by leadership, noting a feeling of abandonment, lack of support, lack of advocacy and absence of any resolutions to the current situation. Over the past year, it was noted that staff were removed from both procurement areas without the procurement managers being informed of the positions being removed. This lack of communication suggests minimal respect for the function and the team, as well as creating a difficult working environment in an already distressed environment.

One discussion provided an example of this lack of engagement, indicating that the staff member only engages the DPAs on the procurement team when an issue arises from a granting authority’s monitoring and oversight visit, resulting in a finding. Appropriate levels of support from the DPAs and consistent processes for contract administration should allow for engagement in the process much earlier to ensure issues do not elevate to the point of a finding.

A central theme across all interviews was the lack of consistent and effective communication between OCCR leadership in various divisions and the frontline staff (Program staff) responsible for daily procurement activity. Comments offered focused on key information not getting to the individuals who need the information. Similarly, information flowing from the CPO staff is not always getting to the frontline program staff and DPAs in OCCR.

### **Best Practices**

It is vital for entity leadership to develop strong, productive relationships with internal and external stakeholders. In addition to various training opportunities for leadership development, the Global Best Practices offer a best practice on “Relationship Management”<sup>5</sup>

### **Recommendations**

These challenges in the culture and environment are not easy to transform. However, there were consistent messages of hope from OCCR staff for improvements with the pending change in the Administrative Services management structure. This change presents an excellent opportunity for OCCR leadership to transform the procurement function and environment. The Review Team highly encourages

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<sup>5</sup> Global Best Practices, NIGP, <https://www.nigp.org/resource/global-best-practices/global-best-practice-stakeholder-relationships.pdf>

the new manager/management team to work closely with the procurement teams to consider the recommendations in this Report and seek out collaborative ways to increase service levels, improve staff morale and enhance internal stakeholder relationships by implementing improvements to processes and staff structure.

While leadership is responsible for setting the tone for the future, staff must be equally invested in the transformation of the environment under new leadership. The Review Team encourages leadership development training for key staff who can be leveraged as change agents within the entity.

Several individuals stood out during the interviews for their perspective on opportunities, their efforts to actively implement new ideas and tools, as well as their desire to see improvements happen in the entity. By identifying key informal and formal leaders throughout the entity, OCCR can establish multiple points of support for changes throughout the organization.

New leadership is responsible for setting the tone for the future and must be focused on energizing staff throughout OCCR to become a high performing team. Establishing trust, advocating for inclusion and empowerment, creating consistency, and developing a supportive growth environment will help transform OCCR procurement into an energized, high performing team.

Specific recommendations for improvements to relationship management include:

- Establish a communication plan for how information will be shared between CPO, OCCR leadership, central OCCR procurement and Program staff. Plan should include intentional ways in which information can be collected and disseminated, such as team meetings, announcements, updates, good news, and feedback opportunities such as surveys and staff engagement opportunities
- Develop and deliver an advanced procurement training or series of trainings for OCCR staff. Topics should be gleaned from procurement and program staff needs.
- Establish an opportunity for dialogue between new OCCR executive leadership and procurement staff as part of the procurement transformation proposed in this Report. The opportunity should focus on prioritizing the opportunities that best align with the vision of County and OCCR leadership. The meeting should provide procurement staff an opportunity to discuss concerns and ideas for improvement and how best they can support the new leadership.

## **B. STAFF, WORKLOAD AND ORGANIZATIONAL STRUCTURE ANALYSIS**

### **1. Organizational Structure**

#### **Current State**

The County has a decentralized procurement structure, with both a centralized staff (CPO) and 270 Deputy Purchasing Agents (DPA's) in 22 departments in the County. The OCCR procurement team leads the procurement process in OCCR, responsible for annual expenditures of \$518.2 million per year<sup>6</sup>. A majority of this spend is in the Housing & Development division, with 42% of the spend, followed by Parks at 19%, Libraries at 11%, Community Services at 8%, Animal Care at 7%, and the remaining 3% in Administrative Services. The OCCR procurement team consists of two teams formed with a combined total of 18 DPAs.

As is true at OC CPO, the responsibility for procurement authority resides with DPAs who provide direct procurement services to the five OCCR divisions, OC Animal Care, OC Housing and Community

Development, OC Community Services, OC Parks, and OC Public Libraries. Additionally, within each OCCR division there are Purchasing Participants, those staff whose primary responsibility is not procurement, but who do handle procurement-related tasks such as drafting specifications, evaluation of proposals, execution of contracts, and contract administration. Further, as authorized by the CPM, there are non-DPA staff in the program offices responsible for Human Services Contracts<sup>7</sup>, handling the majority of the procurement process for those agreements.

Both stakeholders and procurement staff questioned the separation of duties established between the Purchasing team and the CDM team, with only the CDM team working on Human Services contracts. While there is additional work required to incorporate granting authority requirements into Human Services agreements, there is minimal difference in adding other unique requirements into various commodity (IT) or service (medical services) solicitations. The basis for the separation of these two procurement teams appears to be a result of preference rather than an operational or business need for managing the procurements separately.

As previously offered in the County CPO report, there exists the risk of non-compliance and inconsistencies in the application of procedures given the size and complexity of the organizational structure. Further, the delegation of authority for portions of the procurement process and the execution of contracts to non-DPAs opens the County to a great amount of risk of non-compliance

and inconsistency in processes. Based on the reported annual spend estimate of \$518M for OCCR, and assuming the DPAs are not leading the Human Services contracts, the amount of spend the non-DPAs potentially lead in OCCR is \$311M, a large amount of spend without direct oversight by a procurement professional, such as the DPAs on the OCCR procurement team.

Some divisions within OCCR have established a position between Program staff and various procurement staff in Purchasing and CDM. There appears to be success in the centralization of this position, as it facilitates discussions and activities among multiple individuals in the division to the appropriate DPAs. This practice is similar to establishing a liaison position for the end users that becomes the “go to” person and creates streamlined communication and efficiencies for the division.

### **Best Practices:**

The placement and structure of the procurement function in an organization is instrumental to establishing the level of service, control, and protection for the organization operation. The Public Procurement Best Practice, “The Place of Procurement<sup>8</sup>” advocates for the position of Procurement within the entity to optimize the influence and impact Procurement has on its internal and external stakeholders.

This best practice builds a case for the strategic placement of the Procurement function, further supported by the ABA Model Procurement Code. Both advocate for Procurement’s role in the “C Suite” of an organization. This placement maximizes the effectiveness of Procurement within the entity and is critical for the entity to fully benefit from Procurement operations.

The Review Team found the Department Directors have delegation of authority to sign contracts but are not DPA’s. While the CPM does not require DPA training for Directors to execute contracts, Section 1.1-108 seems to conflict with this, delegating authority for solicitations, purchasing, and execution of contracts to the CPO and designated DPAs.

<sup>6</sup> Per the OCCR 2019/202 FY Annual Report <https://www.occr.ocgov.com/about-us/annual-reports>

<sup>7</sup> 2021 County Procurement Manual Section 3.4-102

<sup>8</sup> Global Best Practices, NIGP, <https://www.nigp.org/resource/global-best-practices/THE PLACE OF PUBLIC PROCUREMENT WITHIN THE ENTITY Best Practice.pdf>



## ***Recommendations:***

Public procurement best practices advocate for the highest level of authority and structural placement of procurement as the organization will support. Previously, the Review Team provided a recommendation to CPO for a centralized procurement function, with the CPO reporting to the County Executive and having full authority over DPAs, with the DPAs co-located with their respective departments. Barring that restructuring, OCCR currently has a centralized procurement team that could expand and effectively manage the spend of OCCR while protecting the organization from the risk inherent in spending \$518M annually. However, to transform the procurement team into an effective, value-added resource for the organization, OCCR leadership must ensure the function is properly resourced, trained, development and supported to perform in a strategic manner rather than a tactical manner.

Based on a high-level assessment of the existing organizational structure, the Review Team offers the following recommendations:

- Consider combining the two procurement teams (Purchasing and CDM) into a single team. All staff in the two sections would become one unit and all team members should be cross trained to ensure all team members are capable of managing all contract types, providing a source of backup, professional development, and succession planning for the future.
- Immediately conduct a comprehensive review of the level of procurement support required to manage OCCR procurement to identify the appropriate number of FTE (Full Time Equivalent) resources required in the central procurement team (DPA and CDM).
- Divisions/Programs with non-DPA staff spending substantive percentages of their time in procurement roles and activities, should be considered for assignment to the OCCR procurement team. This transfer of staff to the OCCR procurement team will enable the appropriate level of purchasing and contracting support through the centralized team.
- OCCR staff members (outside of the OCCR procurement staff members) who have responsibility for Human Services contracts should be certified as DPAs, complete with the required annual training similar to the expectations of the OCCR procurement staff classified as DPAs, to reduce the potential risk to OCCR of non-compliance in the Human Service contracts.
- Delegation of authority for execution of contracts should reside with DPAs rather than Department Directors.
- Consider creating Procurement Liaisons across all divisions in OCCR, whereby the role serves as a central liaison between the division and procurement. This role may then have central responsibility for dissemination of information, coordination and follow up on status updates, vetting of questions and tracking of procurement actions.

The proposed recommendations are intended to increase the accountability, consistency, efficiency, and overall effectiveness of procurement throughout OCCR. Based upon the Review Teams' observations during interviews, documentation reviews and contract file audits, these recommendations should be carefully considered in light of the numerous challenges identified throughout this Report.

## ***2. Staff Analysis***

### ***Current State - Management***

At the time of the interviews for this Report, the OCCR Purchasing and CDM staff reported to Brian Rayburn, but several staff and stakeholders mentioned that, effective July 1<sup>st</sup>, the teams will report to Connie Chang as a result of a reorganization. Both Brian and Connie are direct reports to Julie Lyons, a new addition to management coming from Public Works to OCCR as the Administrative Services Director. Both changes were viewed as favorable by interviewees.

OCCR has two divisions responsible for procurement led by experienced managers, Fae "Tui" Tuiteleapaga and Lydia Garcia, who combined have more than 60 years of experience at OC. It was evident to the Review Team that both Tui and Lydia are extremely dedicated to their role, their staff, and the entity.

Tui's Purchasing team leads procurements for both commodities and services for all divisions of OCCR. Lydia's CDM team focuses solely on Human Services procurements. Both teams recently experienced a reduction in staff with no warning (four from Tui's team and one from Lydia's team), resulting in increased workloads to an already strained staff, compounding the impact of the COVID 19 emergency and further lowering staff morale.

Both Tui and Lydia provided high praise for their teams along with wonderment at the amount of work they produce, a sentiment shared by many program staff. However, both procurement managers, as well as the program staff to whom they provide support, shared concern for the overwhelming workload on the already lean staff. Tui and Lydia both indicate they are working managers, each now tackling substantive increases in their procurement-related duties, making it extremely difficult (in some cases non-existent) to address management duties, staff support responsibilities and customer services to internal stakeholders.

#### ***Current State - OCCR Procurement Team - Purchasing and CDM Staff***

The OCCR Purchasing team has a staff of eleven (11) to include two Supervising Contract Specialists, six (6) Procurement Contract Specialists, one (1) Senior Buyer, one (1) Procurement Buyer, and one (1) Office Specialist. The CDM team consists of four (4) Administrative 1 Managers and one Staff Specialist (presently doing some of the same work as the Administrative 1 Managers due to workload).

During interviews, the Review Team encountered concern about the staff workload among the customers the OCCR procurement team serves as well as the team. Customers offered praise for the attempts by Purchasing and CDM staff to provide an acceptable level of service, but also stated it is not possible to provide the level of service required given the lack of staff. This gap in service results in the OCCR divisions taking on more oversight and management of the contracts, in the best of cases. In the worst cases, the oversight and management are simply not occurring. There are delays in the procurement process impacting delivery of service, there are interim measures being put in place to band-aid the situation, and there are burdens on staff that will eventually lead to extensive burnout and staff departure (as has been seen in the past). The Review Team's numerous findings throughout this Report demonstrate the impact of failing to have a sufficiently staffed, trained, and resourced professional procurement function, who are able to invest the time in providing training, guidance, and support to internal customers.

Further comments included concern from the procurement team that "things are getting missed" and stakeholders note the team has to "do what gets it done" rather than having the time to be strategic and proactive in the procurement process. The Review Team learned of "interim contracts" where the lack of time to complete a new procurement based on workload forces the need to issue contracts with existing contractors at the time of renewal, under the approval thresholds, to keep services in place. It appears the increased workload currently causes potential risk of non-compliance with the CPM for OCCR.

Numerous comments were shared pertaining to the difficulties of the present environment, the lack of support and the professional and even personal strain this has placed upon the staff. Most program staff shared their concerns for the procurement teams, one sharing the message that "Procurement is really trying, they just don't have enough staff." Of substantive concern were the numerous comments shared in interviews as well as the information gleaned during the contract file reviews, summarized by an interview statement "we are working in a world where we cross our fingers and hope the shoe doesn't

drop". The stakeholders also consistently reported the belief that the Purchasing and CDM teams reduced staffing level results in a lack of ability to be proactive in the procurement process. This leads to the procurement team not being engaged both at the beginning of the solicitation process, when developing specifications, and in the administration of contracts, notably when tracking contractor compliance.

Procurement staff are investing extensive overtime hours to just to "tread water", making minimal impact on the extensive backlog of work. Several DPAs shared they are strained, over-burdened and quite literally exhausted from the years of lack of support and leadership to address the clear and evident dysfunction of the environment. While Purchasing managers and staff are doing what they can to remain afloat, it is the collective observation of many interviewed that leadership has failed to address this situation.

### **Recommendations:**

While this recommendation was also provided to the CPO, the Review Team recommends that OCCR conduct a formal assessment on procurement service levels needs for its customers. This can be conducted through formal surveys or customer interviews. Additionally, the Review Team also recommends an in-depth workload analysis and staffing assessment, to include both the procurement team and those in the divisions with procurement-related responsibilities. Both recommendations come with a sense of urgency as continuing at the current staff levels and working environment could prove detrimental to the performance of sound procurements, as well as to the morale and health of the procurement team.

The procurement environment and team require an immediate change, a procurement transformation. The transformation requires strong, strategic leadership capable of driving change and to bringing the organization closer in alignment to industry standards of practice. A leader will need to establish a vision, objectives, and a plan of action. They will need to guide and encourage staff throughout the process. The right leader must bring credibility to the transformation effort, to secure buy-in not only from the procurement team, but also from program staff. The right leader must be able to communicate effectively with all stakeholders in OCCR, as well as those stakeholders external to the department.

- Appoint a strong leader to lead transformation initiative. Leader must have executive level support, be authorized to make changes and serve as a conduit for transformation throughout OCCR.
- Provide leadership training, development and coaching to designated change agents on the procurement team.
- Provide leadership training to all Purchasing and CDM staff, to assist in developing necessary skill set to advance change in procurement.

## **3. Training**

### **Current State**

The Review Team heard repeatedly that the division stakeholders and Purchasing Participants (Program staff) rely on the DPAs for guidance, as they do not automatically receive training as non-DPA staff. While the training provided by the CPO is available for them to attend, there was no indication that Purchasing Participants are encouraged to attend by their respective leadership. A "Purchasing 101" training is provided by Tui, which is specific to OCCR procurement. While the training is appreciated, Program staff suggested the training is high level and would welcome more detailed training on day-to-day procurement responsibilities. Other noted training interests include specification/scope development and contract administration.

Many are aware of the CPM but few were familiar with the content, again referring to their reliance on the Purchasing and CDM staff. Another consistent request was the need for training on specification writing for the non-DPAs responsible for drafting solicitations as well as the need for the DPA staff to be more engaged and provide more guidance to the non-DPAs during the initial drafting of solicitations.

Finally, there is a lack of training on contractor performance oversight, resulting in different groups managing performance inconsistently. Contractor performance falls on non-DPA staff which results in lack of documentation needed to effectively manage a contractor and lack of ability to correct performance or ultimately, terminate a non-performing contractor.

### ***Recommendations:***

Training is critical to the success of any staff and operational transformation. It is part of what sustains the most vital resource of any government entity, the human resource. OCCR procurement staff will need to develop and/or expand their procurement expertise to move the entity toward industry best practices and elevate the level of service for their internal and external stakeholders. Training associated with personal growth and development will better equip staff to adapt and embrace the changes needed for transformation. A holistic approach to training will elevate the technical and soft skills for staff engaged in the procurement function. Further, staff should focus on, and management should advocate for, training that will assist procurement staff to become professionally certified. Professional credentials increase the credibility of the procurement team, helping them to become recognized as the entity's resident experts in procurement.

- Absent centralization of procurement duties within the OCCR procurement team, require non-DPA OCCR staff performing procurement duties to attend required DPA training. (These non-DPAs are positions in OCCR, such as the end users and project managers, outside of the OCCR procurement team, who are taking actions, making decisions and serving in roles which typically fall under the procurement function)
- Perform cross-training of the OCCR procurement team, enabling all staff to have expertise in commodities, professional services, and Human Services agreements to ensure a consistent level of service and succession planning.
- Perform an assessment of the invoicing process to establish a process and communicate that process with training to OCCR staff.
- Determine if a policy on Advanced Payments exists outside of the CPM. Barring one, establish a policy detailing when advanced payments are allowed, the maximum percentages payable at each milestone, and communicate the policy to OCCR staff.
- As discovered during the CPO review, the CPO conducts regularly scheduled meetings with department DPAs, sharing updates on procurement policy and procedures. To ensure dissemination of these updates, schedule subsequent meetings with the OCCR staff performing procurement-related activities to further share the updates/training.
- Provide training for the development of specifications/scope of work. Note: The Review Team also offered this recommendation to CPO for DPAs.
- The Review Team recommends the OCCR management encourage and even require the Purchasing Participants take the DPA training offered by the CPO.
- Leverage the CPO Help Desk to transfer some of the training burden away from the OCCR purchasing and CDM team.

## V. CONCLUSION

The challenges experienced at OCCR are not unique. Procurement functions throughout North America continue to pivot through the impacts of the pandemic, continue to assess and reassess the workforce, and continue to strive to improve services to their communities. Those who recognize the value and criticality of the procurement and supply chain functions are implementing new ways of doing business, identifying and leveraging new opportunities and are helping to lead their entities into the next normal. For those who view procurement as a tactical function, who limit the ability of the function to bring value and who see procurement only an administrative function, they not only lose the value of the function, but they increase risk to their entity.

OCCR has a tremendous opportunity for a procurement transformation. However, it must recognize that leadership is vital to the success of a procurement transformation process. To build success for the entire department, leadership must find ways to break down “silos” of divisions and functions within the environment that detracts from a shared vision and mission. OCCR leadership must develop a common understanding and clarity for all those engaged in the procurement transformation as to their role and the importance of their contributions.

There are numerous opportunities for improvement to the OCCR structure, practice, and business operation of procurement. OCCR possesses very knowledgeable, skilled, and dedicated procurement professionals who will be tremendous resources and advocates for a procurement transformation initiative.

Of primary importance for OCCR is to address the resource challenges and structure of services in the procurement function. Equally pressing is the need to invest in a more productive, supportive environment for the procurement team, supporting improved relationships between executive leadership, procurement staff and program staff. The recommendations in this Report are presented as opportunities to increase the effectiveness and efficiency of the procurement function at OCCR. Through positive, value-added changes to the procurement function, OCCR can increase the value of the services it delivers to the community.

Given there are numerous recommendations, CPO is encouraged to assess short, medium, and long-term changes that would provide meaningful change for the department and its customers. The Review Team recommends a phased approach to incorporating changes in a manner that will be value-added without being overly burdensome.

The Review Team appreciates the opportunity under this engagement to share industry best practices and professional recommendations for OCCR’s consideration. NIGP Consulting and the Review Team are available for clarification or other support to assist OCCR in this transformation opportunity. As was shared by one of the OCCR staff during the Assessment, “at the end of the day, we are all public servants. We need to do good for the public, and procurement is all about providing value”

## VI. APPENDICES

- Appendix A: Summary of Recommendations
- Appendix B: On-Site Stakeholder Interviewees
- Appendix C: File Compliance Reviews



## Appendix A: Summary of Recommendations

Item	Recommendations
1	<b>Recommendations From Audit Review:</b> <ul style="list-style-type: none"> <li>• Develop a contract file standard/template, inclusive of instruction on what documentation should and should not be in the official contract record. The standard should include a contract data/tracking record notating all electronic records not contained in the central file (whether physical or electronic) and their specific location.</li> <li>• Provide staff training (or refresher training) on how to appropriately assemble, and maintain, the official contract record. This should include identifying who is specifically accountable for updating and maintaining the official contract record, including additional data and documents that need to be added to the file after contract award (e.g. – updated insurance certificates, amendments, purchase orders).</li> <li>• Mandate use of a Contract Summary Page for all contract files. Establish a standardized management review process for completed staff work and contract file reviews. Create a Contract File Checklist for management to use during staff work review.</li> <li>• Merge sourcing information into the same public record as the contract. Identify how long unsuccessful submissions must be retained by the State of CA retention policy and begin practice of removing those records once the retention period is met.</li> <li>• Retain all contracts resulting from a solicitation in the same contract file or clearly identify when multiple files exist (should have same contract numbers – Folder 1, Folder 2). Retain all DO's within the same MA file.</li> <li>• Evaluate the CA State Record Retention laws to validate what documents are and are not to be retained in the official contract file. Barring exclusion by state law, include in files all documents from the procurement sourcing process, such as unsuccessful bids/proposals/statements, all documentation related to the decision-making process and contract completion documentation.</li> <li>• Develop an executive summary/award summary template for the file to provide a high-level overview of the actions taken in the procurement.</li> <li>• Streamline the number of document identifiers (file number, contract number, PO/DO/TO numbers, Requisition numbers, MA numbers). Consider using file numbers that correlation to the contract number.</li> <li>• Merge to fully electronic files or ensure physical file contains all documentation as the electronic file. Alternatively, ensure consistency in what is retained in electronic but not in physical, with specific reference in file to locate of electronic document.</li> <li>• Create a specific file management policy, including streamlining how files are stored throughout the organization.</li> </ul>

2	<b>Recommendations on Procurement Processes and Procedures</b>
	<ul style="list-style-type: none"> <li>• Develop a Strategic Procurement Plan.</li> <li>• Eliminate practice of accepting late bids.</li> <li>• Eliminate practice of negotiating bids.</li> <li>• Eliminate practice of permitting any modifications to bids after bid submission.</li> <li>• Establish a standard price and cost analysis model for various structures (unit price, market basket, % of list price, etc.) as well as a model for price point allocation.</li> <li>• Establish a standard scoring approach for RFPs.</li> <li>• Work with CPO and County Counsel to identify and eliminate discrepancies between CPM language and solicitation (IFB, RFP) terms and conditions.</li> <li>• Establish policy, procedure, and training for supplier evaluation, including determinations of responsibility, responsiveness, and assessment against evaluation criteria.</li> <li>• Require written evidence of all quotes, eliminate verbal quote practice.</li> <li>• Develop Supplier Outreach strategy to expand and diversity supplier base and increase competition.</li> <li>• Establish and document clarification on difference between what constitutes a “consecutive” contract (under CPM 3.3.109) and a contract extension (3.3.106).</li> <li>• Develop policy, train, and ensure compliance to what determines supplier “responsiveness” to a bid situation (i.e. – what additional documentation is deemed “immaterial” and is permitted for post-bid opening submission versus what is “substantive” and not permissible for post-bid opening submission).</li> <li>• Provide staff training on solicitation development, evaluation, and contract management.</li> <li>• Develop process maps of all sourcing processes to identify efficiencies, opportunities for standardization and consistency.</li> <li>• Review roles and responsibilities as they pertain to processing contract modifications, tracking of expenditures and ensuring contract compliance for the various modifications to contracts.</li> <li>• Increase staff accountability to record data accurately and thoroughly in the appropriate system to capture information available for reporting on procurement spend and various contracting metrics.</li> <li>• Establish a recommendation for award template for IFBs, where customer/end user can capture for the official record, their evaluation and recommendation for award.</li> <li>• Collaborate with CPO to develop a formal Contract Administration program for OCCR, to include defined roles and responsibilities, policies, templates, and training.</li> <li>• Develop training for OCCR staff on proper processing of invoices to ensure timely payment and discouraging advance payments.</li> <li>• Develop supplemental procedures for OCCR specific requirements which are not covered in the forthcoming CPO Procedure Manual.</li> </ul>
3	<b>Recommendations on Procurement Roles and Authority</b>
	<ul style="list-style-type: none"> <li>• Centralize specific authority, roles, and decisions to only central procurement staff who are certified DPAs. Include, at a minimum:             <ul style="list-style-type: none"> <li>o Determination of responsiveness</li> <li>o Disputes involving determinations of qualification</li> <li>o Contract cancellation or termination</li> <li>o Decisions on protests and claims</li> <li>o Waiver of competition (Sole Source, Emergency)</li> <li>o Any deviations from standard practice or policy</li> </ul> </li> <li>• Standardize the roles and responsibilities of DPAs and Program staff across the entire department. Bring roles and responsibilities of DPAs into alignment with the standard procurement responsibilities in the CPO.</li> </ul>



	<ul style="list-style-type: none"> <li>• Reduce the number of attorneys involved in advising on procurement matters. Ensure attorneys receive training on procurement standards and contract law.</li> <li>• Create category manager positions as part of specified roles within procurement staff/DPAs. Train category managers in strategic spend analysis to assist in identifying opportunities to leverage new contract opportunities, to drive savings and increase efficiencies.</li> </ul>
<b>4</b>	<b>Recommendations on Procurement Timeline</b>
	<ul style="list-style-type: none"> <li>• Develop a strategic method to planning for procurements, working with Program staff, following the annual budget process to determine procurements planned for the coming year. Develop a calendar of expected solicitations.</li> <li>• Develop a template for Human Services solicitations to eliminate the need for County Counsel review prior to publishing a solicitation.</li> <li>• Evaluate the attorney role in various reviews and approvals if using template solicitation and contract documents. (Note: Also recommended in the CPO Report).</li> <li>• Use technology (Zoom, Teams, etc.) for meetings with departments to have RFP development meetings.</li> <li>• Require customers provide a draft scope of work when submitting the RX.</li> <li>• Review the need to allow three days between receipt of final documents and posting RFP.</li> <li>• Allow for posting of solicitation documents on Fridays,</li> <li>• Review the need for a meeting/approval from the OCCS Director prior to posting RFP.</li> <li>• Review the requirement and value for prior public notice.</li> <li>• Transition the RFP packages prepared for each evaluator to an electronic document to be emailed or utilize an online document repository for evaluators' access.</li> <li>• Eliminate the need for Program staff to review the Final Award Recommendation Letters.</li> <li>• Process reengineer various sourcing processes, particularly the RFP process.</li> </ul>
<b>5</b>	<b>Recommendations on Procurement Metrics and Management</b>
	<ul style="list-style-type: none"> <li>• Consider adding new categories of performance metrics: <ul style="list-style-type: none"> <li>○ Cost savings/cost avoidance due to procurement efforts (such as % of negotiated savings from base offer)</li> <li>○ Spend management (such as % of spend under contract)</li> <li>○ Process efficiencies (such as reductions in process steps, streamlining of forms)</li> <li>○ Demand for service/Staff workload – measure the burden on procurement resources</li> <li>○ Total procurement spend broken down by spend management categories and by supplier</li> <li>○ Level of supplier engagement – number of solicitations with number of supplier responses</li> <li>○ Procurement cycle times by type of procurement (IFBs, RFPs, CTs. amendments)</li> <li>○ Procurement exceptions to competitive sourcing (sole sources, emergencies)</li> </ul> </li> </ul>
<b>6</b>	<b>Recommendations on Relationship Management</b>
	<ul style="list-style-type: none"> <li>• Establish a communication plan for how information will be shared between CPO, OCCR leadership, central OCCR procurement and Program staff.</li> <li>• Develop and deliver an advanced procurement training or series of trainings for OCCR staff. Topics should be gleaned from procurement and program staff needs.</li> <li>• Establish an opportunity for dialogue between new OCCR executive leadership and procurement staff as part of the procurement transformation proposed in this Report. The opportunity should focus on prioritizing the opportunities that best align with the vision of OC and OCCR leadership. The meeting should provide procurement staff an opportunity to discuss concerns and ideas for improvement and how best they can support the new leadership.</li> </ul>

7	<b>Recommendations on Organizational Structure</b>
	<ul style="list-style-type: none"> <li>Consider combining the two procurement teams (Purchasing and CDM) into a single team. All staff in the two sections would become one unit and all team members should be cross trained to ensure all team members can manage all contract types, providing a source of backup, professional development, and succession planning for the future.</li> <li>Conduct a comprehensive review of the level of procurement support required to manage OCCR procurement to identify the appropriate number of FTE (Full Time Equivalent) resources required in the central procurement team (DPA and CDM).</li> <li>Consider reassigning staff from Divisions/Programs with non-DPA staff spending substantive percentages of their time in procurement roles and activities to the OCCR procurement team.</li> <li>Certify OCCR staff members with full responsibility for Human Services contracts as DPAs, complete with the required annual training.</li> <li>Delegate authority for execution of contracts to DPAs rather than Department Directors.</li> <li>Create Procurement Liaisons across all divisions in OCCR, whereby the role serves as a central liaison between the division and procurement.</li> </ul>
8	<b>Recommendations for Staffing:</b>
	<ul style="list-style-type: none"> <li>Conduct a formal assessment on procurement service levels needs for its customers. This can be conducted through formal surveys or customer interviews.</li> <li>Conduct an in-depth workload analysis and staffing assessment, to include both the procurement team and those in the divisions with procurement-related responsibilities.</li> <li>Develop a procurement transformation initiative: <ul style="list-style-type: none"> <li>Appoint a strong leader to lead transformation initiative. Leader must have executive level support, be authorized to make changes and serve as a conduit for transformation throughout OCCR.</li> <li>Provide leadership training, development and coaching to designated change agents on the procurement team.</li> <li>Provide leadership training to all Purchasing and CDM staff, to assist in developing necessary skill set to advance change in procurement.</li> </ul> </li> </ul>
9	<b>Recommendations on Training</b>
	<ul style="list-style-type: none"> <li>Require non-DPA OCCR staff performing procurement duties to attend required DPA training.</li> <li>Perform cross-training of the OCCR procurement team, enabling all staff to have expertise in commodities, professional services, and Human Services agreements.</li> <li>Perform an assessment of the invoicing process to establish a process and communicate that process with training to OCCR staff.</li> <li>Establish a policy detailing when advanced payments are allowed, the maximum percentages payable at each milestone, and communicate the policy to OCCR staff.</li> <li>Meet with OCCR staff performing procurement-related activities after each regularly scheduled CPO/Department DPA meeting to share updates.</li> <li>Provide training for the development of specifications and scopes of work.</li> <li>Encourage (and consider requiring) Purchasing Participants to take DPA training offered by the CPO.</li> <li>Leverage the CPO Help Desk to transfer some of the training burden away from the OCCR purchasing and CDM team.</li> </ul>

## Appendix B: On-Site Interview Attendees

Name	Department/Office
Bill Malohn	Accounting
Chad Ward	Parks
Erika Danczak	Aging and Veteran Services
Francis Barton	Community Services
Fui Tuiteleapaga	Procurement DPA
Jeremy Hampton	Facilities and Maintenance
Joanne Veedor	Parks
John Cleveland	County Counsel
Julie Bidwell	Housing and Development Services
Logan Giesie	IT
Lydia Garcia	Human Services DPA
Mark Batarse	County Counsel
Nina Campmas	Human Services DPA
Wayne Hsiao	Procurement DPA

**Appendix C: Individual Contract File Reviews (see attached pdf file)**

**OC Community Resources****Memorandum**

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**Date:** February 2, 2022  
**To:** Lilly Simmering, Deputy County Executive Officer  
**From:** Dylan Wright, Director of OC Community Resources  
**Subject:** NIGP Performance Audit of OC Community Resources

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Attached you will find the OC Community Resources responses to the observations and recommendations resulting from the performance audit, conducted by NIGP Consulting and documented by them on their report dated November 16, 2021.

We thank NIGP Consulting for also including commendations in their report, stating that it is evident that OCCR staff is striving to meet the needs of the County and are committed to providing value for the entity and providing services to the community.

Please contact me at (714) 480-2788 or Julie Lyons at (714) 480-2875 if you have any questions.

Cc: Lala Oca Ragen, Director, Performance Management and Policy  
Julie Lyons, Director, Administrative Services, OC Community Resources

Document Color Key			
	OCCR "grouping"		
	CPO "grouping"		
Item	Recommendations	Department Response	Implementation Status
Recommendations From Audit Review:			
1a	Develop a contract file standard/template, inclusive of instruction on what documentation should and should not be in the official contract record. The standard should include a contract data/tracking record noting all electronic records not contained in the central file (whether physical or electronic) and their specific location.	Concur. OC Community Resources will utilize the standard file template, provided by the County Procurement Office (CPO), for internal department training and future use.	TO BE IMPLEMENTED - Internal training to be provided to staff
1b	Provide staff training (or refresher training) on how to appropriately assemble, and maintain, the official contract record. This should include identifying who is specifically accountable for updating and maintaining the official contract record, including additional data and documents that need to be added to the file after contract award (e.g. - updated insurance certificates, amendments, purchase orders).	Concur	COMPLETED - As of July 1, 2021, the CPO implemented a fully electronic filing system (ePFF) for County contracts and have been actively training the new process to all Deputy Purchasing Agents (DPA). The CPO has noted this recommendation as a future training opportunity.
1c	Mandate use of a Contract Summary Page for all contract files. Contract tracking sheets provide organization and valuable, easy-to-access data on the outside of the contract file. Establish a standardized management review process for completed staff work and contract file reviews. Create a Contract File Checklist for management to use during staff work review.	Concur, however the majority of recommendations are already existing within current County procedures.	EXISTING - The CPO currently has an ePFF checklist, which has been published for DPA use. Prior to that, all hard copy contract file folders had the Contract File Checklist printed directly on the Contract file folders. All DPAs have been provided training.  TO BE IMPLEMENTED - The CPO will ensure that these file procedures are being followed during annual compliance reviews. Also, as part of 2022 goals, the CPO will consider developing and mandating use of a Contract Summary Page.
1d	Merge sourcing information into the same public record as the contract. Identify how long unsuccessful submissions must be retained by the State of CA retention policy and begin practice of removing those records once the retention period is met.	Concur	COMPLETED - In accordance with the CPO ePFF requirements, the solicitation is a mandatory contract record.  COMPLETED - The CPO has added further training on the State of CA retention policy to the 2022 DPA Training Curriculum
1e	Retain all contracts resulting from a solicitation in the same contract file or clearly identify when multiple files exist (should have same contract numbers - Folder 1, Folder 2). Retain all DO's within the same MA file.	Concur	EXISTING - According to CPO guidance all contracts reside in the same file.  TO BE IMPLEMENTED - CPO will consider developing the addition of DO inclusion for future ePFF requirements and train DPA's accordingly.
1f	Evaluate the CA State Record Retention laws to validate what documents are and are not to be retained in the official contract file. Barring exclusion by state law, files should contain all documents from the procurement sourcing process, such as unsuccessful bids/proposals/statements, all documentation related to the decision-making process and contract completion documentation.	Concur	COMPLETED - The CPO has added further training on the State of CA retention policy to the 2022 DPA Training Curriculum
1g	Develop an executive summary/award summary template for the file to provide a high-level overview of the actions taken in the procurement.	Concur	REPEATED - As stated in 1c, the CPO will consider development of a contract and award summary.
1h	Streamline the number of document identifiers (file number, contract number, PO/DO/CT numbers, Requisition numbers, MA numbers). Consider using file numbers that correlation to the contract number.	Concur, however currently unable to address as it is current system lack of functionality.	CONSIDERING - All document identifiers are auto assigned by the County CAPS+ ERP for each document whether for MA/DO/CT/PO. The CPO is currently considering other Procurement systems and will consider this recommendation when developing the system requirements.
1i	Merge to fully electronic files or ensure physical file contains all documentation as the electronic file. Alternatively, ensure consistency in what is retained in electronic but not in physical, with specific reference in file to locate of electronic document.	Concur	REPEATED - As of July 1, 2021, the CPO implemented a fully electronic filing system (ePFF) for County contracts and have been actively training the new process to all Deputy Purchasing Agents (DPA). The CPO currently has an ePFF checklist, which has been published for DPA use
1j	Create a specific file management policy, including streamlining how files are stored throughout the organization.	Concur	REPEATED - The CPO has a documented procedure on file management and trains and conducts compliance reviews accordingly.
Recommendations on Procurement Processes and Procedures			
2a	Develop a Strategic Procurement Plan	Concur	COMPLETED - The CPO developed and adopted the 2021 Countywide Procurement Strategic Plan and has also now published the 2022 Strategic Plan with the DPA community.
2b	Eliminate practice of accepting late bids.	Concur	TO BE IMPLEMENTED - The CPO will consider this update to the Contract Policy Manual (CPM) in the upcoming 2022 revision.
2c	Eliminate practice of negotiating bids.	The CPO does not agree with this recommendation.	
2d	Eliminate practice of permitting any modifications to bids after bid submission.	The CPO is not aware of this occurring in the County.	The CPO will research the validity of this finding and if valid will train the DPA accordingly.
2e	Establish a standard price and cost analysis model for various structures (unit price, market basket, % of list price, etc.) as well as a model for price point allocation.	Concur	TO BE CONSIDERED - The CPO has established guidance on cost analysis however will research and consider implementing additional models as appropriate
2f	Establish a standard scoring approach for RFPs. Presently there are 3 approaches to scoring (including consensus, total points, and average). The scoring of a proposal could be affected dependent upon which scoring method was selected.	Concur	TO BE CONSIDERED - The CPO has established guidance on scoring, however will research and consider implementing additional models as appropriate
2g	Work with CPO and County Counsel to identify and eliminate discrepancies between Contract Policy Manual language and solicitation (IFB, RFP) terms and conditions.	Concur	TO BE IMPLEMENTED - As part of the 2022 Strategic Procurement Plan, the CPO is pursuing the development and implementation of Countywide procurement document templates to include, but not limited to, all solicitations types, model contracts, terms and conditions, amendments.
2h	Establish policy, procedure, and training for supplier evaluation, including determinations of responsibility, responsiveness, and assessment against evaluation criteria.	Concur	COMPLETED - The CPO has added an in-depth training on these procedures to the 2022 Countywide training schedule.
2i	Require written evidence of all quotes, eliminate verbal quote practice.	Concur	TO BE CONSIDERED - The CPO will research and consider this recommendation in the upcoming 2022 CPM revision.



2j	Develop Supplier Outreach strategy to expand and diversify supplier base and increase competition.	Concur	IN PROGRESS - The CPO administers the vendor outreach program and is actively pursuing enhancements to this program including a 2021 vendor survey was conducted, a 2022 outreach event has been scheduled as well as new partnerships with additional business organizations are being pursued.
2k	Establish and document clarification on difference between what constitutes a "consecutive" contract (under Contract Policy Manual 3.3.109) and a contract extension (3.3.106).	Concur	TO BE CONSIDERED - The CPO will research and consider this recommendation in the upcoming 2022 CPM revision.
2l	Develop policy, train, and ensure compliance to what determines supplier "responsiveness" to a bid situation (i.e. – what additional documentation is deemed "immaterial" and is permitted for post-bid opening submission versus what is "substantive" and not permissible for post-bid opening submission).	Concur	REPEATED - As stated in 2h, the CPO has added an in-depth training on these procedures to the 2022 Countywide training schedule.
2m	Provide staff training on solicitation development, evaluation, and contract management.	Concur	COMPLETED - The CPO has added these topics to the 2022 Countywide training schedule.
2n	Map sourcing processes to identify efficiencies, opportunities for standardization and consistency. Process maps of current and future state will then provide a foundation for future procedures development in areas not covered in the forthcoming CPO procedures manual.	Concur. OCCCR will review the 2021 County Procedures Manual to determine additional opportunities for internal process efficiencies, as it relates to procedural standardization and consistency with other County Department policies and processes.	TO BE CONSIDERED - With the 2021 County Procedures Manual now in place, OCCCR staff have the opportunity to review and standardize for consistency.
2o	Review roles and responsibilities as they pertain to processing contract modifications, tracking of expenditures and ensuring contract compliance for the various modifications to contracts.	Concur. OC Community Resources will review current contract compliance processes and consider alternative methods for tracking expenditures and ensuring contract compliance for various modifications to contracts. Administrative Services staff will collaborate with department Program staff to determine roles and responsibilities, as it relates to Human Service Contracts. OCCCR will seek guidance from the CPO and other departments on best practices in these areas.	TO BE CONSIDERED - OC Community Resources will review current contract compliance processes and consider alternative methods for tracking expenditures and ensuring contract compliance for various modifications to contracts. Administrative Services staff will collaborate with department Program staff to determine roles and responsibilities, as it relates to Human Service Contracts. OCCCR will seek guidance from the CPO and other departments on best practices in these areas.
2p	Increase staff accountability to record data accurately and thoroughly in the appropriate system to capture information available for reporting on procurement spend and various contracting metrics.	Concur. There is currently limited system capabilities across the procurement function restricting the amount of reporting available.	IN PROGRESS - The CPO developed a Procurement Systems Governance that is currently developing enhanced Countywide Procurement reporting requirements to include dashboards on various data elements within the current Expediter system and potential upgrades to CAPS+.  Once procurement reporting becomes available, the CPO will then pursue the recommendation for the development of Countywide contracting metrics to allow the departments to utilize as a benchmark.
2q	Establish a recommendation for award template for IFBs, where customer/end user can capture for the official record, their evaluation and recommendation for award.	Concur.	REPEATED - As stated in 2g, As part of the 2022 Strategic Procurement Plan, the CPO is pursuing the development and implementation of Countywide procurement document templates to include, but not limited to, all solicitations types, model contracts, terms and conditions, amendments.
2r	Collaborate with CPO to develop a formal Contract Administration program for OC Community Resources, to include defined roles and responsibilities, policies, templates, and training.	Concur	IN PROGRESS - Human Service Contracts have been recently placed under the Authority of the Contract Policy Manual (which it was not in previous years) and the CPO is dedicating time and resources to develop and provide additional guidance and standardization to human service contracting. In 2021 the CPO led a Human Services Workgroup and is in the process of drafting the County's first Human Service Procedures Manual. Human Services Contracting training has also been added to the 2022 DPA Training Curriculum.
2s	Generally Accepted Accounting Principles (GAAP) discourage any advance payments in public contracting. Develop training of OC Community Resources staff on proper processing of invoices to ensure timely payment.	The CPO does not agree with this finding. The County currently discourages the use of advance payment and only considers it for very few specific instances where it is necessary or appropriate and when this occurs actively partners with Accounting and Legal experts to validate appropriateness.	
2t	Develop supplemental procedures for OC Community Resources specific requirements.	Concur. OC Community Resources will review the 2021 Procedures Manual to determine which supplemental procedures are required.	TO BE CONSIDERED - With the 2021 County Procedures Manual now in place, OCCCR staff have the opportunity to review and determine which supplemental procedures are required.
<b>Recommendations on Procurement Roles and Authority</b>			
3a	Centralize specific authority, roles, and decisions to only central procurement staff who are certified Deputy Purchasing Agents. Include, at a minimum: oDetermination of responsiveness oDisputes involving determinations of qualification oContract cancellation or termination oDecisions on protests and claims oWaiver of competition	Concur	TO BE CONSIDERED - CPO will further research and consider this recommendation in the upcoming 2022 CPM revision.
3b	Standardize the roles and responsibilities of Deputy Purchasing Agents, Contract and Program staff across the entire department. Bring roles and responsibilities of Deputy Purchasing Agents and Contract Administrators into alignment with the standard procurement responsibilities in the CPO. This recommendation requires a vetting of actions throughout all procurement processes, such as would be defined in the proposed mapping processes of current and future state (as recommended in this Report).	Concur. OC Community Resources has already began working on standardizing the roles and responsibilities, recently the Signatory Delegation and Contract Language Guidelines were released and trained to staff to promote Countywide Department standardization, as it pertains to signatory delegation of Procurement documents. The Department is also currently working towards defining and process mapping actions throughout all procurement processes and will continue to work with Department Program Directors and Manager's to determine additional initiatives.	IN PROGRESS - OC Community Resources has started working on standardizing the roles and responsibilities, recently the Signatory Delegation and Contract Language Guidelines were released and staff are being trained to promote Countywide standardization, as it pertains to signatory delegation of Procurement documents. The Department is also currently working towards defining and process mapping actions throughout all procurement processes and will continue to work with Department Program Directors and Manager's to determine additional initiatives.
3c	Narrow the number of legal counsel involved in advising on procurement. Ensure those defined legal counsel representatives receive training on procurement standards and contract law. Encourage legal counsel to share issues encountered and approaches taken, as well as basis of guidance to clients. This will help establish consistency.	Concur, however, this would need to be discussed with the OCCCR Director and the Director of County Counsel to determine the outcome of this change, as there are certain Counsels with subject matter expertise in specific OCCCR Programs.	TO BE CONSIDERED - Will discuss with the OCCCR Director and the Director of County Counsel to determine the outcome of this change, as there are certain Counsels with subject matter expertise in specific OCCCR Programs.

3d	Create category manager positions as part of specified roles within procurement staff/Deputy Purchasing Agents. This involves analyzing categories of spend and analysis of how current workload is assigned. This should be further vetted throughout the department, such that staff are not limited to assignment of a given division, but rather are assigned based upon categories of similar spend in goods and services to the extent that is reasonable. Category managers should be trained in strategic spend analysis to assist in identifying opportunities to leverage new contract opportunities, as well as analyzing past spending practices for modification to drive savings and efficiencies.	Concur, the OCCR Administrative Services Director will work with the Unit Manager to determine the need and re-organizational program funding availability.	TO BE CONSIDERED - The OCCR Administrative Services Director will work with the Unit Manager to determine the need and re-organizational program funding availability.
<b>Recommendations on Procurement Timeline</b>			
4a	Develop a strategic method to planning procurements, working with Program staff, following the annual budget process to determine procurements planned for the coming year. Develop a calendar of expected solicitations.	Concur, the OCCR Administrative Services Director will work with Unit Manager to determine need.	TO BE CONSIDERED - The OCCR Administrative Services Director will work with Unit Manager to determine need.
4b	Develop a template for Human Services solicitations to eliminate the need for County Counsel review prior to publishing a solicitation.	Concur	REPEATED - As stated in 2g and 2q, the development and implementation of Countywide procurement document templates to include, but not limited to, all solicitations types, model contracts, terms and conditions, amendments.
4c	Evaluate the attorney role in various reviews and approvals if using template solicitation and contract documents. (Note: Also recommended in the CPO Report).	Concur	REPEATED - As stated in 2g, 2q and 4b, as part of the 2022 Strategic Procurement Plan, the CPO is pursuing the development and implementation of Countywide procurement document templates to include, but not limited to, all solicitations types, model contracts, terms and conditions, amendments.
4d	Use technology (Zoom, Teams, etc.) for meetings with departments to have RFP development meetings.	Completed. Due to COVID-19 this has been the practice for the last 1-1/2 years.	COMPLETED - Due to COVID-19 this has been the practice for the last 1-1/2 years.
4e	Require customers provide a draft scope of work when submitting the RX	Concur. The CPO already has scheduled Countywide Scope of Work training for 2022 available for all County staff.	IN PROGRESS - The CPO already has scheduled Countywide Scope of Work training for 2022 available for all County staff.
4f	Review the need to allow three days between receipt of final documents and posting RFP.	Concur. OCCR Administrative Services management team will review current standards throughout the County and make every effort to provide Department Programs with a documented reasonable workflow and timeline for the varies solicitation processes.	TO BE CONSIDERED - OCCR Administrative Management team will review current standards Countywide and make every effort to provide Department Programs with a documented workflow and timeline for varies solicitation processes.
4g	Allow for posting of solicitation documents on Fridays	Concur. Completed. OCCR DPA's currently post bids throughout the week.	COMPLETED - OCCR DPA's currently post bids throughout the week.
4h	Review the need for a meeting/approval from the OCCS Team	Concur. OCCR Purchasing and Contracts teams will develop a process for timely approval from all OCCR Programs, to support Project timelines.	TO BE CONSIDERED - The OCCR Procurement Manager will develop a process for timely approval from all OCCR Programs and Units, in an effort to support project timelines.
<b>Recommendations on Procurement Metrics and Management</b>			
5a	Consider adding new categories of performance metrics: oCost savings/cost avoidance due to procurement efforts (such as % of negotiated savings from base offer) oSpend management (such as % of spend under contract) oProcess efficiencies (such as reductions in process steps, streamlining of forms) oDemand for service/Staff workload – measure the burden on procurement resources oTotal procurement spend broken down by spend management categories and by supplier oLevel of supplier engagement – number of solicitations with number of supplier responses	Concur, OCCR will collaborate with the CPO.	IN PROGRESS / REPEATED - As stated in 2p, The CPO developed a Procurement Systems Governance that is currently developing enhanced Countywide Procurement reporting requirements to include dashboards on various data elements within the current Expediter system and potential upgrades to CAPS+.  Once procurement reporting becomes available, the CPO will then pursue the recommendation for the development of Countywide contracting metrics to allow the departments to utilize as a benchmark.
<b>Recommendations on Relationship Management</b>			
6a	Establish a communication plan for how information will be shared between CPO, OC Community Resources leadership, central OC Community Resources procurement and Program staff.	Concur. OCCR will review current communication methods and staff responsibilities, to determine appropriate designation for shared communication responsibilities throughout the Department.	TO BE CONSIDERED - OCCR will review current communication methods and staff responsibilities, to determine appropriate designation for shared communication responsibilities throughout the Department.
6b	Develop and deliver an advanced procurement training or series of trainings for OC Community Resources staff. Topics should be gleaned from procurement and program staff needs.	Concur	IN PROGRESS - The CPO administers the DPA training program and has added development of End User training modules to the 2022 CPO Training goals.  EXISTING: The CPO currently utilizes various methods of establishing upcoming training topics including but not limited to; results of CPO Compliance Reviews and various other audits, questions that come into the CPO Help Desk system, various Board and Public special interest topics.
6c	Establish an opportunity for dialogue between new OC Community Resources executive leadership and procurement staff as part of the procurement transformation proposed in this Report. The opportunity should focus on prioritizing the opportunities that best align with the vision of the County and OC Community Resources leadership. The meeting should provide procurement staff an opportunity to discuss concerns and ideas for improvement and how best they can support the new leadership.	Concur, the OCCR Administrative Services Director will work with Unit Manager to determine an action plan for implementation. Monthly meetings with Programs have been initiated to facilitate these discussions.	IN PROGRESS - Monthly meetings with Programs have been initiated to facilitate these discussions.
<b>Recommendations on Organizational Structure</b>			
7a	Consider combining the two procurement teams (Purchasing and CDM) into a single team. All staff in the two sections would become one unit and all team members should be cross trained to ensure all team members can manage all contract types, providing a source of backup, professional development, and succession planning for the future.	Concur. OC Community Resources is in the process of evaluating the internal organizational structure for the Administrative Services Purchasing and Contracts teams. Recruitment for a single Procurement Manager underway as a result of recent retirements. This will assist in furthering this objective.	IN PROGRESS - OC Community Resources is in the process of evaluating the internal organizational structure for the Administrative Services Purchasing and Contracts teams. Recruitment for a single Procurement Manager is underway as a result of recent retirements. This will assist in furthering this objective.
7b	Conduct a comprehensive review of the level of procurement support required to manage OC Community Resources procurement to identify the appropriate number of FTE (Full Time Equivalent) resources required in the central procurement team (Deputy Purchasing Agent and CDM).	Concur. OCCR Leadership team is in the process of evaluating the internal organizational structure for the Administrative Services Purchasing and Contracts teams, with the assistance of Human Resources.	IN PROGRESS - OCCR Leadership team is in the process of evaluating the internal organizational structure for the Administrative Services Purchasing and Contracts teams, with the assistance of Human Resources.
7c	Consider reassigning staff from Divisions/Programs with non-Deputy Purchasing Agent staff spending substantive percentages of their time in procurement roles and activities to the OC Community Resources procurement team.	Concur. OCCR will review and update the internal Department Policy to align with the recommendations from this report, to eliminate or transition procurement roles and activities being performed by non-DPA OCCR Program staff.	IN PROGRESS - OCCR is reviewing and plans to update the internal Department Policy to align with the recommendations from this report, by eliminating or transitioning procurement roles and activities being performed by non-DPA OCCR Program staff.
7d	Certify OC Community Resources staff members with full responsibility for Human Services contracts as Deputy Purchasing Agents, complete with the required annual training.	Completed.	COMPLETED
7e	Delegate authority for execution of contracts to Deputy Purchasing Agents rather than Department Directors.	Concur. Implementation will take place in 2022.	IN PROGRESS - Implementation will take place in 2022
7f	Create Procurement Liaisons across all divisions in OC Community Resources, whereby the role serves as a central liaison between the division and procurement.	Concur. Procurement Liaisons have begun being assigned across all Programs in OC Community Resources.	IN PROGRESS - Procurement Liaisons have begun to be assigned across all Programs in OC Community Resources.
<b>Recommendations for Staffing</b>			



8a	Conduct a formal assessment on procurement service levels needs for its customers. This can be conducted through formal surveys or customer interviews.	Concur	IN PROGRESS - In 2021 the CPO initiated a project to review workload and work product data to assist Executives on identifying service level needs. This is a Countywide study, conducted by the CPO, as many departments are struggling to analyze resources for their procurement areas. These resource levels vary across the County and should be looked at across the board for some standardized guidance that the executive teams could utilize when making resource decisions.  However, as stated in several findings above, the current Procurement systems lack any reporting functionality and this data is currently being pulled and analyzed manually which requires an abundance of time and resources.
8b	Conduct an in-depth workload analysis and staffing assessment, to include both the procurement team and those in the divisions with procurement-related responsibilities.	Concur. OCCR Leadership team is in the process of evaluating the internal organizational structure for the Administrative Services Purchasing and Contracts teams, with the assistance of Human Resources.	IN PROGRESS - OCCR Leadership team is in the process of evaluating the internal organizational structure for the Administrative Services Purchasing and Contracts teams, with the assistance of Human Resources.
8c	Develop a procurement transformation initiative: oAppoint a strong leader to lead transformation initiative. Leader must have executive level support, be authorized to make changes and serve as a conduit for transformation throughout OC Community Resources. oProvide leadership training, development and coaching to designated change agents on the procurement team. oProvide leadership training to all Purchasing and CDM staff, to assist in developing necessary skill set to advance change in procurement.	Concur.	COMPLETED - In 2021, the CPO developed a DPA training series "Become a Procurement Trailblazer" that is a two part series and commenced November 2021. The goal of this new training series is to initiate a transformation of the Procurement culture from one of a clerical support nature to one of a functional leadership. The DPAs should conduct themselves and be perceived as experts in the somewhat complex Procurement field. This training will focus on topics like, providing excellent customer service, increased communication and transparency across all functions (Procurement, Contracts, Program, Budget, Accounting). The 2022 DPA Training curriculum has been developed in support of this initiative as part of the Procurement Professional Program.
<b>Recommendations on Training</b>			
9a	Require non-Deputy Purchasing Agent OC Community Resources staff performing procurement duties to attend required Deputy Purchasing Agent training.	Concur. OCCR plans to update the internal policy to clarify that non-DPA staff working on procurement or contract functions at OC Community Resources is prohibited. A work group was formed between OCCR, Clerk of the Board, the CPO, and County Counsel, also inclusive of 3 other County department Managers, to standardize the County signatory delegation authority. A matrix was developed and has been used to train Countywide DPAs and ASR Coordinators. OCCR is currently updating the Department Policy to align with the recommendations from this work group for standardization, and provide further training to Program staff to eliminate procurement roles and activities being performed by non-DPA OCCR Program staff.	IN PROGRESS - A work group was formed between OCCR, Clerk of the Board, the CPO, and County Counsel, also inclusive of 3 other County department Managers, to standardize the County signatory delegation authority. A matrix was developed and has been used to train Countywide DPAs and ASR Coordinators. OCCR is currently updating the Department Policy to align with the recommendations from this work group for standardization, and provide further training to Program staff to eliminate procurement roles and activities being performed by non-DPA OCCR Program staff.
9b	Perform cross-training of the OC Community Resources procurement team, enabling all staff to have expertise in commodities, professional services, and Human Services agreements.	Concur. OCCR Leadership team is in the process of evaluating the internal organizational structure for the Administrative Services Purchasing and Contracts teams and is also in the process of establishing cross-training opportunities, to enable all staff to have expertise in multiple fields.	IN PROGRESS - OCCR Leadership team is in the process of evaluating the internal organizational structure for the Administrative Services Purchasing and Contracts teams and is also in the process of establishing cross-training opportunities, to enable all staff to have expertise in multiple fields.
9c	Perform an assessment of the invoicing process to establish a process and communicate that process with training to OC Community Resources staff.	Concur. OC Community Resources will collaborate with Auditor-Controller staff.	TO BE CONSIDERED - OCCR will discuss with Auditor-Controller.
9d	Establish a policy detailing when advanced payments are allowed, the maximum percentages payable at each milestone, and communicate the policy to OC Community Resources staff.	Concur	IN PROGRESS - as stated in 2s, the County currently discourages the use of advance payments. The CPO has added development of a Payment Structure training to the 2022 DPA Training goals.
9e	Meet with OC Community Resources staff performing procurement-related activities after each regularly scheduled CPO/Department Deputy Purchasing Agent meeting to share updates.	Concur. As stated in 8c, The CPO is currently developing a DPA training series "Become a Procurement Trailblazer" to commence November 2021. The goal of this new training series is to initiate a transformation of the Procurement culture from one of a clerical support nature to one of a functional leadership. The DPAs should conduct themselves and be perceived as experts in the somewhat complex Procurement field. This training will focus on topics like, providing excellent customer service, increased communication and transparency across all functions (Procurement, Contracts, Program, Budget, Accounting).	IN PROGRESS - The CPO is currently developing a DPA training series "Become a Procurement Trailblazer" to commence November 2021. The goal of this new training series is to initiate a transformation of the Procurement culture from one of a clerical support nature to one of a functional leadership. The DPAs should conduct themselves and be perceived as experts in the somewhat complex Procurement field. This training will focus on topics like, providing excellent customer service, increased communication and transparency across all functions (Procurement, Contracts, Program, Budget, Accounting).
9f	Provide training for the development of specifications and scopes of work.	Concur	COMPLETED - This training is included in the CPO 2022 curriculum. The CPO trainings are not limited to DPAs and are also open to Department staff to attend.
9g	Encourage (and consider requiring) Purchasing Participants to take Deputy Purchasing Agent training offered by the CPO.	Concur. OCCR Procurement and Contracts staff are all current DPAs and are required by the CPO to attend 10 hours of DPA Training annually. OCCR intends to update the internal Delegation Policy, to clarify that non-DPA staff working on procurement or contract functions within OCCR Programs is prohibited. OCCR agrees further training to Program staff to eliminate procurement roles and activities being performed by non-DPA OCCR Program staff is needed and plans to work with the CPO to implement.	EXISTING - OCCR Procurement and Contracts staff are all current DPAs and are required by the CPO to attend 10 hours of DPA Training annually. OCCR intends to update the internal Delegation Policy, to clarify that non-DPA staff working on procurement or contract functions within OCCR Programs is prohibited. OCCR agrees further training to Program staff to eliminate procurement roles and activities being performed by non-DPA OCCR Program staff is needed and plans to work with the CPO to implement.
9h	Leverage the CPO Help Desk to transfer some of the training burden away from the OC Community Resources Purchasing and Contracts teams.	Concur	EXISTING - The CPO has an established ticketing system to assist DPAs on specific questions from each Department and is accessible to all staff Countywide. CPO utilizes this data to develop more defined training, based on questions submitted. CPO also sends an annual survey soliciting feedback on all services provided including any trainings that may be needed. Also CPO conducts monthly Purchasing Council and DPA meetings and consistently solicits feedback and suggestions during open forum.



## EHA CONSULTING GROUP, INC.

ENVIRONMENTAL HEALTH ASSOCIATES | EPIHEALTH ASSOCIATES | FDA ASSOCIATES

March 18, 2022

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County of Orange, California  
1300 S. Grand Avenue, Building A, 2<sup>nd</sup> Floor  
Santa Ana, California 92705

Dear Ms. Simmering, Dr. Chau and Ms. Lane:

### EXECUTIVE SUMMARY

EHA Consulting Group, Inc. is pleased to provide this Environmental Health Food Safety Performance Audit at the request of The Orange County Executive. The objective of the audit is to evaluate Food Safety's compliance with applicable policy and procedures; quantity and quality of inspections; mission achievement; customer satisfaction; and disaster readiness and to provide the basis for recommendations for improving its overall operation.

The audit was performed over a period of three weeks and included several hours of interviews with agency staff, document reviews, and a full nine days of accompanying inspectors to various inspection sites throughout the County.

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The Orange County Food Safety Program operates under the umbrella of Public Health Services, Environmental Health Division of the Orange County Health Care Association (HCA) which is charged with protecting the health of the County's 3.2M residents and as such Food Safety is responsible for implementing/enforcing more than 200 Federal and State mandates. As is often the case, many public health services are preventative in nature and thus not easily discernible. Food Safety is but one part of the [Environmental Health Division<sup>1</sup>](#) and it includes the Food Protection Program, temporary food facilities, cottage food, plan check, food vehicles, illness prevention and response, and wholesale. Officially known as the Food and Pool Safety Program, there are 104 employees working under the oversight of the Director and Deputy Director as shown in the Organizational Chart (Appendix 1). Food Safety inspectors follow/enforce the [California Retail Food Code<sup>2</sup>](#) and the Orange County Food Ordinance (Appendix 2). Positions are divided by classification. There are four different classifications for inspector level staff. These classifications are developed by Human Resources, with some feedback from Environmental Health Leadership and in collaboration with the labor unions. For example, see the EHS I Classification (Appendix 3). They outline job duties, expectations, and standards for every position. The inspector level positions handle the most significant workload in the Food Safety program.

This audit covers several areas of Food Safety. Each area concludes with any applicable recommendations for improvement.

The following areas were requested as part of the contract to be reviewed and assessed:

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<sup>1</sup> <https://www.ochealthinfo.com/about-hca/public-health-services/environmental-health-services>

<sup>2</sup> <https://www.cdph.ca.gov/Programs/CEH/DFDCS/CDPH%20Document%20Library/FDB/FoodSafetyProgram/RetailFood/CRFC.pdf>

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**I. Purpose Achievement** – a description of Food Safety’s mission and vision and whether these are being met as evidenced by a significant and documented strategic planning process and performance measure evaluation, and associated recommendations for improvement.

**II. Food Industry Engagement** – An analysis of Food Safety objectives and any performance measures, food industry customer satisfaction, the level of Food Industry’s engagement with regulated entities, and whether Food Safety is organized in a manner that provides for easy navigation by regulated entities and the general public, as well as associated recommendations for improvement.

**III. Compliance** – a description of any management objectives for Food Safety, any area(s) of noncompliance and inherent risk, and whether there is any bias amongst inspectors. Recommendations for improvement are included.

**IV. Quantity and Efficiency** – an analysis of how resources are being used and whether this is done efficiently, any performance measures that exist, and how compliance issues are identified and addressed. Also included is a discussion of the numbers of inspections being conducted and whether any baseline metrics exist. Associated recommendations are also included.

**V. Quality** – an analysis of whether inspections are being conducted in a manner that is consistent with performance metrics, any policies and procedures. Associated recommendations are also included.

**VI. Readiness** – a description of Food Safety’s readiness and ability to operate during emergencies/disaster declarations, how the COVID-19 Pandemic affected/is affecting operations, and recommendations.

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**VII. Information Technology** – a discussion of how Food Safety is using current technology, how accessible it is to staff/the general public, and recommendations for improvement and how these would impact Food Safety’s efficiency and efficacy.

**VIII. Inspectional Evaluations** – an analysis of several inspections performed with Food Safety’s inspectors. Areas addressed include customer service, ability to educate clients and Provide Educational Resources, food safety knowledge, identification of critical hazards, the overall inspectional process, and recommendations for improvement.

**IX. Conclusion** - concluding comments and overall evaluative discussion, and recommendations for Food Safety improvement.

## **I. PURPOSE ACHIEVEMENT**

Food Safety’s vision, mission, and values fall under the Health Care Agency’s umbrella. HCA’s mission is, “In partnership with the community, deliver sustainable and responsive services that promote population health and equity.” The agency’s vision is, “Quality Health for All”. Environmental Health ensures that it is aligned with the HCA as well as any directives provided by the Board of Supervisors. The HCA’s goals are:

- Promote Quality, Equity, and Value
- Ensure HCA’s Sustainability
- Offer Relevant Services to the Community

There is no particular means of evaluating how successful Food Safety is in meeting the goals.

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The Strategic Plan is spearheaded by the HCA under the supervision of the Board of Supervisors. Stakeholders include business owners and all 3.2 million county residents.

Strategic Plan update meetings are held at the HCA level and updates are provided to Food Safety by the Deputy HCA Director. The plan is somewhat generic and does not have specific measurable goals and objectives.

*Recommendation: Food Safety should consider developing its own vision, mission, and core values as part of a strategic plan based on the recommendations in this audit and with input from the Board of Supervisors, and ensure that there is an evaluation plan for continuous monitoring/adjustment.*

## II. FOOD INDUSTRY ENGAGEMENT

Food Safety uses the [Voluntary National Retail Food Regulatory Program Standards](#)<sup>3</sup> (Appendix 4) developed by FDA, which provides insight into food industry expectations/standards for food safety. However, performance against these standards is not evaluated. When developing outreach or training for its inspectors, Food Safety refers to information provided by other state agencies, and uses guidance developed by other state or federal programs relating to food safety and sanitation. The use of oral culture education is one example.

Food Safety's inspection report is based on [CDC risk factors](#)<sup>4</sup> and FDA interventions. The [Model Local Environmental Health Program Plan](#)<sup>5</sup> (Appendix 5) from the California Conference of Directors of Environmental Health.

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<sup>3</sup> <https://www.fda.gov/food/retail-food-protection/voluntary-national-retail-food-regulatory-program-standards>

<sup>4</sup> <https://www.ochealthinfo.com/page/top-5-foodborne-illness-risk-factors>

<sup>5</sup> [https://businessdocbox.com/82466043-Green\\_Solutions/Model-local-environmental-health-program-plan-california-conference-of-directors-of-environmental-health.html](https://businessdocbox.com/82466043-Green_Solutions/Model-local-environmental-health-program-plan-california-conference-of-directors-of-environmental-health.html)



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Food Safety works very closely with the [Food Safety Advisory Council](#)<sup>6</sup> (FSAC) of Orange County, which is a collaboration between business and government comprised of representatives from the retail food industry, related businesses, and Food Protection Program staff. The council has quarterly (2 of which are hosted by Food Safety) meetings. Through this collaboration, Food Safety although being a regulator, is able to work in a cooperative manner to address the needs and concerns of its stakeholders. Agendas and minutes are available on the FSAC section of the HCA website. During these meetings, Food Safety provides legislative updates, introduces new staff, and provides additional helpful information for stakeholders. This has especially been observed during the COVID-19 pandemic as Food Safety kept its stakeholders apprised of all of the often-changing regulations.

Additionally, Food Safety produces the [Food for Thought](#)<sup>7</sup> (Appendix 6) newsletter which is provided to regulated entities during routine inspections. It contains valuable information and reminders that help the food industry operate safely. The [Award of Excellence](#)<sup>8</sup> (Appendix 7) program encourages and recognizes food facilities that consistently protect residents and visitors to Orange County through excellence in food safety and sanitation.

Food Safety also maintains open communication with the chambers of commerce in the various cultural areas of the county and holds regular meetings within the community to provide training and has done so throughout the pandemic. Please see the Food Safety Seminar flyer (Appendix 8) for an example of one of the training programs.

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<sup>6</sup> <https://www.ochealthinfo.com/about-hca/public-health-services/environmental-health-services/food/general/food-safety-advisory>

<sup>7</sup> <https://www.ochealthinfo.com/page/food-thought>

<sup>8</sup> <https://ochealthinfo.com/faq/award-excellence-faqs>

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When considering a change in fees, Food Safety performs a fee study (Appendix 9), which is a best practice. Complaints that come in to Food Safety are typically called in to the office. They are then routed to the appropriate supervisor and if necessary, a manager also gets involved to provide an appropriate resolution.

There is no formal mechanism to evaluate food industry member satisfaction. However, robust lines of communication, such as Food Safety's involvement with the Food Safety Advisory Council provides a forum for any areas of dissatisfaction to be discussed and mitigated. Whenever there is a complaint, they are typically called in to the office and handled by the employee's immediate supervisor, as well as the manager if necessary. Most complaints are satisfactorily addressed to the satisfaction of the complainant at those levels.

At this time, Food Safety does not have a sufficient number of multi-lingual communication tools to appropriately support its food industry community. This is a significant challenge. Food Safety previously recognized this lack and requested additional funding in these areas to make improvements. Food Safety's staff does mirror the community that it serves. The website is relatively organized and easy to navigate. However, some of the documents on the website could be somewhat difficult to understand for the average stakeholder/food industry member. For instance, see the wording in "[How to Obtain OC MFF Permit](#)" (Appendix 10).

*Recommendations: (1) Review all documents and forms on the website and ensure that they are written in a way that is plain and easy to understand for an individual that doesn't have a background in governmental public health/food safety. Measure them against [Culturally and Linguistically Appropriate Services](#)<sup>9</sup> (CLAS) (2) Utilize the Voluntary National Retail Food Program Standards to regularly assess Food Safety performance and maintain a written evaluation plan against the standards.*

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<sup>9</sup> <https://thinkculturalhealth.hhs.gov/clas/what-is-clas>



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### III. COMPLIANCE

Division-wide directives are being complied with due to the good training program. No significant difference was observed between the quality or inspection ability between the different levels of inspectors. Inspectors observed in the field demonstrated the ability to systematically conduct inspections in a consistent manner to identify regulatory noncompliance and process related risks. This ability was consistent regardless of inspector level and food establishment setting (retail, temporary, wholesale). This shows a consistent level of training performed by the department for all new inspectors regardless of level.

For identified compliance concerns the associated risks and recommendations, please see the comments and recommendations regarding ice machines and food processing equipment in section VIII. Inspectional Evaluations.

### QUANTITY AND EFFICIENCY

Management measures the efficiency of food safety. This is not an exact science, however, as there are complaints that must be addressed, cross-training of colleagues, and continuing education needs that must be met by each inspector every year. Additionally, employees are allotted vacation and sick time, all of which comes out of their 2,080 hours/year work schedule. There are no baseline metrics for food safety efficiency. Quality is always emphasized over quantity. Every inspection is different because of the variety of situations that are encountered and the level of onsite education and training that is provided to the food establishment. There has not been an independent review of Food Safety in particular, however, the entire department was audited by the [Public](#)

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[Health Accreditation Board<sup>10</sup>](#) site visitors when the HCA was granted initial accreditation status in May of 2016. Achieving accreditation is no small task and the HCA would not have been granted accredited status if Food Safety was not operating in a safe and efficient manner.

The methodology used to develop inspection targets per month stemmed from a number of factors: type of facility, size of facility, type of operations (complex or non-complex), inventory in the inspection district, and frequency for the fiscal year. The target is four inspections per day: 2 complex, 2 non-complex (food, pool or housing). However, reinspections, complaints, foodborne illness investigations, closures and REHS training are common everyday occurrences which can reduce the number of routine inspections completed. There is a lower expectation for AEHS staff due to their on-going training, and the understanding that they are learning the job and efficiencies. The daily and monthly inspection targets are guidance, and in place to assist the inspector in determining the number of inspections needed in order to inspect every facility in their district the appropriate number of times each fiscal year. Food Safety's target inspection frequency focuses on risk, and quality is emphasized over quantity. Other departments also follow risk category recommendations for targeted frequency of inspections. However, an analysis of other jurisdictions' staffing levels and vacancy factors would be needed in order to be able to directly compare. At the very least, Food Safety's target inspection numbers are in line with those practiced in San Diego County. [The Staffing Up<sup>11</sup>](#) Research Brief may be helpful in further continuing to analyze needed staff levels.

Risk-based inspection frequency is utilized. This is an evidence-based industry standard. A facility can be inspected from 1 to 3 times a year. The frequency is based on the public health risk associated with the food products served, the methods of food preparation, and the operational history of the food facility.

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<sup>10</sup> <https://phaboard.org/why-become-accredited/>

<sup>11</sup> <https://debeaumont.org/news/2021/staffing-up-research-brief/>

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Understandably, if this frequency was not adhered to, the risk of undiscovered unsanitary conditions or unsafe food preparation practices would increase, thus increasing the risk for sickness.

Efficiency is monitored by supervisors reviewing the daily time and activity entries by staff, and documented said activity in performance evaluations. Monitoring that reveals inefficiency leads to coaching of staff, or retraining if needed. Random field audits conducted by Supervisors of recent inspections also monitor for inspector efficiency and are documented on a field audit form. Each inspector is expected to do at least 55 inspections per month, which equates to approximately 4-5 per day. However, it must be understood that an inspector does not know what they will encounter until they actually do the inspection. Unexpectedly, some may take longer than expected. Every 3-5 years, a district analysis/[food facility inventory](#) study is performed. The results of that analysis inform how staff are assigned; whether there is decrease of staff in some areas and an increase in others; it's a redistricting of the districts.

In 2019 a Staffing Analysis (Appendix 11) was completed for HCA leadership. The analysis identified that there is difficulty meeting inspection frequencies due to an understaffed department. This is a significant challenge. There is an increase of inventory of at least 1% on average per year, including during the pandemic. Additional regulatory requirements are added on a yearly basis. There were five new regulatory requirements in 2019 which required that Food Safety take on new responsibilities, and thus added more time to each inspection. For example, there is the Unlawful Street Vending program which required a great deal of education and enforcement. Morale and retention difficulties also face the department as the Orange County cost of living is very high.

California Code of Regulations, Title 17 Public Health does not set a specific staff/inventory ratio, however it states that, "there should be an adequate number of Registered Sanitarians meeting the qualifications established by the State Department of Health pursuant to provisions of the Health and Safety Code and other support

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personnel necessary to implement agency services and programs.” With appropriate staffing levels, the ideal inspection ratio is reasonable and achievable.

When a staff member has a complaint, it is handled through the chain of command, beginning with that staff member’s immediate manager. Depending on the nature of the complaint an internal investigation is initiated if warranted. HCA’s Office of Compliance is an anonymous reporting line for complaints. Program related complaints would typically stay with Food Safety, while others might go to the Office of Compliance, HR department and/or union depending on the issue.

Food Safety provides an annual report to the County that includes the number of food safety inspections and hazardous materials inspections performed. The Public Health Accreditation Board provided a comprehensive independent audit of the OC HCA, including Food Safety when the agency received PHAB Accreditation in 2016. The audit included an in-depth review of the OC HCA’s policies, procedures, protocols and plans. As a provider of continuing education to its Registered Environmental Health Specialist (REHS) staff, OC HCA is accredited annually by the California Department of Public Health (CDPH). Additionally, they are highly recognized as a hub where the highest standard of training and education is offered in partnership with CDPH.

*Recommendations: (1) Food Safety should develop its own annual report and highlight its accomplishments and outline future quality improvement initiatives. (2) Initiate a program to canvas the county for unpermitted food establishments and require that they be permitted. (3) Establish a program to recruit Registered Sanitarians (current college students as well as currently employed) to work for Orange County in order to bring staffing numbers up to the required amount (4) Establish an employee retention program that focuses on workforce development and promoting from within.*

#### IV. QUALITY

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Management run reports on how many and what types (high or low risk) inspections staff perform. Supervisors review staff inspections on a daily basis (especially new staff) and compare them against a written protocol called the Marking Guide (Appendix 12). Supervisors review Daily Activity Reports, Inspection Reports, Bi-weekly Timesheets, Mileage Reimbursement forms, and Complaint Investigations. If there are deviations from the Guide, training will be provided. Supervisors also perform field audits of staff work. The “Quality Assurance for Environmental Field Staff” document (Appendix 13) is utilized to “establish quality assurance guidelines for monitoring the work activities, time utilization, uniformity, and adherence to Division policies...” Redacted copies of the Environmental Health Division Field Inspection Review Form can be provided upon request. This form is used to identify any errors. Performance evaluation of inspectors is a continuous process. Performance measures are determined by employee classification. These are included as part of an employee’s action plan. The Action Planning Template (Appendix 14) contains several areas of measurement for an employee’s work including job knowledge, work habits/quality, interpersonal skills, and efficiency. A new plan is issued to each employee each year. The plan also involves setting a goal and learning a new competency (above and beyond) current job responsibilities. Performance evaluation against these standards is established by HR and mirrors the action plan.

Performance evaluations (Appendix 15) are executed annually. Probationary staff will receive 2 unless they get promoted. This is all in accordance with the negotiated County [Performance Incentive Program](#)<sup>12</sup> (PIP). In EHA’s experience, this level of quality performance monitoring is well above that of similar governmental agencies charged with similar duties.

There is not a well-defined customer satisfaction feedback program to measure the customer’s perception of staff courtesy, responsiveness, competency, communication ability, etc. There is a queue management system

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<sup>12</sup> <https://hrs.ocgov.com/hr-resources/pip>

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that sends out a survey via email after a customer comes into the office. It allows for feedback on wait times and also allows a response to the open ended question: "How was your service today?"

In order to provide the appearance of objective and independent food inspections and permit approvals, annually, all staff are required to complete Conflict of Interest Form. They also have to follow the Code of Conduct Policy, which is part of their performance evaluations. There are departmental workflows that must be followed when processing a permit. Lastly, the California Retail Food Code contains certain guidelines that must be followed.

There is an established protocol for suspending a health permit at a food facility, when it becomes necessary to do so. It begins with an establishment having repeat major violations according to the California Retail Food Code. An office hearing will be provided to help assist the facility to come back into conformance with the code. If this is not possible, either because the establishment is unable or the owner refuses to do so, their permit can be suspended or modified. A facility will also be closed for any imminent health hazard that cannot be immediately rectified. No changes to these policies were made as a result of the COVID-19 Pandemic.

With regard to health permit applications, errors can occur, but are usually identified during Supervisor review, or during data entry/office support review before the permit is issued. Inspectors verify health permit status prior to inspection; if a change is identified during the inspection the inspector can adjust the facility information anytime by completing a record update request or submitting a service request to update the information in the facility account in the database.

In reference to Farmers' Markets, the criteria used for approving an operating permit during the COVID-19 Pandemic remained largely unchanged. However, State guidelines did not allow for food sampling and only pre-packaged foods were allowed to be sold. Additionally, during the early phase of the pandemic, temporary food events adjacent to farmers market could not operate since only take-out/drive through types of service were

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allowed. Although it may have appeared to not be the case, these criteria were consistently applied. Not all farmers markets have complied.

*Recommendation: Food Safety should implement a systematic process for assessing customer satisfaction. Results and actions taken based on customer feedback should be documented (perhaps in the previously recommended annual report).*

## V. READINESS

The Food Safety Program is not appropriately prepared to continue operations during a disaster or emergency declaration. Many staff were pulled and ask to help out in different areas. Many were working in Agency Operations Center. All county employees are considered disaster service workers. So, their responsibilities were spread between their mandated work and disaster work. When performing their food-related duties, Food Safety employees primarily handled priority inspections and complaints. They also performed much education and outreach and performed over 5,000 field audits in a 6-week period. However, Food Safety leadership feels that the program was underutilized since inspectors could only educate on, but not enforce COVID-19 protocols. Food Safety's Director and Assistant Director are working on recommended updates to the ordinance that will allow inspectors to enforce disaster/emergency enacted protocols.

The HCA has a business continuity plan which was enacted during the pandemic. However, it appears that more specific training could be provided to Food Safety, so that each employee understands their responsibilities when the plan is enacted.

To a large extent, Food Safety staff mirror the community. Educational materials are provided in different languages and when outreach is performed it's provided in the target language. The County offers bilingual pay and bilingual employees receive negotiated additional pay. There are 11 different language (including sign language) staff on call.

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Additionally, Food Safety has recently requested money in the budget to support the translation of educational materials into the six threshold languages: Mandarin, Spanish, Vietnamese, Korean, Farci, and Arabic.

## VI. INFORMATION TECHNOLOGY

Access to current systems is restricted to staff that need access. Designated staff “superusers” are the leads for their respective groups. For their particular area, superusers provide/monitor access to staff that require it in order to carry out their daily work. A review of the current system reveals that it does not incorporate the latest technology and is in need of a major upgrade. In fact, it is no longer being supported by the software manufacturer.

Food Safety has identified areas to update technology especially as it relates to internal processes. The goal is to create a database that is easy to use and efficient for staff in the office and field. This system is used every day and Food Safety wants a dashboard type system that provides a daily schedule and at the same time maps out the inspector’s daily activity so that they can work as effectively and efficiently as possible in the field.

Outward facing (externally to the public) the system provides a somewhat better user experience but not as efficiently or smoothly as current systems. Customers are able to pay bills and fees as well as check the (general) status of plan reviews. However, the new system, called Health Space, will allow and show much more detailed information both internally and externally and is much easier to navigate. For instance, for plan approvals the customer will be able to see the exact status of their review including the specific inspector assigned to work on it and the number of days it has been in the process.

*Recommendations: In this day and age, the following components should be part of a new data management system:*



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## *Optimized routing for inspectors*

- *Customized dashboards for inspectors to monitor productivity*
- *Routing of tasks between users in the system*
- *Allowing an inspector to conduct a consolidated inspection at an establishment with multiple permits, and issue a combined report (rather than launching each permit as a separate inspection)*
- *Allowing a client to schedule an appointment with an inspector/staff member online*
- *Allowing a client to make edits to their own information by field type*
- *Preventing dual data entry of applications received online and storing as a record*
- *Geocoding and address validation of online submissions*
- *Versioning of documents and integration of comments with respect to plan markups*

Once HealthSpace is up and running and especially if the above aspects are implemented, Food Safety's internal and external customers will experience a refreshingly new user interface that also allows the program to operate more efficiently and make essential information accessible to citizens and regulated businesses. The time savings will also potentially allow inspectors to complete more inspections in a given day without sacrificing quality.

## **VIII. INSPECTIONAL EVALUATIONS**

**Scope:** Field evaluation of the Orange County Public Health Services Environmental Health retail, and wholesale inspectional program was conducted the week of January 10<sup>th</sup> and February 1<sup>st</sup>. The evaluation was comprised of direct observation of inspections of retail, temporary food facilities, farmer's market, and wholesale food establishments. The plan review and foodborne illness response departments were also observed during the project. Environmental Health Specialist levels 1-3 were observed in a diverse range of food establishments throughout Orange County. In total, 12 food facilities comprised of 10 retail and 2 wholesale were visited.

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### Objective:

The objective of the project is to evaluate execution and delivery of core mission areas of the Orange County Public Health Services Environmental Health Division.

Evaluated areas included:

Customer Service and Ability to Educate Clients and Provide Educational Resources

1. Food Safety Knowledge, Identification of Critical Hazards
2. Inspectional Process

### Methodology:

The facts outlined in this report were documented and integrated through direct observation of Orange County Environmental Health Division personnel in the workplace or field setting. Department interviews were conducted to garner an understanding of regulatory requirements, mandates and departmental process for execution and completion. Field observations were conducted by directly observing the inspectional process and client interactions in retail restaurants, farmer's market, temporary food facility, plan review site inspection and wholesale food manufacturers.

Inspectional results are outlined in the tables below:

#### Week 1: Retail and Wholesale Food Establishments

Day	Location 1	Location 2	Location 3	Location 4
1	Re-Inspection	Pass	Pass	
2	Re-Inspection	Closed	Re-inspection	Re-inspection
3	Pass	Re-inspection		
4	Pass (wholesale)	Pass (wholesale)	Pass	
5	Foodborne Illness Dept. Interview			

\*Official reports attached as addendum 16

- 4 (40%) of retail inspections received a "Pass".

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- 5 (50%) of the retail inspections resulted in a “Pass- Re-Inspection”.
- 1 (10%) resulted in a closure due to pest infestation.
- 2 Wholesale locations received a “Pass”.

#### Week 2: Plan Review, Farmer’s Market and Temporary Food Facility

Day	Location	Location	location
1	Farmers Market	TFF	TFF
2	Plan Review Site Inspection	TFF @ TET Festival Mile Square Park (8 Cat 2)	
3	TFF @ TET Festival OC Fairgrounds (34 Cat 2)		

- **TFF – Temporary Food Facility    \*\* Cat 2 – Preparing/Handling Unpackaged Foods**

#### Customer Service and Ability to Educate Clients

Customer service and education are critical to the value and effectiveness of services delivered by the Orange County Department of Environmental Health. A well-defined customer service approach to the inspectional process sets the tone and allows for a respectful interaction between inspector and client. Once a client is open to this approach the value of education provided by the inspector increases, adding to the overall value of the inspection.

Over the course of the project, EHA directly observed various inspectors’ ability to provide customer service and educate clients in a range of circumstances from routine to challenging. In areas where language barriers may pose an obstacle, appropriate multilingual inspectors are assigned to those districts. This prevents language and cultural barriers from reducing the quality of the inspection.

Positive client interactions were observed from the onset of multiple inspections. Clients’ references to prior inspections and corrective action based on education received indicated that this is the pattern for inspections

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and not only observed during the present inspection. During observational inspections, inspectors were faced with challenging scenarios such as closure due to rodent infestation or identification of critical hazards to food safety. In each instance the inspectors were able to maintain the customer service approach, communicate the hazard effectively, and initiate corrective action.

Based on EHA's observations described above, the Orange County Department of Environmental Health Inspectors demonstrated a consistent pattern of customer service and educational focused inspections.

## **Food Safety Knowledge**

A broad foundation of food safety knowledge is critical to the execution of an inspection. In food safety and environmental health this foundation is acquired through training and field experience. During observations of inspections with level 1-3 inspectors, their depth of food safety knowledge and training was assessed. All inspectors demonstrated a strong knowledge of food safety with the ability to apply these skills in the field in a variety of food establishment settings. No significant difference was observed between the quality or inspection ability between the different levels of inspectors. This shows a consistent level of training performed by the department for all new inspectors regardless of level. A unique feature to the department's training program is a mock kitchen equipped with real functional kitchen equipment which is utilized to simulate real world settings for training. This unique training tool allows the training team to spend unlimited time with inspectors in real kitchen settings. This minimizes the time "training" occurs in a client kitchen which is time consuming and potentially inconvenient. As compared to field experience with various inspectors in retail, temporary and wholesale food establishments, above average knowledge of food safety was demonstrated by Orange County inspectors.

## **Inspectional Process**

A systematic approach is necessary for the effective execution of an inspection. An understanding of regulatory requirements alone does not permit for the identification of potential food hazards within the food service

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operation. Applying a systematic approach with an understanding of active managerial controls for the food service environment with help ensure process-related hazards are identified during the inspection. Application of this inspectional system is initiated by identifying processes and asking open ended questions of the clients to collect the information necessary to assess the risk level and compliance or non-compliance of a food process. Inspectors observed in the field demonstrated the ability to systematically conduct inspections in a consistent manner to identify regulatory noncompliance and process related risks. This ability was consistent regardless of inspector level and food establishment setting (retail, temporary, wholesale).

Two gaps within the inspectional process were identified during field observation of inspectors. The gaps identified were not specific to an inspector but were observed consistently missing from the inspectional scope. This indicates a potential gap in the training process for the two specific items described below.

1. **Ice Machines:** Ice is considered a food and the interior of the ice machine a food contact surface. This is true whether the ice is for consumption in beverages or designated not for consumption. Ice not for consumption can still contact food if it is used for display in a refrigerated case presenting a potential for cross-contamination. The interior of an ice machine is prone to mold growth which can contaminate the ice. An inspection of the interior surfaces is necessary to adequately assess this risk. Inspectors routinely and adequately inspected the exterior and front facing parts of the ice machine but did not proceed to inspect the interior surfaces. Upon follow up inspection, the interior surfaces of the ice machines were commonly found to have mold present (Appendix 17).

2. **Food Processing Equipment:** Food processing equipment such as deli meat slicers, mixers and produce choppers are food contact surfaces which must be properly cleaned and sanitized. Improperly maintained food processing equipment may provide a suitable environment for the growth of microbial pathogens which can lead to foodborne illness if present. Food processing equipment should be thoroughly examined during an inspection to determine if the equipment is properly maintained. Gaps were observed related to thoroughness

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of inspection of food processing equipment across inspectors. Upon follow up inspection of food processing equipment, old food residues were observed not detected during the inspection (Appendix 18)

*Recommendations (1) To address inspectional gaps observed during field observations, Department-wide training is recommended to highlight the two areas identified. This should be accomplished via presentation and practical demonstration with equipment to maximize the training session. NOTE: Above-described training was performed by EHA Consulting Group, Inc. on February 2, 2022*

*(2) The plan review process was evaluated, including a final site inspection. Initial reviews operate under a mandate of 20 business days for completion. If not approved, a mandate timeline does not exist for review of the revised plans. For continuity of review and understanding of history, typically the same plan reviewer examines the plans to completion. The primary objective of the plan review department is to comply with the initial review mandate which is met. This requires a substantial amount of departmental resources prolonging revision reviews and final inspections. To adequately handle and process the current volume of initial and revised plan reviews, additional staff is necessary to meet the needs of Orange County residents. (3) The foodservice establishment closure process was directly observed during the project. Based on interviews with inspectors, re-opening inspections commonly fail due to lack of compliance with re-opening requirements which are clearly communicated in the inspection report. Currently, there is no mandatory minimum time of closure to permit for corrective action. Commonly, foodservice operators do not take the adequate time to address critical operational hazards which are in part, or in whole, responsible for the closure leading to prolonged closures. To promote compliance and success of reopening, a mandatory minimum closure time 24-48 hours should be established to permit for adequate corrective action by the foodservice operator.*

## CONCLUSION

Throughout our daily interaction, both from being a health officer, a state food safety auditor and a consultant, we have concluded that the Orange County HCA Food Safety Division has one of, if not the best operated Food Safety programs in the country, with competent staff, incoming technological improvements, and opportunities

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for a positive interaction with the regulated public. Of course, with the growth of the County, it is hoped that by seeing this audit, increased funding for personnel and support would be highly considered. This would further best serve not only the public's health, but also how all communities who are regulated, educated and interact with food safety professionals view the department as meeting their needs, particularly from a time perspective from permitting to reinspections. We strongly encourage that Orange County HCA implement the recommendations provided in this report including the continuous monitoring of performance measures and annually reporting its accomplishments and areas for improvement. Taking all of these actions will help OC HCA maintain its position as an innovative leader in governmental public health/food safety.

It was our pleasure to be of service to Orange County and trust that this information is most useful in understanding how the environmental health section/food safety unit of the Healthcare Agency is interacting, serving and protecting the health and well-being of the citizens of the County of Orange.

Regards,



Melvin N. Kramer, Ph.D.,  
M.P.H.  
Founder & CEO



Danny Coto  
Executive Vice President



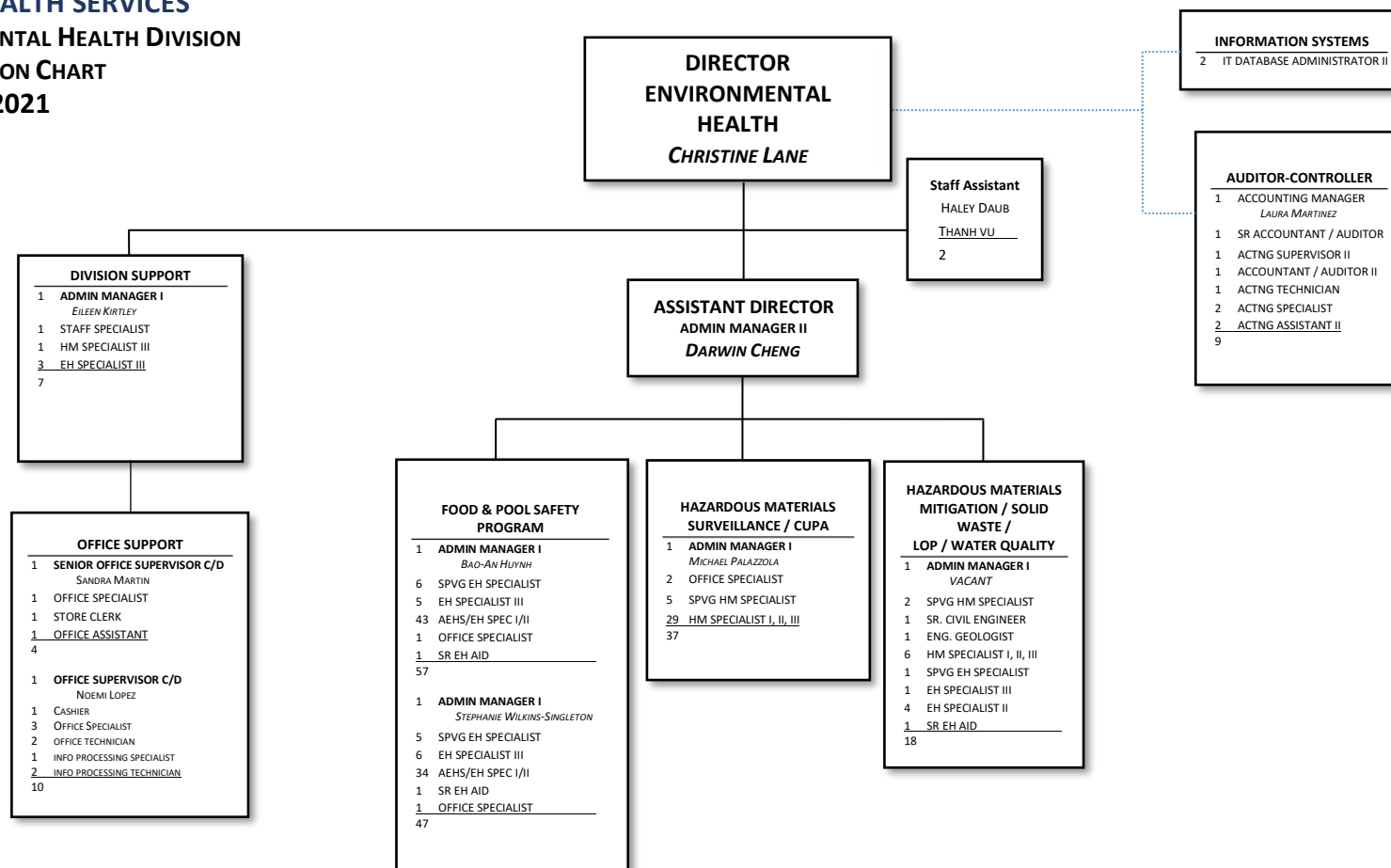
Michael Hodges  
Regional Food Safety Specialist

MNK/DC/MH/vmf

Enclosures



**PUBLIC HEALTH SERVICES  
ENVIRONMENTAL HEALTH DIVISION  
ORGANIZATION CHART  
DECEMBER 2021**



ENVIRONMENTAL HEALTH STAFF	184
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APPENDIX 2

Code of Ordinances



Code of Ordinances



## Orange County, CA Code of Ordinances

THE CODIFIED ORDINANCES OF THE COUNTY OF ORANGE

SUPPLEMENT HISTORY TABLE

➤ CHARTER

CHARTER COMPARATIVE TABLE ORDINANCES

➤ TITLE 1 - GOVERNMENT AND ADMINISTRATION

➤ TITLE 2 - PUBLIC FACILITIES

➤ TITLE 3 - PUBLIC MORALS, SAFETY AND WELFARE

➤ TITLE 4 - HEALTH SANITATION AND ANIMAL REGULATIONS

➤ TITLE 5 - BUSINESS AND SPECIAL LICENSES, REGULATIONS

➤ TITLE 6 - HIGHWAYS, BRIDGES, RIGHTS-OF-WAY, VEHICLES

➤ TITLE 7 - LAND USE AND BUILDING REGULATIONS

➤ TITLE 8 - FEES

➤ TITLE 9 - WATER QUALITY—ORANGE COUNTY FLOOD CONTROL DISTRICT

CODE COMPARATIVE TABLE 1961 CODE

CODE COMPARATIVE TABLE ORDINANCES

Code of Ordinances

Supplement 143

Online content updated on April 6, 2020

CODIFIED ORDINANCES County of ORANGE, CA. FCM 14 Codified through Ordinance No. 20

APPENDIX 2

001, adopted January 28, 2020. (Supp. No. 143)  
Code of Ordinances



 BROWSE TABLE OF CONTENTS

*This Code of Ordinances and/or any other documents that appear on this site may not reflect the most current legislation adopted by the Municipality.*

## ARTICLE 2. - FOOD HANDLING BUSINESSES

### Sec. 4-4-14. - Definitions.

The following terms used in this article shall have the meanings indicated below; provided, however, said definitions shall also include any amendments or changes made to referenced sections of the California Health and Safety Code after January 1, 1991:

- (a) *Certified farmers' market* shall be as defined in section 113745 of the California Health and Safety Code.
- (b) *Commissary* shall be as defined in section 113750 of the California Health and Safety Code.
- (c) *Food establishment* shall be as defined in section 113780 of the California Health and Safety Code.
- (d) *Food facility* shall be as defined in section 113785 of the California Health and Safety Code.
- (e) *Food processing establishment* shall be as defined in section 111955 of the California Health and Safety Code.
- (f) *Health Department* or *Department* shall mean the Orange County Health Care Agency.
- (g) *Health Officer* shall mean the County Health Officer or his or her deputy.
- (h) *Enforcement Officer* shall mean an Environmental Health Specialist, as defined in Health and Safety Code section 106615, employed by the Health Department, or the Health Officer or any deputy health officer authorized to inspect premises or equipment for the enforcement of this article.
- (i) *Mobile food preparation unit* shall be as defined in section 113815 of the California Health and Safety Code.
- (j) *Open-air barbecue facility* shall be as defined in section 113830 of the California Health and Safety Code.
- (k) *Person* shall be as defined in section 113840 of the California Health and Safety Code.
- (l) *Premises* shall include land, buildings, vehicles and ships and other vessels wherein food is handled, stored, distributed, prepared, processed, served or sold, and also equipment installed or used in food establishments or food facilities or on such premises.
- (m) *Produce stand* shall be as defined in section 113855 of the California Health and Safety Code.
- (n) *Restricted food service transient occupancy establishment* shall be as defined in section 113870 of the California Health and Safety Code.
- (o) *Satellite food distribution facility* shall be as defined in section 113880 of the California Health and Safety Code.
- (p) *Temporary food facility* shall be as defined in section 113895 of the California Health and Safety Code.
- (q) *Mobile food facility* shall be as defined in section 113900 of the California Health and Safety Code.
- (r) *Vending machine* shall be as defined in section 113903 of the California Health and Safety Code.
- (s) *Vending machine business* shall mean the business of selling food or beverages by means of vending machines, regardless of the number of locations at which the vending machines are located.

(Code 1961, § 44.021; Ord. No. 3160, § 1, 10-9-79; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91; Ord. No. 98-15, § 44, 12-8-98)

**Sec. 4-4-15. - Permit required; conditions and terms.**

- (a) It shall be unlawful for any person to operate any food facility, vending machine business, food processing establishment, or any other food handling business governed by this article, without first applying for and receiving a food vending permit issued by the Health Department under the provisions of this article.
- (b) Every applicant for a food vending permit shall file with the Health Department a written application which shall state the name and address of the applicant, the character and location of the activity for which a permit is required under this article and such other information as the Health Department may require. Applicants for a permit to operate a mobile food preparation unit shall, in addition, provide a list of three (3) service stops which shall include the address of exact location and time of each stop.
- (c) A permit may be issued when investigation has determined that the proposed facility and its method of operation will conform to all applicable laws and regulations. A permit, once issued, is nontransferable. A permit shall be valid only for the person, location, type of food sales, or distribution activity approved and, unless suspended or revoked, for the time period indicated.
- (d) Any permit may be suspended or revoked for a violation of any applicable provisions of law or regulation. Any food facility, vending machine business, food processing establishment, or any other food handling business governed by this article, for which the permit has been suspended or revoked shall close and remain closed until the permit has been reinstated or until a new permit has been issued.
- (e) Permits may be granted at any time during the year. A permit shall be posted in a conspicuous place on the premises or vehicle for which it is issued.

(Code 1961, § 44.022; Ord. No. 3160, § 2, 10-9-79; Ord. No. 3318, § 1, 4-13-82; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91)

**Sec. 4-4-16. - Construction, conversation and alteration.**

A person proposing to build or remodel a food facility, vending machine business, food processing establishment, or any other food handling business governed by this article, shall submit three (3) copies of the complete plans and specifications to the Department for review and approval pursuant to the applicable requirements of the California Health and Safety Code. The Health Officer may thereafter issue a certificate stating what modifications, if any, are required for compliance with applicable laws and ordinances.

(Code 1961, § 44.023; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91)

**Sec. 4-4-17. - Suspension of permits.**

A permit issued under this article or its predecessor may be suspended or revoked under the procedure set forth in this article for any of the following reasons:

- (a) Violation of State law;
- (b) Violation of this article;
- (c) Violation of the rules and regulations adopted pursuant to this article; or
- (d) Upon recommendation by the Health Officer.

(Code 1961, § 44.025; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91)

**Sec. 4-4-18. - Notice of violation.**

When any laws, this article, or rules and regulations have been violated, an enforcement officer may serve written notice thereof entitled "Notice of Violation," specifying:

- (a) The acts or omissions with which the permittee is charged.
- (b) The provision or provisions violated thereby.
- (c) The corrective steps required.
- (d) The date by which all such corrections must be completed, allowing a reasonable period therefor.
- (e) That the permittee has a right to a hearing upon written request or that a mandatory hearing has been scheduled.
- (f) That if no hearing is requested or the permittee fails to appear at the scheduled hearing and if the Health Department does not receive notice that all such corrections have been made before 9:00 a.m. of the date specified under subsection (d) above, the permit will be subject to suspension or revocation from that time until all violations have been corrected.

(Code 1961, § 44.026; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91; Ord. No. 98-15, § 45, 12-8-98)

**Sec. 4-4-19. - Hearing.**

The hearing shall be held by the Health Officer or his or her duly authorized representative who is a qualified Environmental Health Specialist as defined in section 106615 of the Health and Safety Code and registered as provided in section 10671029 thereof, but shall not be the enforcement officer who reported the violations or who inspected any corrective measure taken.

- (a) The permit holder shall have the right to a hearing, if requested, on all violations listed in the notice. A written request for a hearing shall be made by the permittee within fifteen (15) calendar days after receipt of the notice. A failure to request a hearing within fifteen (15) calendar days after receipt of the notice shall be deemed a waiver of the right to a hearing. When circumstances warrant, the hearing officer may order this fifteen-day period to expedite the permit suspension or revocation process.

The hearing shall be held within fifteen (15) calendar days of the receipt of a request for a hearing. Upon written request of the permittee, the hearing officer may postpone any hearing date, if circumstances warrant such action.

- (b) At the conclusion of the hearing, the hearing officer shall issue a written notice of decision to the permittee within five (5) working days following the hearing. In the event of a suspension or revocation, the notice shall specify the acts or omissions with which the permittee is charged, and shall state the terms of the suspension, or that the permit has been revoked.

The Health Officer may, after providing opportunity for a hearing, modify, suspend, or revoke a permit for serious or repeated violations of any of the requirements of the applicable laws, rules and regulations.

(Ord. No. 3160, § 3, 10-9-79; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91; Ord. No. 98-15, § 45, 12-8-98)

**Sec. 4-4-20. - Mobile food preparation units generally.**

In addition to all other applicable provisions of the Health and Safety Code and of this article, mobile food preparation units shall comply with the following safety requirements:

- (a) Compressors, auxiliary engines, generators, batteries, battery chargers, gas-fueled water heaters, and similar equipment shall be installed so as to be accessible only from the outside of the unit.
- (b) All equipment installed in any part of the unit shall be secured so as to prevent movement during transit and to prevent detachment in the event of a collision or overturn.
- (c) All equipment installed within the interior of the unit, including the interiors of cabinets or compartments, shall be constructed so as to be free of sharp or jagged edges.
- (d) All utensils shall be stored so as to prevent their being hurled about in the event of a sudden stop, collision or overturn. A safety knife holder shall be provided to avoid loose storage of knives in cabinets, boxes or slots along counter aisles. Knife holders shall be designed to be easily cleaned and be manufactured of materials approved by the Health Officer.
- (e) Ceiling light fixtures shall be recessed or flush-mounted and sealed and shall be equipped with safety covers approved by the Health Officer. The minimum clearance from the floor to the light fixture shall be at least one hundred eighty-eight (188) centimeters (seventy-six (76) inches) or the fixture shall be installed out of the traffic aisle or work area.
- (f) High voltage (110-120 v) electrical wiring shall be properly installed in electrical conduit with all splices or connections being made within junction, outlet or switch as to prevent the use of extension cords exceeding one hundred eighty-three (183) centimeters (six (6) feet). Outside electrical connection receptacles shall be of weatherproof design with cover.
- (g) Attached, firmly anchored seats with backrests, equipped with seat belts, shall be provided for all occupants. If a jump seat in the aisleway is utilized, it shall fold in a manner that will clear the aisleway when not in use and be held with a self-latching mechanism. Seats and backrests shall be at least thirty-five and five-tenths (35.5) centimeters by thirty-five and five-tenths (35.5) centimeters (fourteen (14) inches by fourteen (14) inches) in size. All occupants shall be seated, shall wear seat belts and shall not cook or prepare food while the units is in motion. Signs setting forth the latter three (3) requirements shall be posted in both English and Spanish.
- (h) A first-aid kit approved by the Health Officer shall be provided and located in a convenient area in an enclosed case.
- (i) All pressure cylinders shall be securely fastened to a rigid structure of the unit. All liquefied petroleum gas (LPG) equipment shall be installed as follows:
  - (1) The LP gas tanks and relief valves shall be ASME-approved for intended use.
  - (2) Tanks shall be securely fastened and located where they will normally not be subject to damage. They may be in a body compartment or underneath the body. The tank or fittings must not protrude beyond the body.
  - (3) Tanks and regulators shall be separated from any open flame by a vapor-tight partition.
  - (4) When tanks are installed in a body compartment, the partitions shall be sealed off from the rest of the body with no openings to the interior except for the tubing. The following additional requirements shall be met:
    - a. All tank valves and fittings shall be readily accessible from outside the unit.
    - b. The tank safety relief valve shall be vented to the outside and directed downward.
    - c. The filling shall be done through an outside door to the compartment.
    - d. The compartment shall be vented to the exterior of the unit so as to prevent accumulation of gas.

- (5) Tubing that passes through partitions shall be protected by grommets made of rubber or other approved materials.
- (6) Tubing exposed to friction shall be protected against chafing.
- (7) Expansion and contraction bends shall be made in the tubing between the tank and the appliance.
- (8) ASME-approved LP gas tubing or standard weight pipe shall be used throughout.
- (9) Protective "thread" caps shall be installed on fill-line check valves.
- (10) Every appliance fueled by LP gas shall be equipped with a pilot light attachment and provided with an ASME-approved device which will automatically shut off all gas to the appliance if the pilot light should be extinguished.
- (j) A minimum 5 B.C.-rated portable fire extinguisher (UL or State Fire Marshal approved design) shall be installed in plain sight and within easy reach, immediately inside the front driver's door. The extinguisher shall be replaced or recharged after each use.

(Ord. No. 3160, § 4, 10-9-78; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91)

Sec. 4-4-21. - Additional requirements for mobile food preparation units operating in multi-locations in any day.

In addition to the requirements specified in section 4-4-20 above, mobile food preparation units which operate at more than one (1) location in any calendar day, shall comply with the following additional requirements:

- (a) Coffee urns shall be installed in a compartment that will prevent excessive spillage of coffee in the interior of the unit in the event of a sudden stop, collision or overturn, or, as an alternative to this requirement, coffee urns shall be equipped with positive closing lids as well as perforated metal protective sleeves on the glass liquid level sight gauges.
- (b) Deep fat fryers are prohibited, unless equipped with positive closing lids to contain the fat and to prevent splashing or excessive spillage in transit or in the event of a sudden stop, collision or overturn of the unit. Such lids shall be designed and constructed so as to prevent pressure buildup which could result in an explosion. All lids shall be kept positively closed while the unit is in motion. Signs setting forth the latter requirement shall be posted in both English and Spanish.
- (c) Water bath or steam food insert tables shall be provided with baffles to prevent surging in transit. All such tables, as well as dry heat units, their insert food containers and similar equipment that contains hot liquids or hot foods shall have positive closing lids to contain all such liquids or foods and to prevent splashing or spillage in transit or in the event of a sudden stop, collision or overturn of the unit. Such lids shall be designed and constructed so as to prevent pressure buildup which could result in an explosion. All lids shall be positively closed while the unit is in motion. Signs setting forth the latter requirement shall be posted in both English and Spanish.
- (d) An alternate means of exit in the side opposite the main exit door, or the roof, or the rear of the unit, with unobstructed passage of sixty-one (61) centimeters by ninety-two (92) centimeters (twenty-four (24) inches by thirty six (36) inches) minimum to the outside, shall be provided. The interior latching mechanism shall be operable by hand without special tools or key. The exit shall be labeled "Safety Exit" in contrasting colors with at least two and fifty-four one-hundredths (2.54) centimeters (one (1) inch) high letters.

(Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91)

Secs. 4-4-22—4-4-24. - Reserved.

**Editor's note**— Former § 4-4-24, pertaining to hearings and deriving from Code 1961, § 44.027, has been superseded by § 4-4-19, as amended by Ord. No. 3557, § 2, enacted Dec. 3, 1985.

Sec. 4-4-25. - Suspension for refusal of entry.

It shall be a violation of this article for any person to deny or hinder entry by any enforcement officer for the purpose of inspecting any of the premises described in section 4-4-15 above, or any portion thereof; and in such event the enforcement officer may forthwith suspend the food vending permit used for the premises.

(Code 1961, § 44.029; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91; Ord. No. 98-15, § 46, 12-8-98)

Sec. 4-4-26. - Summary suspension.

- (a) If any immediate danger to the public health or safety is found, unless the danger is immediately corrected, an enforcement officer may temporarily suspend the permit and order the premises immediately closed. "Immediate danger to the public health and safety" means any condition, based upon inspection findings or other evidence, that can cause food infection, food intoxication, disease transmission, or hazardous condition, including but not limited to unsafe food temperature, sewage contamination, nonpotable water supply, or an employee who is a carrier of a communicable disease.
- (b) Whenever a permit is suspended as the result of an immediate danger to the public health or safety, the enforcement officer shall issue to the permittee a notice setting forth the acts or omissions with which the permittee is charged, specifying the pertinent code section, and informing the permittee of the right to a hearing.
- (c) At any time within fifteen (15) calendar days after service of a notice pursuant to subsection (b), the permittee may request in writing a hearing before a hearing officer to show cause why the permit suspension is not warranted. The hearing shall be held within fifteen (15) calendar days of the receipt of a request for a hearing. A failure to request a hearing within fifteen (15) calendar days shall be deemed a waiver of the right to such hearing.

(Code 1961, § 44.0210; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91; Ord. No. 98-15, § 46, 12-8-98)

Sec. 4-4-27. - Supervision of closing down premises.

When any permit is first suspended hereunder, or when any premises governed hereby shall have been closed for business and left in an unsanitary condition, the Health Department shall have the power to enter to ensure that the premises are closed down in a manner which will not endanger the public health. If the permittee or his employee in charge cannot be found, or is unwilling or unable to remedy the condition of the premises, the owner of the premises shall be notified of the unsanitary conditions and shall be required to take such remedial action as may be necessary to obviate such condition.

(Code 1961, § 44.0211; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91)

Sec. 4-4-28. - Rules and regulations.

The Health Officer may adopt and enforce rules and regulations necessary to administer this article including, but not limited to, regulations pertaining to:

- (a) Forms for applications, permits and notices.



- (b) Forms and procedures for hearings upon the granting, denying, suspending, revoking or reinstating of permits.
- (c) Inspections of premises and reporting thereon.

(Code 1961, § 44.0212; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91)

Sec. 4-4-29. - Penalty.

Any person violating any of the provisions of this article shall be guilty of a misdemeanor.

(Code 1961, § 44.0213; Ord. No. 3557, § 2, 12-3-85; Ord. No. 3832, § 1, 8-13-91)

Sec. 4-4-30. - Preemption.

This article shall not apply to any matter to which it concerns to the extent that the regulation of such matter is preempted by state law.

(Ord. No. 3832, § 1, 8-13-91)

Secs. 4-4-31—4-4-39. - Reserved.

ARTICLE 3. - HEALTH SERVICES FEE

Sec. 4-4-40. - Definitions.

The following terms used in this article shall have the meaning indicated below:

- (a) *Health Department* or *Department* shall mean the Orange County Health Care Agency.
- (b) *Health Officer* shall mean the County Health Officer or his or her duly authorized representative.
- (c) *Person* shall mean an individual, partnership, corporation or other legal entity.
- (d) *Receipt* shall mean a County public health services fee receipt.

(Code 1961, § 44.031; Ord. No. 3832, § 2, 8-13-91)

Sec. 4-4-41. - Purpose and authority.

The purpose of this article is to establish fees sufficient to meet the reasonable expenses of the Health Officer in enforcing State statutes, orders, quarantines and rules and regulations of State officers and departments relating to public health, which expenses are hereby found not to be met by the fees prescribed by the State. The authority for this article is contained in section 510 of the Health and Safety Code.

(Code 1961, § 44.032; Ord. No. 3832, § 2, 8-13-91)

Sec. 4-4-42. - Area of application.

This article shall be enforceable within the territory in which the Health Officer enforces any State statute, order, quarantine or rule or regulation of any State office or department relating to public health, including incorporated as well as unincorporated territory.

(Code 1961, § 44.033; Ord. No. 3832, § 2, 8-13-91)

**Sec. 4-4-43. - Violation.**

It shall be unlawful for any person to conduct any activity enumerated in this article without a valid receipt.

(Code 1961, § 44.034; Ord. No. 3832, § 2, 8-13-91)

**Sec. 4-4-44. - Separate activities.**

If a person shall conduct more than one of the activities for which a receipt is required, he must obtain a separate receipt for each activity, except as otherwise provided herein.

(Code 1961, § 44.035; Ord. No. 3832, § 2, 8-13-91)

**Secs. 4-4-45—4-4-51. - Reserved.**

**Editor's note—** Section 3 of Ord. No. 3557, adopted Dec. 3, 1985, repealed former §§ 4-4-50 and 4-4-51, pertaining to period of receipt and penalties and deriving from Code 1961, § 44.036; Ord. No. 3318, § 2, enacted Apr. 13, 1982; and Code 1961, § 44.037; Ord. No. 2886, § 1, enacted Jan. 6, 1976; and Ord. No. 3318, § 3, enacted Apr. 13, 1982, respectively.

**Sec. 4-4-52. - Applications.**

Applications for a receipt shall be filed with the Health Department on a form to be provided by that Department. The applications shall be accompanied by payment of the required fee. An applicant for or recipient of a receipt shall provide the Health Officer with any information requested by him or her.

(Code 1961, § 44.038; Ord. No. 3832, § 2, 8-13-91)

**Sec. 4-4-53. - Rules and regulations.**

The Health Officer shall administer this article and may issue regulations and prepare application and identification forms pertaining thereto.

(Code 1961, § 44.039; Ord. No. 3832, § 2, 8-13-91)

**Sec. 4-4-54. - Fees.**

The Board of Supervisors may, by resolution, establish fees required to recover costs of administration incurred pursuant to state law and the Codified Ordinances of the County of Orange, upon the payment of which fees a receipt shall be granted.

(Code 1961, § 0310; Ord. No. 2886, § 1, 1-16-76; Ord. No. 3097, § 1, 11-21-78, Ord. No. 3557, § 4, 12-3-85; Ord. No. 3832, § 2, 8-13-91)

**Sec. 4-4-55. - Reserved.**

**Editor's note**— Section 3 of Ord. No. 3557, enacted Dec. 3, 1985, repealed former § 4-4-55, pertaining to proration of health service fees and derived from Code 1961, § 44.0311, and Ord. No. 3318, § 4, enacted Apr. 13, 1982.

Sec. 4-4-56. - Temporary receipt.

A person may obtain a temporary receipt from the Health Department authorizing him to conduct an activity covered by this article for a period not exceeding ninety (90) days in any calendar year, upon payment of a fee equal to one-fourth of the annual fee for such activity or ten dollars (\$10.00), whichever is greater.

(Code 1961, § 44.0312)

Secs. 4-4-57—4-4-59. - Reserved.



COUNTY OF ORANGE  
Established Date: Mar 1, 1964  
Revision Date: Aug 19, 2016

# ENVIRONMENTAL HEALTH SPECIALIST I

Class Code:  
5108HP

## SALARY RANGE

\$29.52 - \$39.79 Hourly  
\$2,361.60 - \$3,183.20 Biweekly  
\$5,116.80 - \$6,896.93 Monthly  
\$61,401.60 - \$82,763.20 Annually

## DEFINITION:

Under general supervision, conduct a variety of inspections and investigations involving the enforcement and interpretations of environmental health laws and regulations; provide consultation and educational services to various businesses and the general public; and perform other related duties as required.

### The Environmental Health Specialist series includes the following:

Assistant Environmental Health Specialist (5105HP)  
Environmental Health Specialist I (5108HP)  
Environmental Health Specialist II (5112HP)  
Environmental Health Specialist III (5116HP)  
Supervising Environmental Health Specialist (5119SM)

## CLASS CHARACTERISTICS:

This is the first working level class in the Environmental Health Specialist series. Incumbents work under direct supervision while given complete responsibility for all inspection work and public educational activities within an assigned geographical area. Some positions may be assigned County-wide inspectional duties in more narrow and specific functions such as water quality control. Incumbents responsible for specific functions perform less difficult duties and do not have the primary staff consultation responsibility which characterizes the next higher class of Environmental Health Specialist II. This class differs from the Environmental Health Specialist II in that the latter is the journey level class that may be assigned to complete specialized program inspections and take the lead in responding to complex inspections.

## EXAMPLES OF DUTIES:

*Below is a descriptive list of the range of duties performed by employees in this classification. These examples are not intended to reflect all duties performed within the job and not all duties listed are necessarily performed by each individual.*

1. Inspects and investigates environmental health conditions for compliance with sanitation and public health laws and regulations in retail food facilities, water supply and sewage disposal facilities, public and semi-public swimming pools, schools and hospitals, body art facilities, recreational areas, mobile home parks, hotels, motels, apartments, and other housing units.
2. Checks for and determines significant variance from approved conditions in matters such as temperature of food, equipment design, ventilation, lighting, structural design, and sanitation, and recommends corrective measures; issues inspection reports, notices to correct, and permits.
3. Investigates citizen complaints related to environmental health problems; conducts preliminary epidemiological surveys in suspected cases of food, water, or vector-borne illness.
4. Conducts surveys to determine environmental health needs or success of previous or present programs; assists in the review and evaluation of environment impact reports.
5. Advises business owners, architects, engineers, builders, employees, and other members of the public on interpretation and conformity to applicable laws and regulations; gives educational material and lectures to interested groups.
6. Coordinates enforcement activities and maintains liaison with city enforcement agencies such as building and public works departments and fire and police departments.
7. May investigate complaints related to or resulting from rodents, flies, fleas, roaches, and other insects.
8. Prepares reports and correspondence; may assist in the gathering and preparation of legal evidence and present evidence and testimony in court proceedings.

## **MINIMUM QUALIFICATIONS:**

### **General Knowledge of**

- Basic principles of food science and technology such as food quality and its measurement, disposal of food wastes, food-borne infections and intoxicants, and the technological aspects of processing and preserving foods
- Principles and practices of inspection, detection, and sanitary control of food processing, water quality, solid wastes, and vector problems
- Major principles and practices of environmental health as it relates to institutional environments (hospitals, jails, schools, etc.), consumer protection, and occupational health
- Basic community health problems and governmental programs designed to control such health problems as solid waste disposal, water pollution, noise control, and vector control

- Telephone, office, and online etiquette
- County customer service objectives and strategies

**Some Knowledge of**

- The laws and regulations governing environmental health in California
- Design of food processing systems including types of materials used and their location in relation to public health needs
- Principles and methods of designing research studies such as data sources and collection methods necessary to obtain information on various public health and sanitation programs and problems

**Ability to**

- Plan and carry out field work without direct supervision
- Detect unsanitary conditions and obtain compliance with current environmental sanitation standards
- Communicate and interact in situations requiring instruction, persuasion, and counseling; participate in conferences, group discussions, and individual interviews
- Define problem areas; collect, interpret, and evaluate data and draw valid conclusion
- Learn and apply various laws and regulations involving changing standards in the environmental health field
- Coordinate visual observation and oral or written communications into concise, descriptive, written, or oral formats that reflect continuity of thought and effectively convey concepts or conclusions
- Use a County-approved means of transportation to travel to field sites

***Education and Experience***

No experience required.

***License/Certification***

Required licenses, certifications, and registration must be maintained throughout employment in this class.

A valid California Class C Driver's License. Employees in this class will be required to use their own personal vehicle.

A valid certificate of registration as a Registered Environmental Health Specialist (REHS) issued by the State of California.

**PHYSICAL, MENTAL, ENVIRONMENTAL AND WORKING CONDITIONS:**

***Physical and Mental Requirements***

Independent mobility to stand, climb stairs and ladders, and walk on uneven ground or wet, slippery floors. Continuous: upward and downward flexion of the neck. Frequent: sitting, and repetitive use of hands to operate computers, printers, and copiers. Manual dexterity to hand-write and use computers; corrected vision to read standard text, labels or color change indication test papers, monitoring equipment display screens, and computer screens. Occasional: bending and twisting of neck, bending and twisting of waist, squatting, simple grasping, reaching above and below shoulder level, and upper body strength to reach and move items from high shelves. May require lifting of materials weighing up to 30 pounds.

***Environmental and Working Conditions***

Will be required to work in an office and all types of field environments. Exposure to various weather conditions, hazardous gases, chemicals, pesticides, communicable diseases, pests/rodents, and other hazardous health conditions. Enter and perform work in establishments which may have nudity, sexually explicit pictures, and literature; come in contact with materials/waste including odors and fumes from various processes, cleaning solvents, chlorine, and insecticides; ability to tolerate very hot and cold temperatures; contact with hostile and irate individuals; and ability to work at heights higher than ten feet. May be required to work independently in remote locations.

# Voluntary National Retail Food Regulatory Program Standards

The Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards) ***define what constitutes a highly effective and responsive program*** for the regulation of foodservice and retail food establishments. They begin by providing a foundation and system upon which all regulatory programs can build through a continuous improvement process. The Retail Program Standards encourage regulatory agencies to improve and build upon existing programs. Further, they provide a framework designed to accommodate both traditional and emerging approaches to food safety. The Retail Program Standards are intended to reinforce proper sanitation (good retail practices) and operational and environmental prerequisite programs while encouraging regulatory agencies and industry to focus on the factors that cause and contribute to foodborne illness, with the ultimate goal of reducing the occurrence of those factors.

In support of this goal, FDA works cooperatively with our state, local, territorial and tribal partners using a risk-based approach to leverage limited resources. The Retail Program Standards represent an important component of a comprehensive strategic approach to help ensure the safety and security of the food supply at the retail level.

## Retail Flexible Funding Model (RFFM) Grant Program Now Open

In collaboration with the National Environmental Health Association (NEHA), the U.S. Food and Drug Administration's (FDA) Office of Regulatory Affairs is pleased to announce that registration for the Retail Flexible Funding Model (RFFM) Grant Program is now open. Grant applications will be accepted from September 9 through November 15, 2021. State, local, tribal, and territorial (SLTT) retail food regulatory programs may register and [apply for funding](http://neha.org/retailgrants). [⌵](http://neha.org/retailgrants) [⌵](http://www.fda.gov/about-fda/website-policies/website-disclaimer) [⌵](http://www.fda.gov/about-fda/website-policies/website-disclaimer)

To learn more about the RFFM Grant Program, please view our [YouTube video](https://youtu.be/Mm-oFvr7Utc). [⌵](https://youtu.be/Mm-oFvr7Utc) [⌵](http://www.fda.gov/about-fda/website-policies/website-disclaimer) [⌵](http://www.fda.gov/about-fda/website-policies/website-disclaimer)

## Upcoming Events

[FDA Retail Food Protection Training Courses](http://orauportal.fda.gov/stc/ora) (<http://orauportal.fda.gov/stc/ora>)

Registration is now open for the 2021 FDA Retail Food Protection Seminar. The Seminar will be held September 13-16, 2021. Registration is free! This event is open to all interested in retail food safety, including all state, local, territorial and tribal regulators, standardized officers, industry and academia.

September 13 and 14 will include general sessions for all attendees. Highlights include:

- Keynote address on The New Era of Smarter Food Safety from Frank Yiannas, Deputy Commissioner for Food Policy and Response, FDA.

- New funding opportunities for retail food regulatory programs.

- Retail Food Safety Regulatory Association Collaborative, challenge studies, the FDA deli risk factor study results, and much more.

On September 15 attendees are invited to participate in one of five breakout sessions. These sessions will provide a great opportunity to connect with your colleagues from the Northeast, Central, Southeast, Pacific or Southwest. If



you've never attended a local FDA seminar in the past, just pick one that looks interesting and make new connections. Don't worry about having to decide which breakout to attend. All the sessions at this seminar will be recorded and available for later viewing for one year by all registered attendees on the meeting website.

Four Retail Flexible Funding Model (RFFM) workshops are scheduled for September 16th. The workshops are designed to help regulatory jurisdictions apply for FDA funding under the RFFM. The workshop schedule is:

1:00 PM ET: How to Create a Comprehensive Strategic Improvement Plan (CSIP)

2:00 PM ET: How to Create a Project Implementation Plan (PIP)

3:00 PM ET: How to use NEHA's grant portal to submit a grant application

4:00 PM ET: Optional Resources to assist with navigating the RFFM

To register and learn more, please visit [Association of Food and Drug Officials \(https://www.afdo.org/events/2021-fda-retail-food-protection-seminar/\)](https://www.afdo.org/events/2021-fda-retail-food-protection-seminar/). [↗ \(http://www.fda.gov/about-fda/website-policies/website-disclaimer\)](http://www.fda.gov/about-fda/website-policies/website-disclaimer).

The website functions better in Google Chrome than Internet Explorer. YOU MUST REGISTER EVEN IF YOU DON'T INTEND TO WATCH THE LIVE EVENT BUT WISH TO WATCH RECORDED SESSIONS AT A LATER TIME. You will receive a registration confirmation email shortly after registering. An additional email notification will be sent approximately two weeks prior to the seminar with instructions on accessing the Virtual Meeting Platform. We look forward to meeting with you the week of September 13th. A special thanks to the Association of Food and Drug Officials (AFDO) for their assistance managing this event. AFDO will provide certificates of attendance for 16 contact hours.

Please contact your [FDA Retail Food Specialists \(/food/voluntary-national-retail-food-regulatory-program-standards/directory-fda-retail-food-specialists\)](/food/voluntary-national-retail-food-regulatory-program-standards/directory-fda-retail-food-specialists) with questions.

## Information about the Voluntary National Retail Food Regulatory Program Standards (Retail Program Standards)

- [Webinar Recording: Two Local Health Departments' Approach to Meeting Standards 3 and 6 \(https://www.naccho.org/programs/environmental-health/hazards/food-safety/retail-program-standards-mentorship?utm\\_source=MagnetMail&utm\\_medium=email&utm\\_term=peter.salsbury@fda.hhs.gov&utm\\_content=FSLL%20-%20July%202019&utm\\_campaign=Food%20Safety%20Leaders'%20List:%20July%202019#webinars\)](https://www.naccho.org/programs/environmental-health/hazards/food-safety/retail-program-standards-mentorship?utm_source=MagnetMail&utm_medium=email&utm_term=peter.salsbury@fda.hhs.gov&utm_content=FSLL%20-%20July%202019&utm_campaign=Food%20Safety%20Leaders'%20List:%20July%202019#webinars) [↗ \(http://www.fda.gov/about-fda/website-policies/website-disclaimer\)](http://www.fda.gov/about-fda/website-policies/website-disclaimer)  
This session focused on Retail Program Standards 3 (Inspection Program Based on HACCP Principles) and 6 (Compliance and Enforcement). Presenters from local jurisdictions described the relationship between the two standards and how they have worked to conform to the Standard requirements, and they shared tips and resources they have learned from the process.
- [Impact of the NACCHO Retail Program Standards Mentorship Program on Retail Food Regulatory Programs – Report \(http://www.naccho.org/uploads/full-width-images/report\\_retailprogramstandardsmentorship\\_sept2017.pdf\)](http://www.naccho.org/uploads/full-width-images/report_retailprogramstandardsmentorship_sept2017.pdf) [↗ \(http://www.fda.gov/about-fda/website-policies/website-disclaimer\)](http://www.fda.gov/about-fda/website-policies/website-disclaimer)
- [Accomplishments of the FDA and NACCHO Retail Program Standards Mentorship Program – Fact sheet \(http://www.naccho.org/uploads/card-images/environmental-health/factsheet\\_retailprogramstandardsmentorship\\_oct2017.pdf\)](http://www.naccho.org/uploads/card-images/environmental-health/factsheet_retailprogramstandardsmentorship_oct2017.pdf) [↗ \(http://www.fda.gov/about-fda/website-policies/website-disclaimer\)](http://www.fda.gov/about-fda/website-policies/website-disclaimer)
- [Voluntary National Retail Food Regulatory Program Standards \(/food/program-standards/voluntary-national-retail-food-regulatory-program-standards-january-2017\)](/food/program-standards/voluntary-national-retail-food-regulatory-program-standards-january-2017). November 2019

This page provides a copy of each standard, along with corresponding forms and worksheets.

- [Listing of Jurisdictions Enrolled in the Voluntary National Retail Food Regulatory Program Standards \(/food/program-standards/listing-jurisdictions-enrolled-voluntary-national-retail-food-regulatory-program-standards\)](/food/program-standards/listing-jurisdictions-enrolled-voluntary-national-retail-food-regulatory-program-standards) January 2022

This page provides information about jurisdictions that have enrolled in the Retail Program Standards. The information is updated on a quarterly basis to reflect enrollment changes such as new enrollments, as well as to recognize achievements made by current enrollees.

- [Crosswalk on Public Health Accreditation and Retail Program Standards \(http://eweb.naccho.org/prd/?na576PDF\)](http://eweb.naccho.org/prd/?na576PDF) [↗ \(http://www.fda.gov/about-fda/website-policies/website-disclaimer\)](http://www.fda.gov/about-fda/website-policies/website-disclaimer)

This document provides an overview of the similarities between the Retail Program Standards and the PHAB accreditation process and details the connections between the criteria that apply within each initiative. The detailed crosswalk provides specific examples of where documentation generated when implementing the Retail Program Standards can be used to satisfy documentation requirements associated with the accreditation process. This document will assist those who pursue conformance with the Retail Program Standards and PHAB Accreditation concurrently, without duplicating resources or effort.

## Links to Other Standards

- [Egg Regulatory Program Standards \(ERPS\) \(/federal-state-local-tribal-and-territorial-officials/regulatory-program-standards/egg-regulatory-program-standards-erps\)](/federal-state-local-tribal-and-territorial-officials/regulatory-program-standards/egg-regulatory-program-standards-erps)

The Egg Regulatory Program Standards provide a framework for state programs with responsibility for oversight of eggs and egg products. The program standards are designed to integrate the regulatory activities of partner agencies into an efficient and effective process for improving egg safety in the U.S.

- [Animal Feed Regulatory Program Standards \(AFRPS\) \(/federal-state-local-tribal-and-territorial-officials/regulatory-program-standards/animal-feed-regulatory-program-standards-afmps\)](/federal-state-local-tribal-and-territorial-officials/regulatory-program-standards/animal-feed-regulatory-program-standards-afmps)

The feed standards establish a uniform foundation for the design and management of state programs responsible for the regulation of animal feed.

- [Manufactured Food Regulatory Program Standards \(MFRPS\) \(/federal-state-local-tribal-and-territorial-officials/regulatory-program-standards/manufactured-food-regulatory-program-standards-mfrps\)](/federal-state-local-tribal-and-territorial-officials/regulatory-program-standards/manufactured-food-regulatory-program-standards-mfrps)

The Manufactured Food Regulatory Program Standards are a set of standards developed by the FDA, with input from state program managers, that can be used by the states as a guide for continuous improvement for state food manufacturing programs.

## Find Your Specialist

- [Directory of FDA Retail Food Specialists \(/food/program-standards/directory-fda-regional-retail-food-specialists\)](/food/program-standards/directory-fda-regional-retail-food-specialists)


## Funding and Grants

- [AFDO Cooperative Agreement \(http://www.afdo.org/retailstandards\)](http://www.afdo.org/retailstandards) [↗ \(http://www.fda.gov/about-fda/website-policies/website-disclaimer\)](http://www.fda.gov/about-fda/website-policies/website-disclaimer)
- [NACCHO Mentorship Program \(https://www.naccho.org/programs/environmental-health/hazards/food-safety/mentorship\)](https://www.naccho.org/programs/environmental-health/hazards/food-safety/mentorship) [↗ \(http://www.fda.gov/about-fda/website-policies/website-disclaimer\)](http://www.fda.gov/about-fda/website-policies/website-disclaimer)
- [FDA/ORO/Office of Partnerships \(UCM234305\)](#)

## Contact FDA


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Center for Food Safety and Applied Nutrition

Food and Drug Administration

5001 Campus Drive

College Park, MD 20740

Industry and Consumer Assistance (</food/resources-you-food/industry-and-consumer-assistance-cfsan>)

# MODEL LOCAL ENVIRONMENTAL HEALTH PROGRAM PLAN 2011



**California Conference of  
Directors of Environmental Health**

## MODEL LOCAL ENVIRONMENTAL HEALTH PROGRAM PLAN

FOOD SAFETY, DEFENSE, AND  
CONSUMER PROTECTION

LIQUID WASTE

HOUSING AND INSTITUTIONS

CERTIFIED UNIFIED PROGRAM AGENCY  
(HAZARDOUS MATERIALS/WASTE,  
UNDERGROUND STORAGE TANKS,  
ACCIDENTAL RELEASE PREVENTION,  
ABOVEGROUND STORAGE TANKS)

RECREATIONAL HEALTH/PUBLIC  
POOLS

HOUSEHOLD HAZARDOUS WASTE

WATER QUALITY

MEDICAL WASTE

LAND USE

GROUNDWATER AND SOIL CLEAN-UP

SOLID WASTE

EMERGENCY PREPAREDNESS  
AND DISASTER RESPONSE

PREPARED AND APPROVED BY THE  
CALIFORNIA CONFERENCE OF DIRECTORS OF ENVIRONMENTAL HEALTH  
SEPTEMBER 30, 2011

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## PREFACE

This document, prepared by the California Conference of Directors of Environmental Health (CCDEH), and in collaboration with the California Department of Public Health (CDPH) Center for Environmental Health, includes model program plans for the major environmental health programs conducted by local environmental health agencies in California. The preparation of the Model Environmental Health Program Plan conforms with the strategic directions of CCDEH which are identified as: Advocacy; Training and Education; Program Implementation; Membership Support and Development; and Organizational Capacity. It is intended that each local environmental health agency reference the following information to develop and implement written program plans for each program in which the agency provides services or conducts activities. Local plans should be designed for the environmental conditions and needs of each community.

This document is a revision of the "*Model Local Environmental Health Program Plan 1993*" prepared by CCDEH. That plan was a major revision of the January 1980 "*Program Plans for Local Environmental Programs*" prepared by the State Department of Health Services, Local Environmental Health Program Section (LEHPS) and "*Services in a Local Environmental Health and Sanitation Program*" September 1976.

The California Conference of Directors of Environmental Health (CCDEH) recognizes the importance for updating and periodically reviewing the statutory basis and requirements for Environmental Health Programs and, as a result, has prepared this document. The individual model program plans were reviewed and revised as needed by both the California Department of Public Health, Center for Environmental Health, and the appropriate CCDEH policy committee charged with "legislative review, program planning, strategic planning and conflict resolution" in each of the policy committees' assigned program areas. Current CCDEH policy committee assignments include:

- Community Environmental Health
- Data/Information Technology
- Food
- Hazardous Materials
- Land Use
- Solid Waste

The frequency of inspection guidelines in Appendix 1 reference legally-mandated requirements where applicable. Absent statutory or regulatory requirements, frequencies are based on best management practices and the experience and professional judgment of state and local environmental health professionals. The guidelines represent the minimum level of service necessary to produce satisfactory program outcomes. Individual counties/cities may have county/city environmental health ordinances which require a higher frequency of inspection but these are not specifically identified in the model program plan.

Within each model program plan are sections on: Purpose, Legal Authority, Objectives, Activities, and Philosophy/Policy Issues. The information in the sections will assist local environmental health programs in the development of individualized program plans.

Adequate staff training is necessary for effective implementation of the programs in this plan. Although staff training is not specifically mentioned in each program area, it is an essential part of the program plan. In addition, individual environmental health agencies have the option of being certified as an Accreditation Agency for approval and administration of Registered Environmental Health Specialist Continuing Education Hours and Courses.

In addition, a data management system is necessary for each environmental health agency for permitting, time accounting, activity logging, budgeting, invoicing, accounts receivable, generating reports, complaint tracking, and data storage. Where applicable, specific data management requirements or systems are referenced in the appropriate program area. Also for reference is Appendix 5, Draft Performance Measures, which provides a resource for directors and CCDEH Policy Committees to identify desirable outcomes and track results.

Environmental Health agencies are organized in many different ways in California. Local Environmental Health agencies can be located within a health agency, a resource or community development agency, or as a separate department. Those Environmental Health programs administered under a local health agency must be organized under the provisions of Chapter 3, Subchapter 1 (Section 1250 et seq.) of Title 17 of the California Code of Regulations (CCR). Title 17 CCR Subchapter 2 of Chapter 3 specifies the standards for Comprehensive Environmental Agencies. Comprehensive Environmental agencies are those responsible to a Board of Supervisors rather than to or through a local health agency. In either case, environmental health programs must be administered by a Director of Environmental Health who possesses valid certification as a Registered Environmental Health Specialist in the state of California. A listing of all local Environmental Health service providers in California and their organization, whether part of the local health agency or a comprehensive environmental agency, is included in Appendix 2.

CCDEH believes environmental health programs and activities are an integral part of public health and are vital to local communities. CCDEH also believes effective environmental health programs can be delivered through a variety of local service delivery models. For local environmental health agencies, the availability of resources, working relationships; and expertise are more important than organizational structure. For instance, when a health emergency has been declared by the board of supervisors, city council, or local health officer, California Health & Safety Code Section 101310 vests the local health officer with the supervision and control over all environmental health and sanitation programs and personnel employed by the city/county during the state of emergency. To be most effective, the fostering and availability of the above items need to be developed and provided permanence before any such emergency arises.



Currently in California there are 62 local environmental health jurisdictions – 58 counties and 4 cities. These jurisdictions are responsible for enforcing a wide range of environmental and public health laws and regulations. Typically the area of responsibility includes, but is not limited to nine primary program elements<sup>1</sup>:

1. Food Safety
2. Housing and Institutions
3. Recreational Health
4. Water Quality
5. Land Use
6. Solid Waste
7. Liquid Waste
8. Certified Unified Program Agency (CUPA): Hazardous Materials/Waste; Underground Storage Tanks; Accidental Release Prevention; Aboveground Storage Tanks.
9. Medical Waste

These primary program elements are broad categories and each element can encompass a variety of activities. For example the land use element may include responsibility in land development regulation, domestic water supply, sewage and solid waste disposal, storm water drainage, community noise, vector control, and animal confinement facilities. Factors such as availability of resources, demonstrated need, and local decisions as to what programs are conducted also determine the scope of the local program. For example, it is a local decision whether to seek primacy designation from the state for programs such as regulation of small water systems, medical waste generators, and solid waste facilities.

To be an effective resource, this Model Local Environmental Health Program Plan must be reviewed and updated as programs are modified or new programs are established. The revised Program Plan will be considered by CCDEH members for adoption at the annual conference.

CCDEH gratefully acknowledges the significant participation and contributions to the revision of this document by the CCDEH policy chairs and CDPH staff.

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<sup>1</sup> Source: California Conference of Directors of Environmental Health Pamphlet (2005)

## CHAPTER I

### STATEMENT OF PURPOSE

The purpose of an Environmental Health program is to protect the health, safety and well-being of the public, and to preserve and improve the quality of the environment.

To fully understand the mission of Environmental Health, it is necessary to define the terms used. For example, the State/Local Task Force Study on Environmental Health Programs<sup>2</sup> defines environmental health in the following manner:

Environmental Health consists of those organized activities undertaken to protect and enhance the public's health through the control of potentially harmful materials, organisms, energies and conditions in the environment. The term "health" is used in its broadest context to mean not just the absence of disease, but rather a complete state of physical, mental and social well-being.

Based on this definition, it is clear that the two major aspects in an environmental health program are the prevention of disease, and the protection and promotion of human well-being.

The prevention aspect is characterized by efforts to break the chain of transmission of disease or the occurrence of unhealthful conditions. A typical example of an activity in this category is the routine collection and analysis for bacteriological and chemical contaminants in water samples taken from water supplies. This activity is designed to detect and prevent enteric water-borne diseases and to identify non-potable water. The protection and promotion of human well-being is also exemplified by environmental health activities intended to contain hazardous elements and to control nuisances which interfere with the comfort and enjoyment of life and the use of the environment by all who live in, or visit, the State of California. This aspect of environmental health is also seen in the consumer protection activities which seek to prevent fraudulent advertising or labeling, and adulteration of food products.

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<sup>2</sup> The State/Local Task Force study on Environmental Health Programs, Environmental Health Service Delivery Within California, California State Department of Health Services, January 1980, Page L

## CHAPTER II

### LEGAL AUTHORITY

Legal authority for environmental health programs is cited in the California Health and Safety Code; California Code of Regulations Title 17 and Title 22; and local ordinances and regulations.

Background: The State of California has mandated and delegated, to local health or comprehensive environmental agencies, the responsibility for environmental health programs. The delineation of these programs, including the goal, responsibility, legal authority, designated agency for enforcement, and activities associated with the programs are found in the document: "SERVICES IN A LOCAL ENVIRONMENTAL HEALTH AND SANITATION PROGRAM". This document was prepared by the California Conference of Directors of Environmental Health and the Local Environmental Health Programs Section, State Department of Health Services. It was also approved by the California State Department of Health Services in September 1976.

#### **ADMINISTRATION:**

The California Health and Safety Code includes:

Section 101000: *"Each board of supervisors shall appoint a health officer who is a county health officer."*

Section 101030: *"The county health officer shall enforce and observe in the unincorporated territory of the county, all of the following:*

- (a) Orders and ordinances of the Board of Supervisors, pertaining to the public health and sanitary matters.*
- (b) Orders, quarantine and other regulations, and rules prescribed by the department.*
- (c) Statutes relating to public health."*

Section 101400: *"The board of supervisors may contract with a city in the county, and the governing body of a city may contract with the county for the performance by health officers or other county employees of any or all enforcement functions within the city related to ordinances of public health and sanitation, and all inspections and other related functions."*

Section 101405: *"Whenever a contract has been duly entered into, the county health officer and his or her deputies shall exercise the same powers and duties in the city as are conferred upon city health officers by law."*

Authority for a city health officer is found in Section 101460 of the California Health and Safety Code:

*"Every governing body of a city shall appoint a health officer, except when the city has made other arrangements, as specified in this code, for the county to*

*exercise the same powers and duties within the city, as conferred upon city health officers by law.*

Section 101470: *"Each city health officer shall enforce and observe all of the following:*

- (a) Orders and ordinances of the governing body of the city pertaining to public health.*
- (b) Orders, quarantine and other regulations, concerning the public health, prescribed by the department.*
- (c) Statutes relating to the public health."*

#### **FOR ENVIRONMENTAL HEALTH AGENCIES OPERATING UNDER HEALTH SERVICES AGENCIES:**

The California Code of Regulations, Title 17, Section 1254 states:

*"Environmental Health Staff. There shall be an adequate staff of Registered Environmental Health Specialists under the direction of a Director of Environmental Health. In addition, the staff shall include such other support personnel as are required to carry out the environmental health program."*

California Code of Regulations, Title 17, Section 1308 states:

*"Director of Environmental Health. A Director of Environmental Health shall hold a valid Certificate of Registration as a Registered Environmental Health Specialist in the State of California and shall have had three or more years experience in an environmental health agency (a Master's Degree in Public Health, Health Science, Public Administration, or a related field may be substituted for one year of the required experience."*

California Code of Regulations, Title 17, Section 1328 states:

*"Budget and Program. Local health departments shall submit a budget each year, showing a total plan for the expenditure of public health funds during the year, together with an outline of the program contemplated. The appropriation made in support of such budget shall also be reported."*

California Code of Regulations, Title 17, Section 1329 states:

*"Reports. Local health departments shall report their expenditures, and shall submit reports of services and operations upon forms provided for that purpose, at such times as the State Department of Health Services may require."*

#### **PROGRAMS AND SERVICES:**

California Code of Regulations, Title 17, Section 1276 states:

*"Basic Services. The health department shall offer at least the following basic services to the health jurisdiction which it serves ... (e) Environmental health and sanitation services and programs in accordance with an annual plan and program outline as required in Title 17, Section 1328 and approved by the State Department of Health Services and the applicable services and program standards as specified in the State Department of Health's 'Services in a Local*

*Environmental Health and Sanitation Program: September 1976'. The required services and programs shall be as follows:*

- (1) Food.*
- (2) Housing and Institutions.*
- (3) Radiological health in local jurisdictions contracting with the State Department of Health to enforce the Radiation Control Law pursuant to Section 25600-25654 and Sections 25800-25876, Health and Safety Code.*
- (4) Milk and dairy products in local jurisdictions maintaining an approved milk inspection service pursuant to Section 32503, Food and Agriculture Code*
- (5) Water oriented recreation*
- (6) Safety.*
- (7) Vector Control.*
- (8) Waste Management.*
- (9) Water Supply.*
- (10) Air Sanitation.*
- (11) Additional environmentally related services and programs as required by the County Board of Supervisors, City Council, or Health District Board.*
- (12) and may include land development and use."*

**FOR ENVIRONMENTAL HEALTH AGENCIES OPERATING OUTSIDE OF HEALTH SERVICES AGENCIES:**

California Health and Safety Code, Section 101275 allows comprehensive environmental health programs outside a health department:

*Section 101275. "Notwithstanding Section 101260, a county board of supervisors may, with the concurrence of the director, transfer the total function of providing environmental health and sanitation services and programs to a comprehensive environmental agency of the county other than the county health department. The county shall continue to receive funds appropriated for the purposes of this article if it complies with all other minimum standards established by the department and if the environmental health and sanitation services and programs are maintained at levels of quality and efficiency equal to or higher than the levels of the services and programs formerly provided by the county health department."*

Section 101280. *"If a transfer authorized by Section 101275 is made:*

*(a) Each agency shall employ as the immediate supervisor of the environmental health and sanitation services a director of environmental health who is a registered environmental health specialist and the agency shall employ an adequate number of registered environmental health specialists to carry on the program of environmental health and sanitation services.*

*(b) Wherever, in any statute, regulation, resolution, or order, a power is granted to, or a duty is imposed upon, a county health officer or county health department pertaining to environmental health and sanitation services and programs transferred by the board of supervisors, these powers and duties shall be delegated by the local health officer to the director of environmental health, who shall thereafter administer these powers and duties.*

*(c) The department shall adopt regulations pertaining to minimum program and personnel requirements of environmental health and sanitation services and programs. The department shall periodically review these programs to determine if minimum requirements are met.*

*(d) Whenever the board of supervisors determines that the expenses of its environmental health director in the enforcement of any statute, order, quarantine, or regulation prescribed by a state officer or department relating to environmental health and sanitation are not met by any fees prescribed by the state, the board may adopt an ordinance or resolution prescribing fees that will pay the reasonable expenses of the environmental health director incurred in enforcement. The schedule of fees prescribed by ordinance or resolution of the board of supervisors shall be applicable in the area in which the environmental health director enforces any statute, order, quarantine, rule, or regulation prescribed by a state officer or department relating to environmental health and sanitation."*

The following sections apply only to comprehensive environmental agencies.

California Code of Regulations, Title 17, Section 1351 states:

*"Comprehensive Environmental Agency. (Comprehensive Environmental Agency) means an agency responsible to the Board of Supervisors which has been assigned the total function of providing environmental health and related environmental management functions which the Board of Supervisors may choose to delegate to the agency."*

California Code of Regulations, Title 17, Section 1355 states:

*"Director of Environmental Health. (a) There shall be a full-time Director of Environmental Health who shall be responsible for the administration of environmental health and sanitation services and programs. (b) The Director shall meet the following minimum qualifications:*

*(1) Possession of a valid Certificate of Registration as an Environmental Health Specialist in the State of California.*

*(2) Three or more years experience in an environmental health agency. A Master's Degree in Public Health, Health Science, Public Administration, or a related field may be substituted for one year of the required experience."*

California Code of Regulations, Title 17, Section 1369 states:

*"Powers and Duties of the Director of Environmental Health*

*(a) The Director of Environmental Health shall have powers and duties relating to environmental health and sanitation services and programs.*

*(b) The powers and duties shall be clearly delineated in writing and shall provide for well-defined, direct lines of communication with the county or district health officer to assure coordination of public health programs and environmental health and sanitation services and programs.*

*(c) These regulations shall not be deemed to diminish or impede any additional powers and duties of the Director of Environmental Health specified by statute, rule, regulation, resolution or order, or which may have been delegated to him/her by the county or district health officer."*

California Code of Regulations, Title 17, Section 1357 states:

*"Environmental Health Staff.*

*There shall be an adequate staff of Registered Environmental Health Specialists meeting the qualifications established by the State Department of Health pursuant to provisions of the Health and Safety Code and other support personnel necessary to implement agency services and programs. Staffing units shall be equal to or greater than those levels provided by the environmental health unit of the health department prior to the transfer."*

#### PROGRAMS AND SERVICES:

California Code of Regulations, Title 17, Section 1353 states:

*"Environmental Health and Sanitation Services and Programs. Environmental Health and Sanitation Services and Programs means those agencies provide services and programs which are required by the Director of the State Department of Health Services to meet local environmental health and sanitation needs. The term shall include additional environmentally related services and programs for which responsibility has been delegated to the agency by the County Board of Supervisors or Health District Board."*

California Code of Regulations, Title 17, Section 1371 states:

*"Basic Program. (a) Environmental health and sanitation services and programs shall be offered in accordance with an annual program plan approved by the State Department of Health Services and the applicable services and programs standards as specified in the State Department of Health Services 'SERVICES IN A LOCAL ENVIRONMENTAL HEALTH AND SANITATION PROGRAM': September 1976. The required services and programs shall be as follows:*

- (1) *Food.*
- (2) *Housing and Institutions.*
- (3) *Radiological health in local jurisdictions contracting with the State Department of Health Services to enforce the Radiation Control Law pursuant to Sections 25600-25654 and Sections 25800-25876, Health and Safety Code.*
- (4) *Land development and uses.*
- (5) *Milk and dairy products in local jurisdictions maintaining an approved milk inspection service pursuant to Section 32503, Food and Agricultural Code*
- (6) *Occupational Health*
- (7) *Water Oriented Recreation.*
- (8) *Safety.*
- (9) *Vector Control.*
- (10) *Wastes Management.*
- (11) *Water Supply.*
- (12) *Additional environmentally related services and programs as required by the County Board of Supervisors, City Council, or Health District Board.*
- (13) *Air Sanitation."*

California Code of Regulations, Title 17, Section 1373 states:

*"Annual Program Plans. (a) Each county or district shall submit to the State Department of Health Services, annually for approval, program plans in each of the categories specified in Section 1371.*

*(b) The annual program plans shall contain information pertaining to community needs, authority, goals, objectives, activities, personnel, and program evaluation as may be required by the State Department of Health Services."*

California Code of Regulations, Title 17, Section 1375 states:

*"State Financial Aid. County or district eligibility for funds pursuant to Division 1, Part 2, Chapter 8 (commencing with Section 1100) of the Health and Safety Code shall be contingent upon fulfillment by the agency of all environmental health and sanitation requirements imposed upon county or district health departments by state statutes, rules, regulations and orders, and by local ordinances."*



## **CHAPTER III PROGRAM PLAN GUIDELINES**

### **PURPOSE**

The purpose of this document is to provide guidance for preparation of local environmental health program plans.

### **THE CONCEPT OF PROGRAM**

As used in this program plan, the term program is defined as "an organized response to reduce or eliminate one or more community environmental health problem(s)." As this definition encompasses activities ranging in scope from very limited (for example, a food handler training program) to very comprehensive (for example, a community food protection program), it is necessary to arbitrarily designate program categories in order to avoid extremes and to provide uniformity. Thus, the categories listed in California Code of Regulations, Title 17, Sections 1276 (e) and 1371 are to be utilized in developing program plans.

A program, as distinguished from an assortment of activities, exists only as a result of a formal planning process, including the following steps: (1) Defining the purpose, (2) identifying responsibility and legal authority, (3) specifying quantitative objectives (Note: Draft Performance Measure Guidelines in Appendix 5), (4) listing program activities and implementation plans necessary to achieve stated objectives, and (5) identifying the general philosophy/policy issues. The program plan guidelines described herein are derived from the procedural approach.

### **PROGRAM PLAN CONTENT**

Program plans should contain the following components:

1. Purpose Statement  
This statement simply identifies the purpose of the program.
2. Authority  
The unit or units of the environmental health entity responsible for performing each of the listed activities should be designated. This is especially important where, in a given program, different units perform different activities within the same geographical area.

Authority consists of the legal and policy citations for program responsibility. These include State laws and regulations, local ordinances, resolutions of governing bodies, interagency contracts or agreements, and organization policy directives.

### 3. Objectives

An objective is an expanded, detailed, and itemized description of program goals, stated in precise quantitative terms. The objective should describe the condition which is desired to be attained or maintained (what), the amount of this condition intended to exist (how much), at some future time (when), the particular people or portion of the environment of concern (who), and the geographic area within which the concern exists (where). Generally, each program will have several objectives, each of which relates to a specific aspect of the purpose. Guidelines for development of performance measures to achieve objectives are located in Appendix 5.

### 4. Activities

Activities are the dynamic, energy-utilizing procedures carried out by program personnel to accomplish program objectives. Activities include inspections, laboratory analyses, plan checks, court appearances, training sessions, and a large variety of other necessary actions. It is desirable to designate a set of activities for each objective. The activity statement should describe what will be done, the method to be used, and the time sequence in which the activities will be performed.

### 5. Philosophy /Policy Issues

This section states the general concepts of education, enforcement, and program implementation.

The format for each program will be as follows:

- I. Purpose
- II. Authority
- III. Objectives
- IV. Activities
- V. Philosophy/Policy Issues

#### SUPPLEMENTAL ITEMS:

It is also recommended that environmental health agencies include in their individual program plans:

- Introduction
- Vision, Mission, and Value Statements
- Historical Information
- Description of Organizational Framework
- Organizational Chart

## CHAPTER IV

### SUMMARIES OF ENVIRONMENTAL HEALTH PROGRAMS

The following eleven (11) program areas are common within Environmental Health agencies:

- Food Safety, Defense, and Consumer Protection
- Housing and Institutions
- Recreational Health
- Water Quality
- Land Use
- Solid Waste
- Liquid Waste
- Certified Unified Program Agency (CUPA)
- Household Hazardous Waste
- Medical Waste
- Groundwater and Soil Clean-up

#### **Food Safety, Defense, and Consumer Protection**

The Food Safety, Defense, and Consumer Protection Program consists of six (6) elements:

- Retail and Consumer Protection
- Sherman Food, Drug and Cosmetic
- Food Sanitation Act
- Water Vending Machines, Retail Water Facilities, and Water Haulers
- Milk Products Plant Inspection
- Food Facility Plan Check and Construction

The purpose of this program is to assure that food provided for human consumption is wholesome, properly labeled and advertised, and that it has been produced, handled, and stored under conditions and by practices which are safe and sanitary.

Activities within the program include the inspection of restaurants, markets, bars, bakeries, wholesale food facilities, vending machines, farmers markets, commissaries, mobile food facilities, and temporary facilities. Restaurant menus, food advertising and labeling are evaluated to determine compliance with the consumer protection requirements of the California Retail Food Code, and the Sherman Food, Drug and Cosmetic Law, by those cities/counties delegated authority under the Sherman Food, Drug and Cosmetic Law. Water vending machines are permitted and monitored.

Suspected foodborne illnesses and citizen complaint investigations are also activities of this program. Construction plans of new or remodeled food establishments are reviewed and construction inspections are conducted to assure compliance with appropriate laws and regulations.

## **Housing and Institutions**

The Housing and Institutions Program consists of the following elements:

- Substandard Housing
- Employee Housing (labor camps).
- Motels/Hotels
- Jails/Detention Facilities
- Organized Camps.
- Mobile Home Parks

This program is established to gain compliance with the requirements for sanitation, maintenance, ventilation, use and occupancy for apartments, dwellings, labor camps, motels/hotels, detention facilities, and organized camps. These facilities are inspected under provisions of California state laws in order to ensure safe and healthful shelter for all residents and visitors. Radon, lead and asbestos issues are included in the housing program.

Detention facilities, motels/hotels, organized camps and labor camps are inspected on a routine and complaint basis. The organized camp and labor camp programs are not a state-mandated programs.

## **Recreational Health**

The Recreational Health Program consists of three elements:

- Lakes, Streams, and Beaches
- Public Pools/Spas
- Public Pool Plan Check and Construction

The purpose of this program is to assure that all public recreational waters, and public pools and spas are free of safety hazards, disease and life threatening occurrences.

Routine inspections are conducted of public pools, spas, and beach recreational areas. Public pools and spas are evaluated for water quality, proper recirculation, and maintenance. They are also inspected to assure that the required safety equipment, signs, fences, and gates are provided and maintained. Plans for new pools or remodeling of existing pools are reviewed and construction inspections conducted to assure compliance with appropriate laws and regulations.

## **Water Quality**

The Water Quality Program is made up of four (4) elements:

- Small Public Water System Regulations
- State Small Water Systems
- Private Well Construction/ Abandonment Permitting
- Cross-Connection Control Program

This program seeks to assure that public and private water supplies are suitable for domestic uses. Small public water systems are routinely inspected to assure proper operation and maintenance.

Bacteriological and chemical water samples may be collected from water supply systems and in response to consumer complaints. The cross-connection control element attempts to prevent poisoning and disease by assuring that drinking water supplies are protected against contaminating backflow of hazardous chemicals or infectious materials through cross-connections within premises where the public may be exposed. In order to protect public health and the environment, the well element prevents groundwater contamination and safety hazards through the regulation of construction, abandonment and destruction of all types of wells.

## **Land Use**

The Land Use Program safeguards and promotes the health and well-being of the public through the application of environmental health principles of effective land use. It prevents public health hazards and mitigates environmental degradation that may result from improperly planned land developments.

The mission of this program is accomplished by reviewing and evaluating land use proposals and providing environmental health input. Activities related to this function include formal review of proposed animal confinement facilities, subdivisions, lot splits, conditional use permits, rezoning, variances and other land- related projects. The Land Use Program evaluates proposed land developments for compliance with laws regarding domestic water supply, sewage and solid waste disposal, drainage, community noise and vector control. In addition, environmental impact reports are reviewed to assure that adequate attention has been given to public health and environmental health.

## **Solid Waste**

The purpose of the Solid Waste Management Program is to protect the health, safety and well-being of the public and to preserve and improve the quality of the environment by assuring proper storage and disposal of solid waste; to minimize the presence of flies, rodents and other vectors relating to solid waste; and to control airborne waste, water pollution, scenic blight, public nuisances and safety hazards relating to the accumulation, storage, collection, processing, and disposal of solid waste.

Environmental Health agencies have the option of becoming a certified local enforcement agency to regulate solid waste activities. Environmental Health's role in solid waste includes: to participate in the county-wide Solid Waste Management Program with other concerned agencies in the development and continuous updating of the Management Plan; to enforce solid waste laws for which it has direct enforcement responsibility; to coordinate enforcement efforts with state and local agencies; to assure that cities, sanitary districts and disposal agencies are in compliance with state regulations; to approve and issue permits for landfills and transfer stations to be built in the city/county; to investigate closed and abandoned landfills; and to investigate citizen complaints regarding solid waste.

### **Liquid Waste**

The purpose of the Liquid Waste Program is to protect the health of the public and environment from the improper disposal of sewage from on-site sewage and greywater systems; to educate the public on the proper operation and maintenance of sewage systems; and to regulate septage haulers to assure proper disposal of septage.

### **Certified Unified Program Agency (CUPA)**

Senate Bill 1082 of 1993 required the Secretary of the California Environmental Protection Agency (Cal/EPA) to establish a "unified hazardous waste and hazardous materials management" regulatory program (Unified Program) by January 1, 1996. Each implementing agency is required to be certified by Cal/EPA to conduct the Unified Program as a Certified Unified Program Agency (CUPA). Certain agencies, under a Participating Agency agreement with a CUPA, can conduct portions of the Unified Program.

The purpose of the CUPA is to consolidate, coordinate, and to make consistent the administrative requirements, permits, inspections, and enforcement activities of the following six environmental and emergency response programs within its jurisdiction:

The six programs are the:

- Hazardous Materials Release Response Plans and Inventories (Business Plans) (HMBP); Which includes the CERS
- California Accidental Release Prevention (CalARP) Program;
- Underground Storage Tank Program (UST);
- Aboveground Petroleum Storage Act Requirements for Spill Prevention, Control and Countermeasure (SPCC) Plans (AST);
- Hazardous Waste Generator and Onsite Hazardous Waste Treatment (tiered permitting) Programs (HWG); and
- California Uniform Fire Code: Hazardous Material Management Plans and Hazardous Material Inventory Statements.

## Household Hazardous Waste

A supplemental program that is not administered under the Unified Program is the Household Hazardous Waste Program. The purpose of the Household Hazardous Waste Program is to ensure proper storage and disposal of paint, used oil, batteries and other household hazardous waste through permanent/temporary collection facilities or satellite collection facilities. Some environmental health agencies have also become involved in electronic and pharmaceutical waste programs.

## Medical Waste

The purpose of this program is to protect the health of the public, health care facility personnel, and landfill personnel from exposure to medical wastes containing potentially communicable pathogenic organisms. The purpose of this program is accomplished by regulation of medical waste generators through inspection, complaint investigation, emergency response, enforcement, public education and assistance to industry.

## Groundwater and Soil Clean-up Program

The purpose of this program is to oversee the cleanup of contaminated sites resulting from leaking underground storage tank systems and improper storage or disposal of hazardous materials.

Environmental Health staff investigates releases that have occurred from underground storage tank systems, and notify the responsible party of their obligation to identify the extent of contamination and initiate appropriate clean-up efforts. Staff review work plan proposals, evaluate site assessment reports, and direct final sampling to verify that remediation has been completed. Staff is responsible for ensuring that all contaminated soil and groundwater at sites requiring clean-up are properly treated or disposed of in accordance with criteria that have been established to protect public health and the environment.

In addition to the eleven (11) major program areas, environmental health agencies in counties/cities also provide the following programs:

- Animal Control
- Smoking Regulation
- Rabies Control
- Milk/Dairy Programs
- Sludge Regulation
- Air Pollution
- Incident/Disaster Response
- Radiation/Occupational Health
- Vector Control
- Office of Emergency Services
- Noise Regulation
- Cross Connection Prevention

## **Summary Outline of Environmental Health Programs**

### **A Food Safety, Defense, and Consumer Protection**

1. Retail Food Safety, Defense, and Consumer Protection
2. Sherman Food, Drug and Cosmetic Law
3. Food Sanitation Act
4. Water Vending Machines
5. Milk Products Plant Inspection
6. Food Facility Plan Check and Construction

### **B Housing and Institutions**

1. Employee Housing
2. Substandard Housing
3. Motels/Hotels
4. Detention Facilities
5. Organized Camps
6. Mobilehome Parks

### **C Recreational Health**

1. Lakes, Streams, and Beaches
2. Public Pools/Spas
3. Public Pool Plan Check & Construction

### **D Water Quality**

1. Small Public Water System Regulations
2. Private Well Construction/Abandonment
3. Cross-Connection Control Program
4. State Small Water System Regulations

### **E Land Use**

### **F Solid Waste**

### **G Local Enforcement Agency**

### **H Liquid Waste**

### **I On-site Sewage Systems**

1. Septage Haulers
2. Greywater Systems/Wastewater Reclamation

### **J Certified Unified Program Agency (CUPA)**

1. Hazardous Materials Release Response Plans and Inventories (Business Plans) (HMBP) and California Electronic Reporting System (CERS)
2. Hazardous Waste Generator and Onsite Hazardous Waste Treatment (Tiered Permitting) Programs (HWG)
3. California Accidental Release Prevention (CalARP) Program
4. Underground Storage Tank Program



5. Aboveground Petroleum Storage Tank (AST) Program
6. California Uniform Fire Code: Hazardous Materials Management Plans and Hazardous Material Inventory Statements

- K Household Hazardous Waste**
- L Emergency Response**
- M Medical Waste**
- N Proposition 65 Reporting**
- O Groundwater and Soil Clean-up**

**CHAPTER V**  
**ORGANIZATION OF PROGRAM ACTIVITIES**

## **FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION**

- **RETAIL FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION**
- **SHERMAN FOOD, DRUG AND COSMETIC LAW / FOOD SANITATION ACT**
- **WATER VENDING MACHINES, RETAIL WATER FACILITIES AND WATER HAULERS**
- **MILK PRODUCTS PLANT INSPECTIONS**
- **FOOD FACILITY PLAN CHECK AND CONSTRUCTION**

## PROGRAM PLAN

### PROGRAM: FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION

ELEMENT: RETAIL FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION

#### I PURPOSE

The purpose of this element of the Food Safety, Defense, and Consumer Protection Program is to prevent the occurrence of foodborne illnesses; to promote the preparation, production and service of food in hygienic, appealing food facilities; to protect the health of the food worker by encouraging safe and sanitary on-the-job working conditions; to assure the consumer of proper menu labeling; and to provide proactive outreach to the public.

#### II AUTHORITY

##### A. State

1. California Health and Safety Code, Sections 113700 et seq., (California Retail Food Code).
2. California Health and Safety Code, Sections 109875 et seq., California Sherman Food, Drug and Cosmetic Law.
3. California Health and Safety Code, Sections 111950 -112055, Food Sanitation Act.
4. California Code of Regulations, Section 1254 and 1308 requiring adequate staff of qualified Registered Environmental Health Specialists and providing that the Director shall also be a Registered Environmental Health Specialist.

##### B. Summary

The Environmental Health Agency's activities were initiated over the years pursuant to state legislation. The State Food Sanitation Act, the Bakery Sanitation Law, and the Restaurant Act were adopted as regulations. The Retail Food Production and Marketing Establishment Law came into effect in 1972. In 1985, the California Uniform Retail Food Facilities Law (CURFFL) established regulatory requirements for retail food facilities once governed by the Restaurant Act, Bakery Law, and the Retail Food Production and Marketing Establishment Law. This law came into effect on January 1, 1985 and superseded all previously enacted laws related to retail food production and sales.

In 2007, the California Retail Food Code (CalCode) replaced CURFFL. CalCode is modeled after the United States Food and Drug Administration's Model Food Code, which represents the best available science in the overall goal of preventing foodborne illness. CalCode has been updated several times to keep current with changes in retail food safety.

Environmental Health is responsible for the inspection of all retail food operations in each county. Facilities under inspectional jurisdiction include restaurants, supermarkets, bars, meat markets, bakeries, food vending machines, temporary food facilities, restricted food service facilities, licensed health care facilities, mobile food facilities, certified farmers markets, farm stands, commissaries, and school cafeterias. In order to provide a comprehensive inspection program, it is necessary to maintain a high level of surveillance by conducting routine inspections, follow-up inspections, responding to citizen complaints, pursuing enforcement action, and educating food handlers and operators and the public on laws and regulations governing the food industry.

Since the 1950's both State and local regulators have implemented wholesale food safety programs. The Food Sanitation Act was adopted in the 1950's and specifically identifies local agency implementation duties. Local ordinances have been modified over time to incorporate food safety developments. However, the Food Sanitation Act has not been modified since its adoption. CCDEH has been considering updating this law. The 1999 Cardoza Bill made it clear that local jurisdictions have a stake in wholesale food safety and they have local authority at the wholesale level to permit and inspect (some can oversee wholesale processors and every other local jurisdiction can oversee certain warehouses). Wholesale food processor inspections are implemented by Los Angeles County, City of Vernon, Orange County, and San Bernardino County. While other jurisdictions are preempted from permitting and inspecting wholesale food processors, they can implement programs to inspect wholesale food warehouse/distribution facilities.

### III OBJECTIVES

- A. To reduce the risk of foodborne illness through the application of timely routine and follow-up inspections.
- B. To increase knowledge of proper food handling methods and sanitary practices of food service workers, by providing food handling classes to members of the industry during the year; requiring compliance with food safety certification and food handler education requirements in CalCode; and by providing specific education during inspections and during outreach efforts.
- C. Respond to suspected foodborne outbreaks in a timely manner.
- D. Utilize risk-based inspection methodology when scheduling and performing inspections of food facilities.
- E. Increase the public's awareness and understanding of food safety concepts and consumer protection requirements.

## IV ACTIVITIES

- A. Develop measuring devices such as statistical analysis and methods to evaluate and improve the level of food safety and environmental health conditions in all food facilities.
- B. Conduct routine, follow-up, and special inspections of all food facilities for which the agency is legally responsible to assure compliance with requirements for sanitation, operation and maintenance.
- C. Conduct legal enforcement activities including office hearings when education and persuasive efforts fail to achieve desired results.
- F. Investigate and take corrective action on citizen's reports of foodborne illness outbreaks, unsanitary conditions in food facilities in a timely manner. Foodborne illness outbreak investigations involve the collaboration of the local Environmental Health, Public Health Epidemiology, and Laboratory agencies.
- G. Conduct food handler training courses designed to increase the knowledge of food service workers in the principles of food sanitation and safety to reduce the incidence of foodborne illness or require compliance with food safety certification and food handler training requirements in the California Retail Food Code.
- H. Assist federal, state, and local agencies and industry where food recalls, adulteration, improper labeling, misleading advertising, and/or unwholesome food products are involved and to develop appropriate standards where so indicated.
- I. Conduct outreach to the public on food safety,

## V PHILOSOPHY/POLICY ISSUES

Environmental Health's approach in this program is primarily one of prevention. This is far preferable to action taken after a foodborne illness outbreak or other adverse incident has occurred. Therefore, emphasis is placed on education and illness prevention during routine inspections to identify and correct deficiencies which could result in harm to the consumer.

The Food Inspection Program is based upon preventive philosophy which relies to a large extent on persuasion and educational activities, such as training classes directed at operators and employees of food establishments. However, the rapid turnover of food establishment employees is such that present training activities may sometimes fall short of meeting the industry's needs. Environmental Health Agencies do not hesitate to use enforcement actions when necessary to achieve compliance with Health and Safety Code Standards.

- A. In 2007 the California Retail Food Code (CalCode) was enacted. CalCode is modeled after the United States Food and Drug Administration's Model Food

Code and emphasizes a risk-based approach for inspection of retail food facilities.

- B. It is the policy of the Food Safety Program to seek compliance through education and persuasion. However, when food establishment operators fail to cooperate and violate the provisions of the law, enforcement action is required to achieve compliance.

## **PROGRAM PLAN**

**PROGRAM: FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION**

**ELEMENT: SHERMAN FOOD, DRUG AND COSMETIC LAW**

### **I PURPOSE**

The purpose of this element of the Food Program IS to prevent misleading advertising or labeling of food or adulteration of food.

### **II AUTHORITY**

#### **A. Legal Mandates**

##### **1. STATE**

California Health and Safety Code

Div. 21, Chapter 1, Article 1 - 6, Section 109875 - et seq

#### **B. Summary**

The Sherman Food, Drug and Cosmetic Law was approved in 1970. Counties or cities may be delegated responsibility for the enforcement of this program at the request of the Health Officer, and the determination by the State Department of Health Services that the local health department has sufficient personnel with adequate training and the laboratory support to analyze food products to enforce the Sherman Food, Drug and Cosmetic Law pertaining to retail food establishments.

### **III OBJECTIVES**

To reduce the incidence of false advertising, misbranding and adulteration of foods.

### **IV SUMMARY OF ACTIVITIES**

- A. Routinely conduct restaurant menu evaluations.
- B. Routinely conduct labeling reviews in retail markets.
- C. Routinely test fat content of ground beef by fat analyzer tests.
- D. Conduct routine analysis of liquor by proof testing.



## **V PHILOSOPHY/POLICY ISSUES**

The program has brought about a reduction in fraudulent food marketing practices, such as adulteration, false labeling and false advertising. These violations were commonly observed at the inception of the Sherman Law enforcement activity, but are now declining in those counties enforcing the Sherman Law, due to educational and enforcement action.

## **PROGRAM PLAN**

### **PROGRAM: FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION**

#### **ELEMENT: WATER AND VENDING MACHINES, RETAIL WATER FACILITIES AND WATER HAULERS**

#### **I PURPOSE**

The purpose of this element is to regulate bottled, vended, hauled and processed water ingested by humans to assure that potable, properly labeled water is provided to the public.

#### **II AUTHORITY**

##### **A. Legal Mandate**

- 1 State  
California Health and Safety Code  
Div. 104, Part 5, Chapter 5, Article 12  
Sections 111070 et seq.

##### **B. Summary**

The law regulating bottled water, vending machines and haulers was passed in 1987. Local health departments have the option of enforcing these regulations after requesting authority from the State Department of Health Services and receiving approval, providing the local health agency has sufficient personnel and training to conduct the program.

#### **III OBJECTIVES**

- A. To reduce the incidence of false advertising of bottled water.
- B. To assure that bottled, vended, hauled and processed water is potable for human use.

#### **IV ACTIVITIES**

- A. Require such operator of a water vending machine to sample each water vending machine or retail water facility for coliform bacteria every 6 months.
- B. Annually inspect water vending machines and obtain a coliform bacteria water sample.
- C. Evaluate and approve new vending machines, prior to installation.

D. Annually inspect bulk water hauling vehicles.

E. Annually inspect retail water facilities.

## **V PHILOSOPHY/POLICY ISSUES**

With water from vending machines becoming more popular, a program to monitor the potability of water from vending machines is important. However, this is an optional program and very few counties are providing this program.

## **PROGRAM PLAN**

**PROGRAM: FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION**

**ELEMENT: MILK PRODUCTS PLANT INSPECTION**

### **I PURPOSE**

The purpose of this element is to regulate businesses freezing or processing ice cream, ice milk, sherbet or any similar product or freezing or processing imitation ice cream, imitation ice milk or any similar frozen product.

### **II AUTHORITY**

#### **A. Legal Mandate**

- 1 State  
Food and Agriculture Code, Div. 15  
Section 32501, et seq. Milk and Milk Products

#### **B. Summary**

The Director of the Department of Food and Agriculture may, by agreement with any approved milk inspection service, authorize the approved milk inspection service to enforce the provisions of the Food and Agriculture Code relating to milk and milk products, e.g., soft service ice cream.

### **III OBJECTIVES**

- A. To assure compliance to all applicable regulations for frozen milk products, soft-serve milk products, imitation frozen milk products, including yogurt.

### **IV ACTIVITIES**

- A. Routinely inspect facilities selling milk products or imitation milk products.
- B. Take samples as necessary.
- C. Take appropriate action to embargo, condemn, destroy or otherwise dispose of adulterated, misbranded or unwholesome products.
- D. Follow-up on complaints within 24 hours.

## **V PHILOSOPHY/POLICY ISSUES**

Environmental Health Agencies recognize the benefits of consolidating duplicative services. Since registered Environmental Health Specialists are already conducting routine food establishment inspections, adding this element to the food program both benefits both the public and prevents duplicative enforcement services.

## PROGRAM PLAN

### PROGRAM: FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION

### ELEMENT: FOOD FACILITY PLAN CHECK AND CONSTRUCTION

#### I PURPOSE

The purpose of this element of the food program is to promote a hygienic and safe food facility environment by ensuring that retail food facilities are constructed in a proper manner.

#### II AUTHORITY

##### A. STATE

California State Health and Safety Code. Sections 113700 et seq. ( California Retail Food Code).

##### B. Summary

The California Retail Food Code (CalCode) establishes the legal mandate for construction requirements, plan submittal and plan review for any food facility which sells food at the retail level. This law requires the local health agency to review the plans of new and remodeled food facilities within twenty (20) working days of submission. New food facilities are not to be placed into operation without first receiving a permit to operate, which is issued by the local enforcement officer upon the satisfactory completion of construction.

#### III OBJECTIVES

- A. To review all food facility plans in a timely manner and conduct field construction inspections to verify compliance with the approved plans and State law.
- B. To issue health permits to food facilities which meet the minimum construction standards.
- C. To consult with food facility owners, operators, contractors, local building officials, designers, and district Environmental Health Specialists regarding food facility design, equipment installation, scope of proposed remodels and general plan review procedures.
- D. To initiate enforcement action when owners or contractors fail to comply with state law and regulations related to the construction of food facilities.

## IV ACTIVITIES

- A. Review food facility plans.
- B. Conduct field construction inspection of food facilities to verify compliance with approved plans and state law.
- C. Issue health permits to food facilities which meet the minimum construction standards.
- D. Consult with food facility owners, operators, contractors, local building officials and designers to answer questions relating to plan check requirements.
- E. Consult with Environmental Health Specialist for the purpose of providing technical advice.
- F. Initiate enforcement action when owners or contractors fail to comply with State Law and regulations related to the construction of food facilities.
- G. Evaluate the acceptability of new types of food equipment, and floor, wall and ceiling finish materials.
- H. Develop new departmental policy memorandums and update existing policy memorandums related to the construction and operation of food facilities.
- I. Perform analyses of proposed legislation and regulations related to food facilities.
- J. Provide food facility construction training for Environmental Health Specialists and plan check staff.

## V PHILOSOPHY/POLICY ISSUES

In the Food Inspection Program, a preventive approach is utilized to assure that all consumers using food facilities may do so in a safe and healthy environment. The plan check process is the point where the preventive approach begins and where high standards in food facilities are implemented. Food facility plans are reviewed and field construction inspections are made to insure that all equipment and the structure itself incorporate features which will facilitate a sanitary operation.

Compliance is sought through cooperative and educational approaches. When these methods are unsuccessful, enforcement action is taken through various means such as non-issuance of health permits, Notices of Violation, office hearings, or court action.

New plan check policy memorandums are developed and existing memorandums are updated in an effort to keep plan check personnel and district specialists

informed on issues related to food facility construction. This process assists in maintaining uniform enforcement of construction standards. In addition, new types of food equipment are evaluated to assure that they conform to established sanitation and safety standards.

Plan check personnel receive on-going training to keep them current with the changes occurring in the food industry.

New district specialists are provided basic training in the construction aspects of food facility operations as part of their overall training as food facility inspectors.

In order to assure safe and healthful conditions at food facilities, an effective plan review and inspection process is essential. The plan review process is intended to assist owners and contractors in designing and constructing food facilities which will facilitate safe food handling, be in compliance with applicable laws, yet still allow for individual design and operational flexibility. However, satisfying the requirements of health laws and at the same time satisfying the design needs of the food facility operator is difficult and requires ongoing consultations with food facility operators.

Plan check and district specialist staff are provided training in laws, regulations, and policies related to food facility construction so that construction requirements are enforced uniformly and fairly. However, food facilities vary considerably in size, type of food service, and location setting. It is therefore challenging to develop and apply uniform standards to the various types of food facilities which may be unique.



## **HOUSING AND INSTITUTIONS**

- **SUBSTANDARD HOUSING**
- **MOTELS/HOTELS**
- **EMPLOYEE HOUSING**
- **DETENTION FACILITIES**
- **ORGANIZED CAMPS**
- **MOBILEHOME PARKS**

## PROGRAM PLAN

### PROGRAM: HOUSING AND INSTITUTIONS

#### I PURPOSE

The purpose of this program is to ensure safe and healthful shelter for all residents and visitors by ensuring compliance with the requirements for sanitation, ventilation, maintenance, use and occupancy for housing and detention facilities under provisions of the State Health and Safety Code and local ordinances or regulations.

#### II AUTHORITY

##### A. STATE

- 1 California Health and Safety Code, Division 13, Part 1, Sections 17000 et seq., Employee Housing Act.
- 2 California Code of Regulations, Title 25, Chapter 1, State Housing Laws and Regulations.
- 3 California Code of Regulations, Title 25, Chapter 1, Subchapter 3 - Employee Housing. Sections 600 et seq.
- 4 California Code of Regulations, Title 15, Chapter 1, Subchapter 3 & 4, Minimum Standards for Local Detention Facilities.
- 5 Welfare and Institutions Code, Sections 209, 210, 872 and 885.
- 6 California Code of Regulations, Title 24, Part I, Minimum Standards for Local Detention Facilities.
- 7 California Code of Regulations, Title 17, Sections 30700 et seq. - Organized Camps.
- 8 California Health and Safety Code, Div. 1, Part 2.3, Sections 18897 et seq. - Organized Camps.
- 9 California Health and Safety Code, Sections 18207 and 18815 (Mobile Home Parks Act)

##### B. Summary

State housing laws have been enforced by local health jurisdictions since 1939. Housing inspection services have been provided under the terms of resolutions adopted by cities designating the County Health Department to enforce state required standards pertaining to sanitation, maintenance, ventilation, use and occupancy.

The State Housing Law requires owners of rental housing units to provide a safe and healthful environment for their occupants. Tenants of rental housing also have responsibilities to maintain their dwelling units in a clean and sanitary

condition. Multi-family and single family dwellings, motels, hotels and boarding homes all fall under the jurisdiction of this law.

The State Health and Safety Code requires that the County Health Officer inspect every jail or detention facility in the county on an annual basis. Housing standards for sanitation, overcrowding and maintenance and nutritional and medical requirements are evaluated at each detention facility. All deficiencies are reported to the responsible city/county officials and to the State Board of Corrections.

The State Employee Housing Act requires farm labor camps to be routinely inspected to assure farm workers of clean and safe living conditions. This enforcement activity was first delegated to the requesting counties by the State Department of Housing and Community Development in 1974 and each year the state audits the inspection program in counties with delegation to certify that labor camps meet the minimum standards of the law.

### **III OBJECTIVES**

- A. To respond to all public complaints regarding substandard rental housing, motels, hotels, boarding homes, labor camps, detention facilities and organized camps within 48 hours and to obtain compliance with applicable laws.
- B. To routinely inspect all labor camps and obtain necessary compliance with state regulations (if delegated by State).
- C. To perform annual inspections of detention facilities to ensure compliance with the law, in coordination with Public Health Nursing.
- D. To perform semi-annual inspections of each year-round organized camp and annually for seasonal camps, to obtain full compliance with the law.
- E. To routinely inspect all motels and hotels to assure compliance with applicable laws.

### **IV SUMMARY OF ACTIVITIES**

- A. Housing
  - 1 Investigate housing complaints received from renters and take necessary action for abatement if violations are found to exist.
  - 2 Investigate complaints against property owners who create nuisances on their property which are in violation of the State Housing Law and take necessary action for abatement.
  - 3 Consult on public inquiries regarding indoor air quality in housing units. If pollution concentrations are found to be excessive in rental units, necessary action is taken.
  - 4 Evaluate housing areas throughout the city/county on a continuing basis.

- 5 If an area is identified as having a high concentration of substandard housing conditions, target the area for monitoring and intervention activities.
  - 6 Provide information and consultation on housing issues to local housing agencies and citizens' groups.
  - 7 Submit to State Franchise Tax Board notification of non-compliance with housing code regulations if not corrected within 6 months after written notification.
- B. Employee Housing (Labor Camps) (if delegated authority)
- 1 Perform inspections and issue permits to all labor camps.
  - 2 Investigate all complaints on labor camps which would be in violation of the Employee Housing Act.
  - 3 Conduct enforcement program against illegal labor camp operations.
  - 4 Report all employee housing activities to the State Department of Housing and Community Development for their annual approval.
- C. Detention Facilities
- 1 Inspect each county and city detention facility on an annual basis and report findings to the responsible city or county official and to the State Board of Corrections.
  - 2 Investigate all complaints of detention facilities regarding sanitation, maintenance, use or occupancy.
  - 3 Coordinate an inspection team with the Public Health Nursing staff for the inspection of all city/county detention facilities.
- D. Hotels/ Motels
- 1 Inspect all hotels and motels in the city/county for compliance with the State Housing Law.
  - 2 Investigate all complaints of hotels and motels regarding sanitation, maintenance, use or occupancy and to take necessary action for compliance.
- E. Organized Camps
- Inspect organized camps on an annual or semi-annual basis to assure compliance with state law.
- F. Mobile Home Parks (if delegated authority)
- 1 Enter into an Memorandum of Understanding (MOU) with the State Department of Housing and Urban Development for mobile home park enforcement.
  - 2 Inspect mobile home parks once every 2 years.
  - 3 Respond to complaints relating to mobile home parks.

## **V PHILOSOPHY/POLICY ISSUES**

Substandard housing and deteriorated neighborhoods have direct and indirect adverse effects on physical, mental and social well-being. Blighted areas have a greater incidence of disease, infant mortality, accidents, juvenile delinquency, and fire and police calls. They also suffer property devaluations, which results in a loss of tax and business revenues. As housing is a basic necessity of life, it is only proper that all people, including those of low to moderate income, have suitable living space which contributes to a healthful standard of living.

It is imperative that an effective and pro-active housing program be conducted that will maintain dwelling units in the city/county in a safe and habitable condition. An effective housing program can reduce substandard conditions through response to citizen complaints and by surveying blighted areas and conducting routine inspections. Housing violations are abated and conditions are upgraded through a program of education and notification. Owners of rental property where substandard conditions exist, should be given reasonable times for corrections to be made. Enforcement through the legal system is only used when the owner fails to respond to notification and continues to maintain his/her property in violation of the State Housing Law.

It is essential that landlords, tenants and local government work in a cooperative and harmonious manner to allow housing conditions in the city/county to be in a healthful and safe state.

Environmental Health agencies respond to many citizen complaints each year regarding substandard housing. It is established policy that for each complaint either a letter is sent, or an investigation is performed and, when justified, enforcement action is taken to ensure abatement of unhealthful conditions.

## **RECREATIONAL HEALTH/PUBLIC POOLS**

- **LAKES, STREAMS, AND BEACHES**
- **PUBLIC POOLS/SPAS**
- **PUBLIC POOL PLAN CHECK AND CONSTRUCTION**

## PROGRAM PLAN

### PROGRAM: RECREATIONAL HEALTH

### ELEMENT: LAKES, STREAMS, AND BEACHES

#### I PURPOSE

The purpose of this program is to provide guidance and testing measures to assess recreational waters for potentially hazardous bacterial and chemical contamination and safety hazards which may adversely affect the public and recreational waters' beneficial uses such as swimming or fishing. Alerting the public to unhealthful conditions related to recreational waters is an important aspect of the program.

#### II AUTHORITY

##### A. STATE

- 1 California Health and Safety Code, Sections 5410 – 5416, Sewage and Other Waste.
- 2 California Health and Safety Code, Sections 115875 – 115915, Public Beaches; Sections 116070 – 116090, Ocean Water-Contact Sports.
- 3 California Health and Safety Code, Sections 427 – 427.9, Public Beach Sanitation.
- 4 California Code of Regulations, Title 17, Sections 7952 - 7962, Sanitation, Healthfulness and Safety of Ocean Water-Contact Sports Areas.
- 5 California Health and Safety Code, Sections 116975 – 117075, Water Supply Provisions.
- 6 California Health and Safety Code, Sections 24100 – 24109, Artificially Constructed Swimming Facilities.
- 7 California Code of Regulations, Title 22, Sections 65501 – 65551, Artificially Constructed Swimming Facilities.
- 8 California Code of Regulations, Title 22, Chapter 3, Sections 60310, *et seq.* Section 60305 (a) –(c) addresses the use of recycled water for impoundments, and Section 60301.230 includes treatment and quality requirements. See <http://www.cdph.ca.gov/certic/drinkingwater/Pages/Lawbook.aspx>

- 9 California Code of Regulations, Title 17, Section 1276 lists the water-oriented recreation program as one of the basic services that must be provided by local environmental health agencies.

## B. Summary

The Recreational Health Program is mandated by the State laws indicated above, and the local Health Officer is assigned enforcement authority in these mandates.

The Health Officer must provide for the monitoring of water quality in water-contact sports areas and public beaches, and must evaluate the acceptability of these areas for recreational use. This evaluation includes analysis of the bacteriological water quality data and the causes of violations of standards prior to any action to post recreational areas.

## III OBJECTIVES

- A. Restrict the use or close all body and water-contact sports and recreation areas that are contaminated and pose a threat to public health.
  - 1 Respond to complaints of sewage or toxic chemical spills at public body and water-contact sports and recreation areas and determine whether closure or restricted use is appropriate.
  - 2 If closure or restriction of use is warranted, post appropriate signs, update internet website, and recreational water monitoring telephone hotline.
- B. Secure compliance of all public beaches with appropriate sanitation and safety requirements.
  - 1 Respond to complaints involving beaches.
  - 2 Provide consultation and assistance to operators of water recreational areas and to the public where appropriate regarding water quality requirements and conditions.
- C. Conduct bacteriological sampling.
  - 1 Conduct periodic bacteriological sampling at public beaches.
  - 2 Post health advisories or close all body and water-contact sports and recreation areas if bacteriological testing results do not comply with State standards.
- D. Maintain records systems.
  - 1 Maintain accurate files on all beaches that are monitored.



- 2 Maintain a computer information system that maximizes access to information and meets department's needs for workload analyses and financial management.

#### IV SUMMARY OF ACTIVITIES

- A. Conduct routine bacteriological sampling and physical inspections of fresh water-contact sports areas. Take appropriate enforcement or closure action as warranted.
- B. Respond on a 24-hour basis to all emergency contamination incidents affecting public beaches in order to protect the public and wildlife from exposure to sewage or toxic chemicals.
- C. Take quarantine action at all water-contact sports areas contaminated by sewage or toxic chemicals after determining quantity released and evaluating the affected receiving water. Conduct sampling until area meets standards for reopening.
- D. Survey recreational lakes with regard to water quality and public safety.
- E. Conduct routine bacteriological sampling and physical inspections of fresh water recreational areas.
- F. Conduct special studies as requested or as warranted by the occurrence of water quality problems in order to identify and correct sources of pollution.
- G. Investigate complaints received from citizens regarding public beaches and other public recreational waters.
- H. Provide consultation and assistance to operators of water recreational areas and to the public regarding water quality requirements and conditions.
- I. Conduct routine inspections of public beaches and parks.
- J. Conduct annual inspections of swimming lakes to assure proper sanitary and safety conditions.
- K. Develop and maintain a computerized data base of ocean, lake, and stream bacteriological water quality information.
- L. For public beaches:
  - 1 Test, and coordinate the testing of, the waters adjacent to all public beaches within the jurisdiction of the city/county on at least a weekly basis from April 1 to October 31 of each year as required by and in accordance with Sections

115875 through 115915 of the California Health and Safety Code, and Sections 7952 through 7962 of Title 17 of the California Code of Regulations.

- 2 Inspect the public beaches to determine whether the standards established pursuant to Sections 115875 through 115915 of the California Health and Safety Code, and Sections 7952 through 7962 of Title 17 of the California Code of Regulations, are being complied with. If it is found that a public beach is in violation of the standards, restricting the use of, or closing, the public beach or portion thereof in which the violation occurs until the standard is complied with.
- 3 Investigate any complaint by a person of a violation of any standard established pursuant to Sections 115875 through 115915 of the California Health and Safety Code, and Sections 7952 through 7962 of Title 17 of the California Code of Regulations. If any violation of the standards is found, restricting the use of, or closing, the public beach or portion thereof until the standard is complied with.
- 4 Whenever a public beach is posted, closed, or otherwise restricted in accordance with Sections 115875 through 115915 of the California Health and Safety Code, and Sections 7952 through 7962 of Title 17 of the California Code of Regulations, inform the agency responsible for the operation and maintenance of the public beach within 24 hours of the posting, closure, or restriction.
- 5 Establish a telephone hotline to inform the public of all beaches currently closed, posted, or otherwise restricted, and updating the telephone hotline as needed to convey changes in public health risks.
- 6 Report any violation of the standards established pursuant to Sections 115875 through 115915 of the California Health and Safety Code, and Sections 7952 through 7962 of Title 17 of the California Code of Regulations, to the city attorney.
- 7 In the event of a known untreated sewage release, immediately test the waters adjacent to the public beach and taking action pursuant to Sections 115875 through 115915 of the California Health and Safety Code, and Sections 7952 through 7962 of Title 17 of the California Code of Regulations.
- 8 In the event of an untreated sewage release that is known to have reached recreational waters adjacent to a public beach, immediately close those waters until it has been determined that the waters are in compliance with the standards established pursuant to Sections 115875 through 115915 of the California Health and Safety Code, and Sections 7952 through 7962 of Title 17 of the California Code of Regulations.

- 9 Whenever any beach fails to meet the standards established pursuant to Sections 115875 through 115915 of the California Health and Safety Code, and Sections 7952 through 7962 of Title 17 of the California Code of Regulations, at a minimum, post the beach with conspicuous warning signs to inform the public of the nature of the problem and the possibility of risk to public health. A warning sign shall be visible from each legal primary beach access point as identified in the coastal access inventory prepared and updated pursuant to Section 3053 of the California Public Resources Code, and any additional access points identified by the city/county.
- 10 On or before the 15th day of each month, each health officer shall submit to the State Water Resources Control Board a survey documenting all beach postings and closures resulting from implementation of Sections 115875 through 115915 of the California Health and Safety Code, and Sections 7952 through 7962 of Title 17 of the California Code of Regulations, that occurred during the preceding month. The survey shall, at a minimum, include (1) identification of the beaches in each city/county subject to testing conducted pursuant to Sections 115875 through 115915 of the California Health and Safety Code, and Sections 7952 through 7962 of Title 17 of the California Code of Regulations, and the amount and types of monitoring conducted at each beach, (2) identification of the geographic location, areal extent, and type of action taken for each incident of posting or closure conducted pursuant to Sections 115875 through 115915 of the Health and Safety Code, and Sections 7952 through 7962 of Title 17 of the California Code of Regulations, and (3) identification of the standards exceeded and the causes and sources of the pollution, if known.

## **V PHILOSOPHY/POLICY ISSUES**

A preventive approach is utilized in all segments of this program to minimize the risk of exposure of the public to health or safety hazards associated with the recreational water environment. Emphasis is placed on planned systematic monitoring and inspections to seek out and correct sources of contamination or unsafe conditions before they can result in injury or illness. Also, an effort is made to establish health and safety criteria for new projects, and review plans of proposed recreational facilities to ensure that the design will facilitate safe and sanitary operations.

Over the years, the Recreational Health Program activities have resulted in the detection and correction of numerous water contamination conditions which, if left unattended, could have resulted in cases of human disease.

Persistent bacteriological exceedances of the published standards may point to the need for source tracking and assessment. Some of these assessments have been successful in determining the sources of bacteria, or providing the groundwork for grant applications to remediate the source e.g. dry weather diversion of urban runoff to a local sewage treatment plant.

## PROGRAM PLAN

### PROGRAM: RECREATIONAL HEALTH

### ELEMENT: PUBLIC POOLS

#### I PURPOSE

The purpose of this program is to assure that all public pools including spas and related facilities are maintained in a safe and healthful condition in order to minimize the risk of drowning, illness, or injury to public. According to the Centers for Disease Control, drowning is the leading cause of injury death for young children, ages 1-4. Historically, the lack of properly maintained gates and enclosures are implicated in the drowning of children. The Consumer Product Safety Commission also reports that, for every child less than 15 years of age who dies from drowning in a pool, another 10 children receive emergency facility care for nonfatal submersion injuries.

Recreational water illnesses caused by microorganisms such as *Cryptosporidium*, *Giardia*, *Legionella*, *Norovirus*, *E. coli*, *Campylobacter*, *Pseudomonas*, and *Shigella* can be spread through contact with the contaminated water of swimming pools, spas, and interactive water features. In addition, the public pool environment, if not properly designed, constructed, and maintained, can pose a risk of physical injuries such as entrapments, slips and falls, or shock hazards. There is also the potential risk of the transmission of diseases such as *Tinea Pedis* (Athlete's foot), *Impetigo*, and other dermatoses.

#### II AUTHORITY

##### A. STATE

- 1 California Health and Safety Code, Swimming Pool Sanitation, Sections 116025-116068.
- 2 California Health and Safety Code, Division 2.5, Chapter 3, Section 1797.182.
- 3 California Health and Safety Code, Wave Pool Safety Act, Sections 115920 – 115952.
- 4 California Code of Regulations, Title 22, Sections 65501-65551.
- 5 California Health and Safety Code, Sections 18942 and 116064.1-116064.2, Laws relating to anti-entrapment standards for Swimming Pools.
- 6 California Building Code, Title 24, Chapter 31B, Sections 3101B through 3162B.
- 7 California Building Code, Title 24, Article 680, Sections 680-12 to 680-13.

## B. Summary

The California Health and Safety Code establishes the legal requirements for inspections of public pools and spas. This law gives the Health Officer the right of entry, provides for enforcement action and penalties, and mandates that the State Department of Public Health promulgate rules and regulations pertaining to public pools. The California Code of Regulations, Title 22, establishes regulations for operation and maintenance of pools and spas, and the California Building Code, Title 24 establishes design criteria, standards, and other requirements for pool and spa construction.

Laws and regulations applicable to public pools allow the enforcing agency to implement procedures for the review and approval of construction activities and inspection procedures to ensure that the public pools are maintained in a clean and safe condition. Assembly Bill (AB) 1020 (Emmerson and Ma, Chapter 267, Statutes of 2009) was signed into law on October 11, 2009, to implement the federal Virginia Graeme Baker Pool and Spa Safety (VGB) Act. AB 1020 requires public pools to be equipped with anti-entrapment devices or systems that prevent physical entrapment of the bathers.

## III OBJECTIVES

- A. To provide pool facility plan check and construction review procedures for the construction, reconstruction, or alteration of public pools.
- B. To inspect all public pools on a routine basis to determine compliance with State laws and regulations.
- C. To respond to all complaints regarding insanitary or unsafe public pools and take necessary action for abatement when violations are observed.
- D. To close a public pool if unhealthful, unsafe, or insanitary conditions are found to exist that may pose an immediate hazard to pool users.
- E. To provide training to environmental health staff, aquatic facility staff, and the public on operational requirements and pool safety.
- F. To implement and enforce statutory mandates related to public pools.
- G. To coordinate and collaborate with other local, State, and federal agencies.

#### **IV SUMMARY OF ACTIVITIES**

- A. Conduct routine inspections of all public pools.
- B. Respond to all citizen's complaints received regarding unsanitary or unsafe conditions at public pools.
- C. Review construction plans for public pools, and conduct construction inspections to verify compliance with State Laws.
- D. Evaluate new public pool equipment for compliance with national standards [e.g. National Sanitation Foundation (NSF-50), American National Standards Institute/American Society of Mechanical Engineers (ANSI/ASME A 112.19.8)].

#### **V PHILOSOPHY/POLICY ISSUES**

Environmental Health agencies have the responsibility to ensure that public pools are constructed and maintained in a safe and healthful manner.

The Public Pool Inspection Program is based upon a preventative philosophy which relies to a large extent on persuasion and education through routine surveillance and response to citizen complaints. Where operators of public pools fail to comply with the laws and regulations, legal action may be taken to achieve compliance.

- A. In order to maintain a safe environment and to prevent the spread of disease in public pools, spas, and related facilities, an effective surveillance program is essential. Where violations are detected, necessary and timely abatement measures shall be taken.
- B. Where significant hazards at a public pool or spa exist which may cause immediate danger to users, it has been an Environmental Health practice to close the facility until the condition is corrected and there is no longer a danger to users.

## **PROGRAM PLAN**

### **PROGRAM: RECREATIONAL HEALTH**

### **ELEMENT: PUBLIC POOL PLAN CHECK AND CONSTRUCTION**

#### **I PURPOSE**

The purpose of this program is to assure safe and healthful conditions at public pool facilities. The objectives of this program are accomplished through the enforcement of laws and regulations relating to the proper design and construction of pool facilities.

#### **II AUTHORITY**

##### **A. STATE**

- 1 California Health and Safety Code, Swimming Pool Sanitation, Sections 116025 through 116068.
- 2 California Health and Safety Code, Wave Pool Safety Act, Sections 115920-115952.
- 3 California Health and Safety Code, Division 2.5, Chapter 3, Section 1797.182.
- 4 California Code of Regulations, Title 22, Sections 65501-65551.
- 5 California Building Code, Title 24, Chapter 31B, Sections 3101B through 3162B.
- 6 California Building Code, Title 24, Article 680, Sections 680-12 to 680-13.

##### **B. Summary**

The California Health and Safety Code, California Code of Regulations, Title 22, establish the legal requirements for plan submittal and review for any public pool and its ancillary facilities which are constructed, reconstructed, or altered. Title 22 requires the local health agency to review the plans within 30 days of their receipt. Public pools may not be placed into operation without first receiving written approval from the local health agency. Title 22 of the California Code of Regulations also contains the operational parameters and maintenance requirements for public pools and the ancillary facilities. The California Building Code Title 24 addresses the construction standards.

### III OBJECTIVES

- A. Review all pool facility plans in a timely manner and conduct construction inspections which include rough plumbing, pre-gunite, pre-plaster, and final to verify compliance with the approved plans and State Law.
- B. Issue written final approval for operation of pool facilities which meet the minimum construction and operational standards.
- C. Consult with pool facility owners, operators, contractors, designers, local building officials and specialists regarding facility designs, pool equipment installations, and general plan review procedures.
- D. Initiate enforcement action when pool owners or contractors fail to comply with state laws and regulations related to the construction of pool facilities.

### IV SUMMARY OF ACTIVITIES

- A. Review construction plans for pool facilities.
- B. Conduct rough plumbing, pre-gunite, pre-plaster, and final field construction inspections on pools to verify compliance with the approved plans and State Law.
- C. Issue written list of corrections or final approval for operation of pool facilities when they meet the minimum construction and operational standards.
- D. Consult with pool facility owners, operators, contractors, local building officials and designers regarding pool facility designs, pool equipment installations, and general plan review procedures.
- E. Consult with Environmental Health Specialists for the purpose of providing technical advice.
- F. Initiate enforcement action when owners or contractors fail to comply with State Laws and regulations related to the construction of pool facilities.
- G. Evaluate the acceptability of new types of pool equipment and innovative concepts for pool facilities.
- H. Develop new departmental policy memorandums and update existing policy memorandums related to the plan review construction and operation of pool facilities.
- I. Perform analyses of proposed legislation and regulations related to pool facilities.
- J. Provide pool facility plan review, construction and operation training for district specialists and plan check staff.



## V PHILOSOPHY/POLICY ISSUES

In order to protect all users of public pool facilities, a preventive approach is utilized to assure a safe and healthy pool environment. The plan check process is the point where the preventive approach begins and where high standards for public pool activities are implemented. Pool facility plans are reviewed for compliance with codes and regulations and field construction inspections are conducted for the purpose of ensuring that pool facilities do not have design features which could cause illness or injury.

Compliance is primarily sought through cooperative and educational approaches. When these methods are unsuccessful, enforcement action is taken through various means such as closure of pools, Notices of Violation, office hearings, or court action. Plan check and inspection personnel receive ongoing training to keep them current with the changes occurring in the pool industry and new code implementation. New specialists are provided with basic training in the construction and operational aspects of pool facility systems.

- A. The pool industry continues to propose new designs and equipment for approval. Lower operational costs or aesthetics are frequently cited as the rationale for introducing the new designs or equipment. However, State codes protecting the public health and their safety have to be weighed against the innovations proposed by the pool industry.
- B. Improper maintenance by poorly trained pool service personnel may result in the operation of insanitary and unsafe public pools.

To improve the quality of service provided by the pool maintenance industry it may be necessary in the future, and as resources permit, to establish an ongoing process of education and training for pool maintenance personnel. This may be accomplished through a mandatory licensing program or through a cooperative voluntary training effort.

## **WATER QUALITY**

- **SMALL PUBLIC WATER SYSTEMS**
- **PRIVATE WELL CONSTRUCTION/ABANDONMENT**
- **CROSS CONNECTION CONTROL PROGRAM**
- **STATE SMALL WATER SYSTEMS**
- **GRAYWATER AND OTHER WATER REUSE (See Land Use Section)**
- **STORMWATER**

## **PROGRAM PLAN**

### **PROGRAM: DOMESTIC WATER QUALITY**

### **ELEMENT: SMALL PUBLIC WATER SYSTEMS**

#### **I. PURPOSE**

The purpose of the Small Public Water Supply element is to protect public health and prevent disease by assuring that domestic water served by small public water systems is at all times safe, potable and available in adequate quantity and protected against contaminating backflow. The purpose of this program is accomplished through inspections, bacteriological and chemical sampling, review of sampling results, plan checks, permitting, well log review, providing assistance to the water purveyors, enforcement, and public education. Local Primacy Agency delegation to administer the Small Public Water Supply Program is needed from the California Department of Public Health, Division of Drinking Water and Environmental Management.

#### **II. AUTHORITY**

##### **A. STATE**

1. California Health and Safety Code, Sections 120175-120176, Control of Communicable Diseases
2. California Health and safety Code, Sections 106875-106910, Certification of Water Treatment and Distribution Operators
3. California Health and Safety Code, Sections 116270 et seq., California Safe Drinking Water Act (SDWA)
4. California Health and Safety Code, Sections 116800-116820, Control of Cross-Connections by water users.
5. California Code of Regulations, Title 17, Sections 7583 et seq.
6. California Code of Regulations, Title 22
  - (a) Sections 64251 et seq., Local Primacy Delegation
  - (b) Sections 64403 et seq., Domestic Water Supplies
  - (c) Sections 64551 et seq., Waterworks Standards

- (d) Sections 63750.10-63850, Certification of Water Treatment and Distribution Operators

7. California Water Code, Sections 13700-13806, Construction and Abandonment of Wells.

8. Department of Water Resources, Bulletins 74-81 and 74-90, California State Well Standards

#### B. Summary

In order to implement a comprehensive water quality control program to ensure water supplied to the public is safe, wholesome, healthful, and potable, it is necessary to maintain an adequate level of public health protection by conducting inspections, collecting, analyzing and monitoring microbiological and chemical samples, investigating complaints, pursuing enforcement action, and educating and assisting the water purveyors as to the law and regulations governing small public water systems.

### III. OBJECTIVES

A. To inspect, evaluate and maintain public health protection of all small public water systems; and to verify that they all are under permit, have acceptable monitoring programs, and comply with all State standards.

B. To review bacteriological and chemical samples of all small public water systems as prescribed in the California SDWA.

C. To conduct special studies as requested or as warranted by the occurrence of domestic water quality problems, in order to identify potential public health threats.

D. To investigate and sample (as necessary) in response to consumer health or nuisance complaints.

E. To assure protection of all groundwater and prevention of hazard at all wells through enforcement of the County/City Well Ordinance or State Model Well Ordinance.

### IV. ACTIVITIES

A. Conduct complete sanitary surveys of existing and proposed water sources, treatment, storage and distribution facilities of all small public water systems. Conduct audit of records, site surveys, and pumping and storage equipment checks.

- B. Conduct inspections and required re-inspections of all small public water systems in accordance with the requirements of CDPH (where applicable under a Local Primacy Agreement), taking necessary action to gain compliance with California SDWA.
- C. Take appropriate action with respect to issuance or denial of permits to small public water systems. Issue permits to all small public water systems under the comprehensive conditions of the California SDWA.
- D. Review bacteriological, general mineral, inorganic, organic chemical and radiological samples from small water systems at frequencies designated by the California SDWA.
- E. Accurately report electronic information to CDPH as required.
- F. Pursue corrective and enforcement action regarding non-compliance with primary drinking water standards and noncompliance with other State and Federal Laws, including requirements for public notification related to small public water systems.
- G. Conduct plan checks and inspections of all proposed new small public water systems or modifications, including equipment installations, site analysis and potential water quality problems.
- H. Provide consultation and assistance to water system and water treatment plant operators, developers, engineers, and the public regarding domestic water quality, and the applicable laws and regulations.
- I. Investigate citizens' requests for service regarding domestic water quality, suspected illnesses, or other public health concerns.

## **V. PHILOSOPHY/POLICY ISSUES**

A preventive approach is utilized in the Small Public Water System Program to ensure that people will not be exposed to health or safety hazards associated with domestic water. Emphasis is placed on planned systematic monitoring and inspections to seek out and correct sources of contamination or unsafe conditions before they can result in illness or injury. Also, conduct reviews of new projects to insure conformity with health and safety criteria, review of plans of proposed facilities, and inspections during construction are completed to ensure that the design will facilitate safe and sanitary operations. Corrective and enforcement measures are taken as required.

## **PROGRAM PLAN**

### **PROGRAM: DOMESTIC WATER QUALITY**

### **ELEMENT: PRIVATE WELL CONSTRUCTION/ABANDONMENT**

#### **I. PURPOSE**

The purpose of the Private Water Supply element is to protect public health and groundwater resources through the regulation of non-public wells (irrigation, domestic, monitoring, drainage, cathodic, and geothermal heat exchange wells) and soil borings.

#### **II. AUTHORITY**

##### **A. STATE**

1. California Water Code, Section 13700 - 13806, Construction and Abandonment of Wells.
2. State Department of Water Resources, Bulletins 74-81 and 74-90, California State Well Standards.

#### **III. OBJECTIVES**

- A. To assure that all wells are constructed and destroyed by permit and according to State and local standards.
- B. To provide consultation, assistance and education to well drillers, contractors, consultants, operators and cities with regard to regulatory requirements for well construction and destruction.

#### **IV. SUMMARY OF ACTIVITIES**

- A. Issue permits for all new well destruction and construction, which may include site evaluation to ensure proper location of all new wells.
- B. Review applications and issue permits for new wells.
- C. Conduct inspections during construction and destruction of wells to assure compliance with State and local regulations.
- D. Respond to citizens' requests for service regarding domestic, irrigation or other wells relating to water quality, suspected illnesses, or other health concerns.
- E. Investigate reports of improperly abandoned wells.

- F. Implement local well head protection and water quality assurance programs if adopted.

## **V. PHILOSOPHY/POLICY ISSUES**

The private water supply program employs a preventive approach to assure that groundwater will not be exposed to chemical/bacterial contamination and people will not be exposed to safety hazards associated with improperly constructed or abandoned wells. The Well Ordinance requires any well construction or destruction to be done under permit issued by the Health Officer and in conformance with State Well Standards and such other conditions as the Health Officer may impose. Well permits are issued, each requiring application review, establishment of conditions and inspection. Each of these wells is a potential threat to groundwaters and public safety if not properly constructed and ultimately properly destroyed.

## **ELEMENT: STORMWATER**

### **I. PURPOSE**

Protect public health and the environment by assisting local storm water management agencies or districts with inspections and educational outreach to ensure inappropriate materials are not discharged and that stormwater infrastructure is maintained.

### **II. AUTHORITY**

- A. Water Quality Order No. 2003 – 0005 – DWQ National Pollutant Discharge Elimination System (NPDES) General Permit No. CAS000004 Waste Discharge Requirements (WDRS) for Stormwater Discharges from Small Municipal Separate Storm Sewer Systems (General Permit).
- B. 40 CFR Parts 9, 122, 123, and 124 National Pollutant Discharge Elimination System—Regulations for Revision of the Water Pollution Control Program Addressing Storm Water Discharges; Final Rule

### **III. OBJECTIVES**

- A. Partner with local stormwater management agencies/districts to protect sewer and stormwater systems from discharges resulting from improper fats/oil/grease management, if deemed applicable.
- B. Partner with local stormwater management agencies/districts to protect sewer and stormwater systems from discharges resulting from improper hazardous materials or waste management.

#### **IV. ACTIVITIES**

- A. Perform inspections as agreed.
- B. Provide educational materials during routine and followup inspections.
- C. Respond to (or refer) complaints regarding improper discharges at facilities.
- D. Inspect reports of illicit discharges of wastes into storm drains.

#### **V. PHILOSOPHY/POLICY ISSUES**

Environmental Health and Hazardous Materials Specialists within Environmental Health agencies perform inspections at many facilities which are connected to sewer and stormwater drainage systems. While the environmental health agency may not be directly responsible for the storm water management program, the presence and expertise of its staff make it ideal to partner with the local stormwater management agency to protect public health and the environment and to reduce cost to the customer through overall program efficiency.



## **PROGRAM PLAN**

### **PROGRAM: DOMESTIC WATER QUALITY**

### **ELEMENT: CROSS-CONNECTION PROGRAM**

#### **I. PURPOSE**

The purpose of the Cross-Connection Program is to protect the drinking water supply from chemical or bacterial contamination which may enter the supply from backsiphonage or backflow conditions by enforcing State and local regulations pertaining to cross-connections.

#### **II. AUTHORITY**

##### **A. STATE**

1. California Health & Safety Code, Sections 116800-116820
2. California Code of Regulations, Title 17, Section 7583 et seq.

#### **III. OBJECTIVES**

A. To assure adequate backflow protection on domestic water systems through cooperative programs with water purveyors and certification of all backflow device testers.

B. To assure protection of water supplies within hospitals and other high hazard commercial and industrial water users' premises through on-site cross-connection control inspections.

C. To provide consultation, assistance and education to water purveyors, Environmental Health personnel and the public with regard to the regulatory requirements for the installation and testing of backflow prevention devices.

D. To assure that cross-connection compliance is maintained, and to satisfy the legal requirements of the Title 17 regulations.

#### **IV. SUMMARY OF ACTIVITIES**

A. Conduct routine and follow-up inspections at hospitals, schools, high hazard industries, commercial and agricultural areas, and other facilities where cross-connection may contaminate drinking water.

B. Administer the backflow tester certification program. Maintain records of backflow prevention device test reports in a computerized database and perform field verification of tests reported by the certified testers to ensure compliance with the testing procedures and reporting requirements.

- C. Provide consultation and assistance to the water purveyors, Environmental Health personnel and the public regarding backflow protection and the applicable laws and regulations for cross-connection control.
- D. Provide cross-connection training for Environmental Health and water purveyor personnel.
- E. Respond to requests for service regarding improperly installed devices, devices that are failing or systems that may require devices.
- F. Give presentations on cross-connection control to outside agencies and groups.
- G. Administer backflow device testing program.

## **V. PHILOSOPHY /POLICY ISSUES**

The Cross-Connection Program emphasis is placed on planned systematic inspections to determine where new cross connection control devices are required to correct unsafe conditions before they can result in illness or injury and to assure that people will not be exposed to health or safety hazards associated with cross-connections. Continuing growth and ongoing changes in internal water supply systems necessitate ongoing surveillance to identify and correct cross-connection hazards. Cross-connection control responsibilities are shared with the water purveyors who are obligated to protect public water supplies. A cooperative philosophy of coordinated cross-connection control has prevailed in this program since its inception to help assure the most cost effective overall program.

## **PROGRAM PLAN**

### **PROGRAM: DOMESTIC WATER QUALITY**

### **ELEMENT: STATE SMALL WATER SYSTEMS**

#### **I. PURPOSE**

The purpose of this program is to protect public health and prevent disease by assuring that State Small Water Systems provide safe potable water by verifying compliance with State laws and regulations and local ordinances. State Small Water Systems are defined as having between 5-14 service connections and not regularly serving more than an average of 25 individuals daily for more than 60 days out of the year. The State Small Water System Program is a State mandated program.

#### **II. AUTHORITY**

##### **A. STATE**

1. California Health and Safety Code, Section 116340 et seq.
2. California Code of Regulations, Title 22, Section 64211 et seq.

#### **III. OBJECTIVES**

- A. To inspect, evaluate and maintain public health protection of all state small water systems; to verify that they all are under permit, have acceptable monitoring programs and comply with all State and local standards.
- B. To review bacteriological and chemical samples at all State Small Water Systems on a monthly basis.
- C. To conduct special studies as requested or as warranted by the occurrence of domestic water quality problems, in order to identify potential public health threats.
- D. To investigate and sample (as necessary) in response to all consumer requests for service.

#### **IV. ACTIVITIES**

- A. Conduct complete sanitary surveys of existing and proposed water sources, treatment, storage, and distribution facilities of all small water systems. Conduct audit of records, site surveys, and pumping and storage equipment checks.

- B. Conduct annual inspections and required re-inspections of all state small water systems, taking necessary action to gain compliance with State Small Water System Construction and Monitoring Standards.
- C. Take appropriate action with respect to issuance or denial of permits to state small water systems. Issue permits to all small water systems under the regulations of the California Safe Drinking Water Act.
- D. Review water quality reports, including those for bacteriological, general mineral, inorganic, organic chemical, and radiological samples from state small water systems at frequencies designated by the State.
- E. Pursue corrective and enforcement action regarding non-compliance with state small water system primary drinking water standards, including requirements for public notification related to state small water systems.
- F. Conduct plan checks and inspections of all proposed new state small water systems or modifications, including equipment installations, site analysis and potential water quality problems.
- G. Provide consultation and assistance to water system and water treatment plant operators, developers, engineers, and the public regarding domestic water quality and the applicable laws and regulations.
- H. Respond to citizens' requests for service regarding domestic water quality, suspected illnesses, or other public health concerns.

## **V. PHILOSOPHY/POLICY ISSUES**

A preventive approach is utilized in the State Small Water System Program to ensure that people will not be exposed to health or safety hazards associated with the domestic water supply. Emphasis is placed on planned systematic monitoring and inspections to seek out and correct sources of contamination or unsafe conditions before they can result in illness or injury. Also emphasized is: the review of new projects to assure conformance with health and safety criteria; the review of plans of proposed facilities; and the inspection of those facilities during construction to ensure that the design will facilitate safe and sanitary operations. Corrective and enforcement measures are taken as required.

## **LAND USE**

## **PROGRAM PLAN**

### **PROGRAM: LAND USE**

#### **I PURPOSE**

The purpose of this program is to promote public health and protect the environment through the application of environmental health principles related to effective land use.

#### **II AUTHORITY**

##### **A. STATE**

- 1 California Government Code Division 2, Title 7, the Subdivision Map Act, Regulation and Control of Subdivision. Sections 6647(e) and (f) require counties and cities to deny approval of subdivisions if they will cause serious public health problems or environmental damage.
- 2 California Public Resources Code, Division 13, the California Environmental Quality Act, Sections 21000 et seq. Preparation of environmental impact reports.

##### **B. Summary**

- 1 The Environmental Health Agency reviews proposed site plans, zone changes, use permits, general plan amendments, sewage disposal and water systems having public health implications.
- 2 The city/county has rather broad discretionary prerogatives as to how it chooses to organize for the fulfillment of the aforementioned mandates. However, the reference to "public health problems" and "environmental damage" in the above-cited State laws make it necessary for Environmental Health Agencies to participate in the land use review process.
- 3 Furthermore, the Environmental Health Agency's responsibilities in several environmentally related areas support the wisdom of such participation. The level of service is determined entirely by the number of proposed projects presented to the city/county for review and/or approval.

#### **III OBJECTIVES**

- A. To ensure that proposed land development projects (subdivisions, site plans, sewage disposal systems, etc.) will not subject present and future residents to adverse public health impacts.

- B. Promote public health by supporting the planning of healthy communities using “built environment” strategies as applicable.
- C. To ensure that proposed land development projects will not result in adverse environmental impacts.
- D. To verify that proposed sewage disposal systems for development projects are properly designed as needed and will not result in water pollution or health hazards due to inadequate treatment or disposal of wastewater.
- E. To verify that water supplies proposed for all new land development projects are adequate to assure the protection of public health.
- F. To ensure that water use reduction strategies, such as water recycling, graywater systems, and rainwater systems, proposed for land use developments are protective of public health and the environment.
- G. To ensure that utility plans (water and sewage systems) for all proposed land developments comply with all public health technical requirements.
- H. To assure that Environmental Impact Reports consider pertinent adverse public health and environmental impacts and propose adequate mitigating measures.
- I. To ensure animal confinement facilities do not create environmental hazards (vector, odor, dust, waste, and groundwater issues).
- J. To ensure Conditional Use Permits, Zone Changes and General Plan Amendments do not create environmental hazards.

#### **IV SUMMARY OF ACTIVITIES**

- A. Review proposed tentative tract maps, parcel maps, zone changes, use permits, general plan amendments, and on-site disposal systems; evaluate potential adverse public health and environmental effects; and prepare reports of evaluations and mitigating measures.
- B. Conduct site investigations of the above-mentioned projects where necessary to evaluate public health and environmental effects.
- C. Review utility plans of water and sewage systems proposed for new projects to ascertain compliance with public health requirements; and prepare reports of findings and recommendations.
- D. Review environmental impact reports of proposed projects to assure adequate evaluation and assessment have been given to public health and environmental considerations.

- E. Attend meetings of the City/County Planning Commission and City Council/Board of Supervisors whenever necessary to present information pertaining to environmental health issues and concerns relating to land use proposals.
- F. Conduct special surveys and studies of the impacts of existing land use projects to help solve public health and environmental issues (e.g., private sewage disposal effects on groundwater quality).
- G. Respond to requests for consultation from developers, architects, engineers and the public, and provide information pertaining to environmental health considerations of land use projects.
- H. Prepare proposed land use standards, criteria and regulations pertaining to environmental health for consideration by the appropriate bodies (Planning Commission, Board of Supervisors and City Councils).
- I. Participate with Planning, Health, and other agency staff and/or community groups to promote developments using built environment principles that promote improved fitness and access to healthy foods, where applicable.

## **V PHILOSOPHY/POLICY ISSUES**

This program relies almost entirely on prevention. The great majority of public health and environmental problems associated with land use projects can be prevented if they are identified, evaluated and mitigated in the planning stages. Public health can also be promoted by the incorporation of built environment principles that promote walking/bicycling and access to healthy foods. Therefore, it is essential that there be environmental health participation and input during the processing of such projects by the county and cities.



## **SOLID WASTE**

## PROGRAM PLAN

### PROGRAM: SOLID WASTE

#### I PURPOSE

The purpose of this program is to protect the public health and the environment from the effects of improper storage, collection, transportation, and disposal of solid waste including water pollution, scenic blight, flies, rodents, and public nuisances. The goals of this program are accomplished through a program of inspection, permitting, complaint investigation, public education, and assistance to industry.

#### II AUTHORITY

##### A. STATE

- 1 Public Resources Code, Section 43000-44817 (and California Code of Regulations, Title 14, Division 7, Sections 17200-17751), Minimum Standards for Solid Waste Handling and Disposal. Establishes statewide standards for solid waste handling and disposal. Section 17207 assigns enforcement of health related standards to the local health department.
- 2 Government Code Section 66780 (and California Code of Regulations, Title 14, Sections 17100-17179) Solid Waste Management Plans. Requires every county to prepare an Integrated Waste Management Plan.
- 3 Public Resources Code, Section 43200-43219 (and California Code of Regulations, Title 14, Sections 18101-18355) Enforcement of Solid Waste Standards. Requires each local governing entity to designate an enforcement agency to enforce all laws and regulations pertaining to the minimum standards for solid waste handling and disposal. All local enforcement agencies are required to be certified by the California Department of Resources Recycling and Recovery (CalRecycle).

##### B. Summary

The Solid Waste Management program is mandated by State Law, County Ordinance, City Ordinance, and/or Board of Supervisors/ City Council Resolutions. The County or City Solid Waste Local Enforcement Agency (LEA) Program, including designation of administrative and enforcement responsibilities must conform to the County Integrated Waste Management Plan, (CIWMP) which in turn must be approved by CalRecycle, subject to State guidelines. The CIWMP must also be approved by the majority of the cities within the county having a majority of the population. Within this framework, each county and city has some discretion as to implementation of program.

In order to enforce a comprehensive regulatory program, it is necessary to conduct inspections, investigate complaints, pursue enforcement action, and educate solid waste facility operators and the public as to the laws and regulations governing solid waste.

### **III OBJECTIVES**

- A. To permit and inspect all solid waste disposal and handling facilities such as material recovery, transfer and processing facilities; composting facilities; and active and closed landfills to ensure full compliance with federal, State, and local laws and regulations, after certification of the Local Enforcement Agency (LEA) by CalRecycle.
- B. To investigate all complaints and take appropriate corrective action to assure compliance with local, State and Federal solid waste laws and regulations.
- C. To obtain compliance with State and local standards for all waste collection vehicles.
- D. To maintain a well-qualified and trained staff to provide consistent and accurate enforcement and education efforts.

### **IV SUMMARY OF ACTIVITIES as a LEA**

- A. Solid Waste Enforcement
  - 1 Carry out the mandates and responsibilities of the County/City Solid Waste Local Enforcement Agency.
  - 2 Enforce all laws and regulations pertaining to the minimum standard for solid waste handling and disposal through a routine inspection program.
  - 3 Issue permits to all solid waste facilities within the jurisdiction and bring these facilities into compliance with State mandated minimum standards.
  - 4 Provide consultation to other governmental and private agencies in matters pertaining to the enforcement of solid waste laws.
  - 5 Investigate complaints of illegal dumping and take necessary action to abate the illegal waste site and composting facilities.
- B. Disposal Site, Transfer/Processing Stations
  - 1 Maintain a current inventory of all landfill sites and transfer /processing stations and composting facilities.

- 2 Investigate, inspect and evaluate active disposal sites, transfer /processing stations, and composting facilities at a frequency as specified in the California Code of Regulations (generally at least once every month or once a quarter) and in response to complaints.
- 3 Review and evaluate construction plans for new disposal, transfer, processing and composting facilities, and issue applicable permits.
- 4 Review and evaluate construction plans for postclosure development on closed landfill sites. Permits may be issued.

#### C. Waste Storage/Collection

- 1 Answer complaints, conduct investigations and enforce local and state container and storage standards.
- 2 Answer complaints and conduct investigations pertaining to inadequate frequency of collection or improper storage.
- 3 Maintain inventory of waste collection facilities, equipment and services.
- 4 Ensure compliance with local regulations.

#### D. Solid Waste Facility Permits

- 1 Write and issue solid waste facility permits for landfills and other solid waste facilities.
- 2 Review and comment on environmental documents prepared for solid waste facilities such as initial studies, negative declarations, EIR's, zoning and land use permits for compliance with the California Environmental Quality Act.
- 3 Investigate permit violations by solid waste facility operators and pursue the correction of the violations within a timely manner.
- 4 Revise or modify existing solid waste facility permits as methods of operations change or as required by state regulations.

### V PHILOSOPHY/POLICY ISSUES

Protection of public health and environmental quality are of vital concern in dealing with solid waste handling/disposal problems. It is essential that public health concerns be considered and applied in solving such problems.

Enforcement of solid waste regulations on solid waste facility operators is essential to protect public health and the environment. Also, education of the operators and the public on sound solid waste handling and disposal practices is necessary to operate an effective and environmentally sound solid waste management system.

- A. The excavation of closed landfill sites (clean closure) has been a significant issue. As new development encroaches upon these sites, removal of wastes or mitigation of the existing environmental concerns will require substantial involvement on the part of Environmental Health Agencies. The Environmental Health Agency is encouraged to seek assistance from the California Department of Toxic Substances Control early in the process of clean closure for guidance and recommendations.
- B. Program staff will also become increasingly involved in evaluating proposals for recycling and to convert solid waste into energy. Staff will evaluate proposals for recycling and waste-to-energy facilities to assure that environmental and public health issues are examined. Staff should work with appropriate State, regional, and local agencies with jurisdiction over the proposed facilities.
- C. The program will require a continuing effort for the future in order to meet the goals and objectives established in the County/City Solid Waste Management Plan and expressed in this program summary.
- D. Illegal dumps and promiscuous dumping increases as tipping fees increase resulting in a need to further increase educational and enforcement activities. The establishment of mandatory comprehensive waste collection requirements within the jurisdiction can greatly lessen illegal dumping. Information to assist the LEA in reducing illegal dumping in their jurisdiction is available on the CalRecycle website.
- E. The establishment of waste collection franchises may provide additional services to the residents and provide a funding source for the solid waste program.
- F. Encourage and support extended producer responsibility to reduce the amount of solid waste produced and disposed.
- G. Track and participate in development of proposed new regulations and laws by CalRecycle and industry.

## **LIQUID WASTE**

- **ON-SITE SEWAGE SYSTEM**
- **SEPTAGE HAULERS**
- **GRAYWATER/WASTEWATER RECLAMATION**

## **PROGRAM PLAN**

### **PROGRAM: LIQUID WASTE**

The purpose of the Liquid Waste Program is to protect the health of the public and environment from the improper disposal of sewage from on-site sewage systems and graywater systems. This is accomplished through the evaluation and permitting of on-site sewage systems, graywater systems and septage haulers. Local agencies also have developed on-site sewage regulations and formed maintenance districts to routinely inspect and maintain on-site sewage systems.

### **ELEMENT: ONSITE WASTEWATER DISPOSAL**

#### **I. PURPOSE**

The purpose of the Onsite Wastewater Disposal Program is to protect public health and the environment by ensuring compliance with laws and regulations pertaining to the proper treatment and disposal of liquid waste from onsite sewage treatment and disposal systems.

#### **II. AUTHORITY**

- A. California Water Code, Div. 7, Chapter 4, Article 5 and Chapter 4.5.
- B. California Code of Regulations, Title 24, Part 5, California Plumbing Code.
- C. State Water Resource Control Board General Order/waiver; Memorandum of Understanding with local Regional Water Quality Control Board; Basin Plans.

#### **III. OBJECTIVES**

- A. Ensure that onsite sewage treatment and disposal systems are properly sited, designed, constructed, operated and destroyed to protect public health and the environment.
- B. Provide educational material to the general public on the proper operation and maintenance of onsite treatment and disposal sewage systems.
- C. Implement surveillance and monitoring programs, maintenance districts, and other duties related to onsite sewage treatment and disposal systems as deemed applicable.

#### **IV. SUMMARY OF ACTIVITIES**

- A. Evaluate and permit on-site sewage systems. This includes review of site evaluation information and construction inspections.
- B. Investigate complaints relating to illegal or unsafe disposal of sewage.
- C. Maintain records of the construction, repair and maintenance of on-site sewage systems.

- D. Review and update local onsite sewage treatment and disposal requirements as necessary. Develop program plans in accordance with any State law/regulation requirements.
- E. Evaluate the necessity for onsite sewage maintenance districts.
- F. Work with the Regional Water Quality Control Board to ensure the local onsite sewage treatment and disposal program complies with State law and Basin Plan requirements.
- G. Develop educational material on the proper use of and maintenance of onsite sewage treatment and disposal systems.
- H. Evaluate new methods of on-site sewage treatment and disposal systems.
- I. Conduct sanitary surveys as needed or required to evaluate the operation and maintenance of onsite sewage treatment and disposal systems.
- J. If deemed applicable, integrate other water reuse reduction strategies with the onsite sewage treatment and disposal system to address the total wastewater disposal and water reuse needs for buildings.
- K. Oversee operation and maintenance programs for alternative sewage disposal systems, if deemed necessary.
- L. Develop monitoring or surveillance of onsite sewage treatment and disposal systems as required by State and local laws and regulations that are protective and cost effective.

## **V. PHILOSOPHY/POLICY ISSUES**

The Liquid Waste Program is an integral part of an Environmental Health Program and is linked to the water program for the siting of wells. Improper disposal of septage can result in significant groundwater and health problems (vectors, odors, exposure to pathogen organisms).

As development continues to occur in California, there is more pressure to construct on lots that are marginally capable of providing satisfactory long-term sewage disposal. This situation places more pressure on the need for alternative technologies to be used, and hence, more oversight of their operation and maintenance is critical.

Environmental health agencies may also need to work with local sewage treatment plants to accept septage from onsite sewage treatment and disposal systems.

## **EMERGING ISSUES**

- A. The State Water Resources Control Board is in the process of developing regulations pertaining to on-site wastewater treatment systems (sewage disposal), otherwise known as AB 885 regulations. These regulations are proposed to be tiered based on risk posed by the system location. It is anticipated that the vast majority of systems will fall within a category currently known as "Tier 2". Tier 2 is envisioned to be a local agency program plan that will be approved by the Regional Water Quality Control Board. There will be



required surveillance/monitoring based on level of risk. There will also be required reporting. At this time, exact requirements of the regulations are unknown. The process to obtain approval of a local program plan, and the Local agency's responsibility for oversight and reporting is unknown. Activities may need to be expanded once the regulations are finally adopted.

- B. There is a growing trend for "green buildings". By using alternative systems, sewage can be properly treated and disposed to assist in water reuse strategies outside of dwellings. This includes pretreatment and shallow, pressurized disposal lines, such as those similar to drip irrigation. Again, this will increase the need for consumer education and operation and maintenance oversight. Environmental health agencies should be cognizant of these technologies and changes to regulation or policy that can occur as a result of their use.

## **ELEMENT: SEPTAGE HAULERS/BIOSOLIDS**

### **I. PURPOSE**

The purpose of the Septage Haulers/Biosolids Program is to protect public health and the environment by ensuring compliance with laws and regulations pertaining to the proper transport and disposal or reuse of septage.

### **II. AUTHORITY**

- A. Septage Haulers

California Health and Safety Code, Section 117405 – 117450.

- B. Biosolids

Title 40 Code of Federal Regulations, Part 503 relating to biosolids land application

- C. State Water Resources Control Board General Order 2004-DWQ-12.

### **III. OBJECTIVES**

- A. Ensure that all septic tank/portable toilet pumpers properly collect, transport and dispose of septage. This includes that portable toilets associated with septage haulers are sanitary.
- B. Ensure that the application of biosolids onto farmland is occurring in accordance with laws and regulations intended to protect public health and the environment while allowing the beneficial reuse of this material.

#### **IV. ACTIVITIES**

- A. Perform inspection of septage hauling vehicles.
- B. Maintain records of septage haulers, pump out reports and chemical toilet service companies.
- C. Respond to complaints and ensure abatement of public health hazards.
- D. If a local biosolids program exists, review applications and sampling results, and perform inspections to verify land application is occurring in compliance with all pertinent laws and regulations.

#### **V. PHILOSOPHY/POLICY ISSUES**

Septage management is a key component of the use of onsite sewage disposal systems. Environmental health agencies will need to work with local community treatment plants to ensure septage will be accepted.

#### **EMERGING ISSUES**

Chemicals related to use of Personal Care Products and Pharmaceuticals (PCPP) are present in sewage effluent and biosolids. Numerous studies are being performed nationwide to address the environmental impact of these chemicals, if any, resulting from land application of biosolids containing these compounds. It may be necessary at a later date to adjust practices based on the findings.

### **ELEMENT: GRAYWATER AND WASTEWATER RECLAMATION/REUSE**

#### **I. PURPOSE**

Protect public health and the environment by ensuring compliance with laws and regulations pertaining to construction and operation of graywater systems, and by providing guidance on sound environmental health principles regarding other water reuse strategies that may be incorporated as part of green buildings or communities.

#### **II. AUTHORITY**

California Code of Regulations, Title 24, Part 5, Chapter 16A, Part 1 – Graywater Systems

#### **III. OBJECTIVES**

- A. Ensure graywater systems are installed in compliance with laws and regulations to protect public health and the environment.
- B. Participate in development of policy, guidelines and/or standards regarding use of water saving/reuse strategies, such as use of rain water harvesting, to ensure

sound environmental health principles are incorporated to protect public health and the environment while preserving our States quantity of water.

#### **IV. ACTIVITIES**

- A. Issue or deny permits for proposed graywater systems as required. This may include review of applications and plot plans for compliance with State and local laws and performance of site inspections as deemed necessary.
- B. Perform construction inspections if applicable and as deemed necessary.
- C. Maintain records on locations and types of graywater systems.
- D. Provide input on sound environmental health principles regarding water reuse strategies that may be developed as part of a green building or green community process where no current State or local laws or regulations exist.
- E. Respond to complaints and public health issues that may result from use of graywater systems or other water reuse strategies.
- F. Provide education on safe use of graywater systems and other water reuse strategies as applicable.

#### **V. PHILOSOPHY/POLICY ISSUES**

Graywater has traditionally been viewed as “waste water” and its on-site use or disposal has been addressed as any other waste water that was generated from dwellings, i.e.- leach line disposal three feet below grade. Graywater is now being viewed as a commodity that can be separated out from the total waste water stream to reduce the use of potable drinking water for non-human consumption uses. State law and regulations support this view and allow graywater systems for external uses that previously relied on domestic potable water.

A clothes washer graywater system does not require a permit if it is compliance with existing State regulations. All other simple and complex graywater systems do require a permit unless specifically exempted from a construction permit by the local enforcement agency. Before exemption, the enforcing agency must consult with the public water system, if any, that provides drinking water to the structure.

Environmental health agencies will need to work closely with local building officials to determine agency responsibilities in the permitting and oversight of graywater systems. Environmental health agencies will need to balance the public health and the environmental risk posed by these systems with directives to implement these water saving strategies, along with recovery of regulatory costs.

#### **EMERGING ISSUES**

There is increasing movement toward development of laws and regulations that promote and require green building and communities and expand the use of water saving strategies. While adopted laws and regulations limit the water reuse to external areas, it is anticipated that future requirements will promote, or even require,

incorporation of water reuse strategies within the internal plumbing of dwellings and commercial buildings. This will increase the potential public health impacts due to cross connection or inadequate treatment of the reused water. Environmental health agencies will need to be involved during the development and implementation of these laws and regulations to ensure public health is protected through proper treatment and cross connection control.

## **CERTIFIED UNIFIED PROGRAM AGENCY (CUPA)**

### **HAZARDOUS MATERIALS / WASTE**

- **CUPA PROGRAMS:**

1. Hazardous Materials Business Plan/Emergency Response Plan,
2. Hazardous Waste/Tiered Permitting,
3. Underground Storage Tanks,
4. Aboveground Petroleum Storage Tanks; Spill Prevention, Control and Countermeasure (SPCC) Plans,
5. California Accidental Release Prevention Program, and
6. Uniform Fire Code Hazardous Materials Management Plan.

- **PROPOSITION 65 REPORTING**

- **HOUSEHOLD HAZARDOUS WASTE**

- **EMERGENCY RESPONSE**

- **GROUNDWATER AND SOIL CLEAN-UP**

## **PROGRAM PLAN**

### **PROGRAM: CUPA**

The Unified Program is implemented at the local government level by Certified Unified Program Agencies (CUPAs). Most CUPAs have been established as a function of a local environmental health or fire department. Some CUPAs have contractual agreements with another local agency, a “Participating Agency” (PA) that implements one or more program elements in coordination with the CUPA.

The CUPA program is expected to be fee supported. In addition, every three years State agencies with Unified Program responsibilities collectively perform a review of the CUPA to determine if program elements are being implemented effectively. The review typically includes both an office and field evaluation of the CUPA program and staff.

Individuals performing technical duties in the CUPA program must meet the educational requirements detailed in California Code of Regulations (CCR) Title 27, Section 15260. Individuals possessing a Registered Environmental Health Specialist certification meet these educational requirements. Additionally, CUPA technical staff that performs Underground Storage Tank (UST) inspections must possess a current inspector certificate issued by the International Code Council (ICC), indicating he or she has passed the ICC California UST Inspector exam. This certification must be renewed every 24 months, by either passing the ICC California UST Inspector exam or satisfying equivalent criteria as approved by the Division of Water Quality Underground Storage Tank Program Manager. Staff that performs inspections in accordance with the Aboveground Petroleum Storage Act is required to complete an aboveground storage tank training program established by the Secretary for Environmental Protection. Following completion of the training program staff must satisfactorily pass an examination developed by the Secretary on the spill prevention control and countermeasure plan provisions and safety requirements for aboveground storage tank inspections. Additionally, continuing training specific to the implementation of the CUPA program elements is required in accordance with CCR, Title 8, Section 5192 and Title 27, Section 15260.

### **ELEMENT: HAZARDOUS MATERIALS BUSINESS PLANS (HAZARDOUS MATERIAL DISCLOSURE)**

#### **I PURPOSE**

The purpose is to prevent or minimize the damage to public health and safety and the environment, from a release or threatened release of hazardous materials handled and stored in the State and to develop plans for hazardous material emergency response.

## **II AUTHORITY**

### **A. State**

- 1 California Health and Safety Code, Div. 20, Chapter 6.95, Article 1, Section 25500 et seq.
- 2 California Code of Regulations, Title 19, Division 2, Chapter 4, Article 4

## **III OBJECTIVES**

- A. Require an owner or operator of a facility that handle hazardous materials in quantities equal to or greater than 55 gallons, 500 pounds, or 200 cubic feet of gas above threshold planning quantity to inventory their hazardous materials, develop a site map, develop an emergency response plan, and implement a training program (Hazardous Material Business Plan-HMBP).
- B. To provide consultation, assistance and education to owners and operators of regulated facilities with regard to regulatory requirements for HMBP.
- C. To prevent or mitigate excessive damage to the health and safety of the public and environment due to hazardous material releases.
- D. To provide basic information for use by emergency response agencies in order to prevent or mitigate damage to the public health and safety and to the environment from a release or threatened release of a hazardous material.
- E. To provide information to the public on facilities storing hazardous materials, which satisfies federal and state Community Right-To-Know laws

## **IV ACTIVITIES**

- A. Conduct routine inspections of facilities which store hazardous materials in excess of 500 pounds, 55 gallon or 200 cubic feet of compressed gas, for compliance with state law (local ordinances may have different quantity limits).
- B. Maintain a data management system to provide access to and utilization of the hazardous material storage data which allows facilities to submit data electronically.
- C. Develop and implement an area plan for responding to hazardous materials/waste spills.
- D. Investigate complaints regarding the improper storage/handling of hazardous materials.

- E. Pursue corrective and enforcement action regarding non-compliance with the Statute and Regulations.
- F. Forward the HMBP information that is collected to the local emergency response agencies within 15 days of receipt and confirmation. In addition, the local agency shall provide all information obtained from completed inventory forms, upon request, to emergency rescue personnel on a 24 hour basis.
- G. Provide training assistance to owners and operators of regulated facilities with regard to regulatory requirements for HMBP.

## **V PHILOSOPHY POLICY ISSUES:**

The Unified Program's mission is to protect public health and safety, and to restore and enhance environmental quality, and sustain economic vitality through effective and efficient implementations of the hazardous material and waste programs within the Unified Program.

### **ELEMENT: HAZARDOUS WASTE GENERATORS / TIERED PERMITTING**

#### **I PURPOSE**

The purpose of this program is to protect the health of the public, and the environment, from exposure to hazardous wastes by regulating industries which generate hazardous waste. This is accomplished through a program of inspection, emergency response, surveillance, incident investigation, assistance to industry, enforcement, and public education.

#### **II AUTHORITY**

##### **A. STATE**

- 1 The Hazardous Waste Generator Program is delegated to the local agency through their certification as the Unified Program Agency. The Hazardous Waste Generator Program is an element of the Unified Program. California Health and Safety Code Chapter 6.5 contains the laws governing hazardous waste generators.
- 2 The California Code of regulations Title 22 Division 4.5 establishes minimum standards for hazardous waste handling, storage, transportation, and disposal.



## B. Summary

The Hazardous Waste Generator Program is authorized to enforce the state laws and regulations pertaining to the management of hazardous waste. In order to enforce a comprehensive program, it is necessary to maintain an adequate level of surveillance by conducting inspections, responding to chemical emergencies, investigating complaints, pursuing enforcement action, overseeing hazardous waste site clean-up activities, and educating industries and the public as to the laws and regulations governing the management of hazardous waste.

The Tiered Permitting Program regulates all facilities that treat hazardous waste under the Permit By Rule (PBR), Conditionally Authorized (CA) and Conditionally Exempt (CE) categories.

## III OBJECTIVES

- A. At a minimum perform triennial inspections at all hazardous waste generators and applicable Tiered Permitting facilities to ensure full compliance with laws and regulations for the handling, storage, transportation, and disposal of hazardous wastes.
- B. Take appropriate enforcement action as necessary.
- C. To educate all city/county industries and the public as to the legal requirements for handling, storage, and disposal of hazardous waste.

## IV ACTIVITIES

- A. Respond, on a 24-hour basis, to emergency incidents involving hazardous waste in order to protect the public from exposure to these chemicals and to assure that all chemicals which are spilled are properly mitigated.
- B. Conduct routine inspections annually of all Large Quantity Generators of hazardous waste to assure the safe handling, storage, and disposal of hazardous waste and compliance with state laws and regulations.
- C. Inspect all facilities regulated under PBR, CA or CE status annually for compliance with all applicable regulations.
- D. Investigate complaints regarding improper or illegal handling/disposal of hazardous waste.
- E. Gather evidence, prepare reports and other documents required for enforcement or legal action and coordinate these efforts with other city, county and state agencies.
- F. Provide consultation and assistance to the public, industries, and other agencies regarding the regulation of hazardous waste, and the applicable laws and regulations.
- G. Utilize the California Environmental Reporting System (CERS) to accept and maintain facility data for the regulated industries.
- H. Utilize a waste reduction/pollution prevention approach in regulating generators.

## **V PHILOSOPHY/POLICY ISSUES**

Through the years, this program has developed from ensuring that public health and environmental concerns of each city/county are met to providing input for other planning agencies about the growth and development of the city/county's hazardous waste generator population.

Due to the restrictions on land-filling of hazardous waste and the overall large expense of hazardous waste disposal, the program continues to receive and actively investigate complaints involving illegal disposal of hazardous waste. By routinely inspecting generators of hazardous waste and providing any follow-up action which is needed to gain compliance, Environmental Health Agencies continue their efforts to prevent hazardous waste from harming the public and the environment.

### **ELEMENT: UNDERGROUND STORAGE TANKS**

#### **I PURPOSE**

The purpose of this program is to protect public health and the environment from potential sources of contamination of the groundwater by regulating underground storage tanks containing hazardous materials. The purpose of this program is accomplished through a program of inspection, plan check, incident investigation, enforcement, public education and assistance to industry.

#### **II AUTHORITY**

##### **A. STATE**

- 1 California Health and Safety Code 6.7, Sections 25280-25299.7, mandate each city/county to establish a program to regulate underground storage tanks containing hazardous materials. The law requires the responsible government body (see Section 25283) to enforce stringent construction and monitoring standards, issue permits, conduct inspections, and regulate the repair and closure of underground tanks and enforcement of corrective action requirements.
- 2 California Code of Regulations, Title 23, Sections 2610-2714 establishes minimum standards for new tank construction and monitoring, monitoring of existing tanks, unauthorized release reporting, tank repairs, tank closures, permitting and annual reporting.
- 3 Code of Federal Regulations, Title 40, Sections 280-281.

### III OBJECTIVES

- A. To approve plans for new underground storage tank installation or the modification of existing systems, to issue permits, and to routinely inspect all underground tanks in order to ensure compliance with State laws and regulations pertaining to the construction, monitoring, permitting, repair, and closure of underground tanks.
- B. To respond to emergency incidents and to investigate all complaints pertaining to leaking underground storage tanks.
- C. To pursue enforcement action against any person who violates the laws and regulations pertaining to underground storage tanks.
- D. To provide consultation, assistance, and education to industries and the public with regard to the regulatory requirements for installing and operating an underground storage tank.

### IV ACTIVITIES

- A. Conduct plan checks and inspection of all new underground tank installations to assure compliance with strict construction and monitoring standards.
- B. Conduct plan checks and inspections of all existing underground tanks to assure compliance with the requirement to install monitoring systems to detect leaks.
- C. Issue permits to operate all underground storage tank facilities once proper monitoring methods are implemented to detect unauthorized releases.
- D. Conduct routine inspections every 3 years of all underground storage tanks to assure compliance with the permit and monitoring requirements, and to assure that any leaks will be detected in a timely manner. Conduct audits of records, direct sampling activities, and perform checks of monitoring equipment to assure compliance with permit requirements.
- E. Respond to emergency incidents and investigate complaints pertaining to underground tank leaks or failure. Conduct sampling, analysis, and field assessment to determine the extent of contamination.
- F. Oversee the removal and repair of tanks to ensure that any contaminated materials and soil are cleaned up and to assure that tanks are repaired according to specified standards.
- G. Identify previously unknown underground tanks, and maintain a comprehensive data base of information regarding tanks identified, including age, size, material stored, history of repairs and leaks, etc.

- H. Pursue corrective and enforcement action against persons or firms who violate the underground tank laws and regulations. Gather evidence, prepare reports and other documents required for enforcement or legal action.
- I. Provide consultation and assistance to the public, industries, and other agencies regarding the regulation of underground tanks, and the applicable laws and regulations.
- J. Provide an educational program to inform industry about the legal requirements pertaining to underground tanks.
- K. Maintain computerized inventory of underground tanks and all associated data (e.g., age, size, substance stored, type of monitoring system, emergency contact person, location). The computerized system includes permitting information, inspection results, tank closures, and unauthorized releases.
- L. Provide to the State Water Resources Control Board information on permits and unauthorized releases pursuant to each responsible governmental body's requirements under State law.
- M. Coordinate with Fire Departments and Building Departments to ensure maximum cooperation in regulating underground tanks and to avoid duplication of effort. Develop a notification procedure in each jurisdiction by which the responsible governmental body will be informed of all proposed new tank installation, closures, repairs or illegal activity.
- N. Develop or revise regulations to reflect changes in technology and complex laws relating to underground tanks.

## **V PHILOSOPHY/POLICY ISSUES**

Prior to the adoption of the State law and regulations, construction, monitoring, permitting, or testing standards for underground tanks were not stringent. With the adoption of this law, it can be assured that new underground tanks are installed in accordance with the new, stringent standards. As existing tanks are monitored, inspected and tested, it is anticipated that a large number of leaking tanks will be discovered, necessitating numerous clean-up operations. It is therefore anticipated that the demand for program services will continue.

The purpose of this program is to prevent contamination of the environment and to cause the early detection of and to reduce the incidence of leaking underground storage tanks. The program accomplishes this mainly through its inspection, plan check, and surveillance activities, as well as by offering education and assistance to the public and to industry.

## **ELEMENT: ABOVEGROUND PETROLEUM STORAGE TANKS**

### **I PURPOSE**

The purpose of the APSA Program is to protect public health, the environment and groundwater from potential contamination or adverse effects associated with unintended releases from the aboveground storage of petroleum-based hazardous materials and waste.

### **II AUTHORITY**

The Aboveground Petroleum Storage Act (APSA) was adopted in Chapter 6.67 of the California Health and Safety Code, sections 25270-25270.13.

### **SUMMARY**

APSA transferred responsibility for the implementation, enforcement, and administration of this program to the Certified Unified Program Agencies (CUPAs) from the State Water Resources Control Board (SWRCB) on January 1, 2008. APSA requires facilities that store more than 1320 gallons of petroleum to prepare and implement a Spill Prevention Control and Countermeasure (SPCC) plan in accordance with the Code of Federal Regulations (CFR) Title 40 Part 112 commencing with Section 112.1 through section 112.8.

### **III OBJECTIVES**

- A. To conduct an inspection of each facility required to comply with APSA a minimum of once every three years.
- B. To review the SPCC plan to verify compliance with proper preparation and implementation of the plan in accordance with 40 CFR 112.1-112.8. For facilities that store greater than 10,000 gallons of petroleum the CUPA is required to inspect a minimum of 10% of the bulk storage tanks to physically confirm proper implementation of the SPCC plan.
- C. Confirm annual submittal of a Tank Facility Statement that provides basic information regarding capacity, type of petroleum stored and other similar information.

### **IV ACTIVITIES**

- A. Assure CUPA inspectors take a required APSA training course administered by the California Environmental Protection Agency (Cal-EPA) and pass a test before being qualified to conduct inspections under this program.

- B. Conduct the inspections and include a review of the SPCC plan to verify compliance with proper preparation and implementation of the plan in accordance with 40 CFR 112.1-112.8. For facilities that store greater than 10,000 gallons of petroleum the CUPA is required to inspect a minimum of 10% of the bulk storage tanks to physically confirm proper implementation of the SPCC plan.

## V PHILOSOPHY / POLICY ISSUES

The Aboveground Petroleum Storage Act also provides some regulatory relief for certain types of facilities or sites with a limited storage capacity as listed below:

**Conditionally Exempt Facilities:** These include farms, nurseries, logging, and construction sites, where the storage capacity does not exceed 100,000 gallons, and the site has no container with a capacity of greater than 20,000 gallons. These sites are exempted from preparing and implementing an SPCC plan if they meet several conditions: perform daily inspections of all aboveground storage tanks, allow the CUPA to conduct periodic inspections, and the business constructs secondary containment structures if required by the CUPA.

***Note: This exemption does not apply to the requirement for businesses to comply with the federal law to prepare and implement a SPCC plan under 40 CFR 112.***

**Tier I Facilities:** Facilities that store less than 10,000 gallons of petroleum and have no single container with a capacity of greater than 5,000 gallons. This type of facility may complete a Tier I checklist style SPCC plan and can self-certify the plan [does not require a Professional Engineers (PE) certification].

**Tier II Facilities:** Facilities that store less than 10,000 gallons of petroleum and have a single container with a capacity of greater than 5,000 gallons. This type of facility may complete a Tier II checklist style SPCC plan and can self-certify the plan (does not require a PE certification).

**Non-Qualified Facilities:** Facilities that store greater than 10,000 gallons of Petroleum. These facilities are required to prepare a facility specific SPCC plan that is certified by a PE. CUPA inspections of these facilities requires a physical inspection of 10% of the bulk storage containers at a minimum.

## **ELEMENT: CALIFORNIA ACCIDENTAL RELEASE PREVENTION PROGRAM (CAL/ARP)**

### **I PURPOSE**

The purpose of the CALARP Program was to protect public health and prevent accidental releases of substances that pose the greatest risk of immediate harm, to the public and environment.

### **II AUTHORITY**

The CALARP Program is the Federal Risk Management Program established by the USEPA (CFR, Title 40, Part 68), plus additional requirements specific to California. California Health and Safety Code, Division 20, Chapter 6.95, Article 2 and the California Code of Regulation (CCR) Title 19 Division 2, Chapter 4.5, Articles 1 through 11.

### **III OBJECTIVES**

The CalARP Program was established in California to prevent accidental releases of those substances determined to potentially pose the greatest risk of immediate harm to the public and the environment. The planning activities required by the Program are intended to minimize the possibility of an accidental release by encouraging engineering and administrative controls. The Program is further intended to mitigate the effects of an accidental release, should one occur, by requiring an emergency response program. The CalARP Program is the federal “Risk Management Program” or “Federal Accidental Release Prevention (FedARP) Program,” established in regulation<sup>3</sup> by the United States Environmental Protection Agency (USEPA), but has additional requirements specific to the State of California, in accordance with the California Health and Safety Code (HSC)<sup>4</sup>. The Governor’s Office of Emergency Services (OES) adopted the regulations<sup>5</sup> that outline the CalARP Program requirements for all regulated businesses and the agencies that implement the Program in California (CalARP Program regulations). The CalARP Program incorporates federal requirements including newly developed federal requirements. It is the intent of the California Legislature that compliance with the provisions of the CalARP Program satisfies the requirements of the FedARP Program.

The CalARP Program applies to a wide variety of facilities (stationary sources). A facility that handles, manufactures, uses, or stores any of the listed chemicals (regulated substances) in a process, above the threshold quantities may be subject to the CalARP Program requirements.

<sup>3</sup> Part 68, Title 40, Code of Federal Regulations

<sup>4</sup> California Health and Safety Code, Chapter 6.95, Article 2, Sections 25531-25543.3

<sup>5</sup> Chapter 4.5, Division 2, Title 19, California Code of Regulations

## IV ACTIVITIES

Administering Agencies (AAs) are local government agencies authorized to implement and enforce the CalARP Program in California. AAs are also known as Certified Unified Program Agencies, Participating Agencies, or Designated Agencies, and are collectively called Unified Program Agencies.

A. AAs ensure that regulated facilities meet the requirements of the CalARP Program and determine the appropriate level of detail for the Risk Management Plan (RMP). Each facility is required to work closely with the AA for guidance to implement the CalARP Program and create the RMP.

B. AAs collect the State Surcharge for all elements of the Unified Program, including the CalARP Program. OES does not have the authority to provide decisions related to the amount or collection of the Surcharge. Establishment and collection of the State Surcharge for all of the Unified Program elements, including the CalARP Program, is under the authority of the Secretary of California Environmental Protection Agency (Cal/EPA).

C. Determine if facilities must comply with the CalARP Program;

D. Determine the specific CalARP Program requirements which are applicable to covered processes at facilities within their jurisdiction;

E. Coordinate with facility owners and operators for Program implementation; and

F. Ensure that facilities maintain compliance with the Program.

- The RMP summarizes the facility's accidental release prevention program implementation activities, including: Maintenance, Hazard Review, Operating Procedures, Training, Offsite Consequence Analysis, Incident Investigation, Emergency Response Program, and Compliance Audit.

G. Confirm RMP's are updated at least once every five years from the date of its initial submission. The owner or operator is required to:

- Review all nine sections of the RMP.
- Update the RMP as appropriate.
- Certify that the entire updated RMP is true, accurate, and complete.
- Submit the updated RMP to CUPA by the facility's 5-year update due date.

## V PHILOSOPHY / POLICY ISSUES

Environmental Health's approach in this element is to identify federal, State, local and private industry responsibilities and actions required to minimize and limit the



damage to human health, natural systems, and property caused by the release or potential release of extremely hazardous materials.

## **PROGRAM: PROPOSITION 65 REPORTING**

### **I PURPOSE**

The purpose of this program is to inform the public about exposure to chemicals that cause cancer, birth defects or other reproductive harm.

### **II AUTHORITY**

#### **A. State**

- 1 California Health and Safety Code, Div. 20, Chapter 6.6, Section 25249.5 et seq.

#### **B. Summary**

The Safe Drinking Water and Toxic Enforcement Act of 1986 (Proposition 65) was passed by the voters of California in November, 1986, and became effective January 1, 1987. The Act required the Governor to publish a list of chemicals known to the State to cause cancer or reproductive toxicity no later than March 1, 1987, with updates and revisions no less frequently than annually thereafter. For chemicals so listed, warnings are required 12 months after listing for knowing and intentional exposures, and knowing discharges to the State's drinking water sources are prohibited 20 months after listing. Designated government officials are required to report discharges or threatened discharges of regulated chemicals.

### **III OBJECTIVES**

- A. To protect the people of California and the water used for drinking against chemicals that cause cancer, birth defects or other reproductive harm.
- B. To inform the public about exposures to harmful chemicals.

### **IV ACTIVITIES**

- A. A designated government employee who obtains information in the course of his or her official duties, revealing the illegal discharge or threatened illegal discharge of a hazardous waste within the geographical area of his or her jurisdiction, and who knows that such discharge or threatened discharge is likely to cause substantial injury to the public health or safety, must within 72 hours disclose such information to the local Board of Supervisors and to the local health officer.

- B. The Environmental Health Agency will act on behalf of the health officer and notify the local news media when appropriate and maintain a list of all disclosures under this law.

## **V PHILOSOPHY/POLICY ISSUES**

Any designated government employee must be aware of the requirements of reporting discharges. Severe penalties exist for failure to report discharges or threatened discharges of hazardous waste.

## **PROGRAM PLAN**

### **PROGRAM: HAZARDOUS MATERIAL/WASTE EMERGENCY RESPONSE**

#### **I PURPOSE**

The purpose of this program is to respond to spills of hazardous materials/waste and to help properly identify the material/waste, oversee safety issues at the site, recommend clean-up procedures, and oversee clean-up of spills and declare the scene safe for public reentry.

#### **II AUTHORITY**

##### **A. State**

- 1 California Health and Safety Code, Section 25503 (c) (Business Plan and Area Plan – CUPA)
- 2 California Health and Safety Code, Chapter 7, Sections 25260 – 25268 (Administering Agency for Remediation of Haz. Mat. Release)
- 3 California Health and Safety Code Section 101080 and 101085 (Powers of the Health Officer)
- 4 California Health and Safety Code Sections 101275 and 101280 (Delegate Powers From Health Officer to Director of Environmental Health)

##### **B. California Emergency Management Agency (Cal EMA) Tool Kit Jan 2006 (Guidance Document Listing EH Roles and Responsibilities)**

#### **III OBJECTIVES**

Operate within the ICS SEMS system to insure that the impacts from releases of hazardous materials/waste are appropriately mitigated to protect public health and safety.

#### **IV SUMMARY OF ACTIVITIES FOR EH CUPA AGENCIES**

- A. Administer the “Unified Program” which includes disseminating Hazardous Materials Business Plans information to first responder agencies and create and maintain a hazardous materials emergency response Area of Operations Plan.
- B. Respond to hazardous materials incidents.
- C. Provide technical support for medical health considerations of first responders.

- D. Provide Incident Commander with technical assistance and advice regarding:
  - 1. Threats to public health and the environment
  - 2. Containment, clean up and disposal procedures
- E. Assist in identification, categorization, and analysis of unidentified substances, including taking samples and assist in the field identification of hazardous materials.
- F. Access the Emergency Reserve Account for Hazardous Materials Incidents (Cal-Superfund) administered by the State Department of Toxic Substances Control.
- G. Establish the criteria for cleanup and disposal of hazardous materials.
- H. Oversee and supervise clean-up of hazardous materials incident sites.
- I. Pursue cost recovery to bill the responsible party.

## **V PHILOSOPHY/POLICY ISSUES**

Environmental Health agencies should work together with local fire agencies, agriculture departments and public works agencies to abate the impacts of hazardous material/waste spills.

## **HOUSEHOLD HAZARDOUS WASTE**

## **PROGRAM PLAN**

### **PROGRAM: HOUSEHOLD HAZARDOUS WASTE (HHHW)**

#### **I PURPOSE**

The purpose of this program is to reduce the generation of Household Hazardous Waste and to assure the proper management and disposal of Household Hazardous Waste. This is accomplished through the operation of permanent and satellite collection facilities, periodic one-day collection events and public education on the proper use and disposal of household hazardous materials and waste.

#### **II AUTHORITY**

##### **A. STATE**

- 1 California Code of Regulations Title 14, Article 6.3, Chapter 9, Sections 18750 - 18775.

#### **III OBJECTIVES**

- A. To provide a city/county wide HHW Management Program.
- B. To provide a public education and information program to reduce the generation of HHW and to ensure proper management of HHW generated.
- C. To establish a method of measuring the generation of HHW.
- D. To develop an automated system for tracking wastes received and their disposition.

#### **IV ACTIVITIES**

- A. Develop educational material for public distribution.
- B. Conduct and participate in collection events including for household hazardous waste.
- C. Apply for, and start the used oil recycling program.
- D. Ensure that the public and facility operators manage HHW collected in a safe and environmentally sound manner consistent with all applicable local, State and Federal laws and regulations.

## **V PHILOSOPHY/POLICY ISSUES**

The Household Hazardous Waste Program is the only purely "service" oriented program the Environmental Health agencies can provide. As with all environmental health programs, the program is oriented towards quality service at the lowest possible cost to the consumer, consistent with employee, environmental and public safety.



## MEDICAL WASTE

## **PROGRAM PLAN**

### **PROGRAM: MEDICAL WASTE**

#### **I PURPOSE**

The purpose of this program is to protect the health of the public, health care facility personnel, landfill personnel, and the environment from potential exposure to infectious disease causing agents through the proper management and disposal of medical waste. These public health protection goals are accomplished by conducting medical waste generator compliance inspections; complaint investigation; emergency response; enforcement; public education; and assistance to industry.

#### **II AUTHORITY**

##### **A. STATE**

The statutory authority that implemented the Medical Waste Management Program is contained in the Medical Waste Management Act (MWMA), California Health and Safety Code, Sections 117600 – 118360.

- B. The Medical Waste Management Program is a state program, delegated to Local Enforcement Agencies (LEAs) who elect to implement their own program to enforce state laws, and such regulations as may be adopted, pertaining to the management of regulated medical waste. In order to implement a comprehensive compliance and enforcement program, it is necessary to register medical waste generators in accordance with the provisions of the MWMA; issue permits for on-site treatment and common storage areas; issue limited quantity hauling exemptions; and maintain an adequate level of surveillance by conducting compliance inspections, investigating complaints, responding to emergency incidents, pursuing enforcement actions, and educating and assisting medical waste generators and the public as to the laws and regulations governing the proper management and disposal of medical waste.

#### **III OBJECTIVES**

- A. To inspect, evaluate, and maintain an adequate surveillance of medical waste generators in order to ensure full compliance with laws and regulations for the handling, storage, transportation, treatment, and disposal of medical waste.
- B. To investigate all complaints and take enforcement action as necessary against anyone who manages and disposes of medical waste illegally.
- C. To provide consultation, assistance, and education to all industries and the public with regards to the legal requirements for the handling, storage, treatment and disposal of medical waste.

- D. To respond to emergency incidents and provide for public and environmental protection and public safety.
- E. To register medical waste generators pursuant to Chapter 4 (Small Quantity Generators) and Chapter 5 (Large Quantity Generators) of the Medical Waste Management Act.
- F. To register and issue permits to facilities with on-site treatment pursuant to Chapters 4, 5, and 7 of the Medical Waste Management Act.
- G. To issue permits for common storage facilities pursuant to Chapter 4 of the Medical Waste Management Act.
- H. To authorize Limited Quantity Hauling Exemptions pursuant to Chapter 6 of the Medical Waste Management Act.
- I. To process and review the Medical Waste Management Plan of all medical waste generators required to register.
- J. To take appropriate enforcement action when there is a violation or threatened violation for the suspension or revocation of medical waste permits.
- K. Be available for program audits with the California Department of Public Health to ensure that the program meets the requirements outlined in Chapter 3 of the Medical Waste Management Act so that the program's effectiveness and coordination can be determined and shared among the LEAs.
- L. To maintain a well-qualified and trained staff to provide consistent and accurate enforcement and education efforts.

#### **IV SUMMARY OF ACTIVITIES**

- A. Ensure the compliance with state laws and regulations by conducting routine compliance inspections of regulated medical waste generators for the safe handling, storage, transportation, treatment and disposal of medical waste.
- B. Investigate complaints received regarding improper or illegal management and disposal of medical waste.
- C. Collect evidence, prepare reports, and other documents required for legal action.
- D. Provide consultation and assistance to the public, industries and other agencies regarding medical waste issues, and the interpretation of applicable laws and regulations.

- E. Provide technical support as needed to medical waste generators and other related stakeholders.
- F. Evaluate onsite medical waste treatment systems such as incinerators, autoclaves, microwaves and alternative waste treatment systems to ensure that efficacious treatment of medical waste is consistent with the requirements of the Medical Waste Management Act.
- G. Respond quickly to emergency incidents involving medical waste and provide for the public safety.
- H. Register medical waste generators pursuant to Chapters 4 and 5 of the Medical Waste Management Act and provide forms and information to facilitate that process.
- I. Issue permits to facilities with on-site medical waste treatment (Chapters 4, 5, and 7) and for common storage areas pursuant to Chapter 4 of the Medical Waste Management Act.
- J. Authorize limited quantity hauling exemptions pursuant to Chapter 6 of the Medical Waste Management Act.

## **V PHILOSOPHY/POLICY ISSUES**

Generators of medical wastes are regulated under the Medical Waste Management Act of 1990. Prior to the formation and implementation of the Medical Waste Management Program, a large number of incidents involving the illegal disposal of medical waste were noted. As a result, the risk of exposure to the general public and to landfill employees was greatly increased. The Medical Waste Management Program was established in 1982 under the title of Infectious Waste Program. With the Medical Waste Management Program, the number of incidents involving illegal disposal of medical waste has been brought largely under control.

It is anticipated that the number of regulated healthcare facilities will continue to gradually rise resulting in an increase in demand for program services.

- A. Changes in the State laws regarding the management of medical waste and the growing number of facilities that generate medical waste both point to the need to maintain an effective medical waste program.
- B. A close working relationship should be maintained with the agency responsible for hazardous materials handling in your jurisdiction to help determine the proper disposal of pharmaceuticals. The disposal requirements when factoring in Federal and State regulations are at times unclear.

- C. Encourage and support extended producer responsibility for manufacturers, to reduce the amount of sharps and/or pharmaceuticals disposed by homeowners.

**GROUNDWATER AND SOIL CLEAN-UP  
FROM LEAKING  
UNDERGROUND STORAGE TANKS**

## **PROGRAM PLAN**

### **PROGRAM: GROUNDWATER AND SOIL CLEAN-UP FROM LEAKING UNDERGROUND STORAGE TANKS**

#### **I PURPOSE**

The objective of this program is to protect public health and the environment by overseeing the clean-up of contaminated sites resulting from the unauthorized release of hazardous substances from underground storage tank systems containing petroleum products and other hazardous materials.

#### **II AUTHORITY**

##### **A. STATE**

- 1 California Health and Safety Code, Chapter 6.7, Section 25280- 24299.99, Underground Storage of Hazardous Substances, mandates each county and city to establish a program to regulate underground storage tank systems containing hazardous substances. The law requires that specified unauthorized releases must be reported to the local agency within 24 hours after the release, and a full written report transmitted within five working days of the occurrence.
- 2 California Health & Safety Code, Section 25297.1 authorizes the California State Water Resources Control Board to enter into agreements with local agencies to develop and implement a local oversight program for the abatement of, and oversight of the abatement of unauthorized releases of hazardous substances from underground storage tanks. The Board is required to provide funding to a local agency which enters into an agreement for the reasonable costs incurred by the local agency.
- 3 California Health & Safety Code Section 25298 requires that no person shall close an underground tank system unless it is demonstrated to the appropriate agency that corrective or residual actions have been taken.
- 4 California Health & Safety Code, Section 25295 requires the submittal of a report for any unauthorized release from an underground storage tank system describing corrective actions undertaken and a time schedule for implementing clean-up actions.
- 5 California Health & Safety Code, Section 25299.37 requires that each owner, operator or other responsible party shall take corrective action in response to an unauthorized release.

- 6 California Health and Safety Code, Chapter 6.8, Section 25300 et. al., Hazardous Substance Control Act, establishes a program to respond to releases of hazardous substances. Article 7.5 of the Act contains the Hazardous Substances Clean-up Bond Act of 1984 which provides monies to be appropriated by the State Legislature, in support of local agency oversight activities at leaking underground storage tank clean- up sites.

This fund is referred to as the Hazardous Substance Clean-up Fund; costs incurred under this program are to be recovered from responsible parties, usually the tank owner or operator.

- 7 California Code of Regulations, Title 23, Section 2652, further requires that until clean-up of a release is complete, the tank operator or permittee shall submit progress reports of clean-up activities to the local agency at a frequency no less than every three months.

### **III OBJECTIVES**

- A. To protect public health and the environment by overseeing and ensuring the clean-up of hazardous substances released from underground storage tanks.
- B. To provide consultation, assistance, and education to responsible underground tank owners or operators with regard to the regulatory requirements concerning clean-up of contaminated sites.
- C. To pursue enforcement action against any person or company who violates the laws and regulations pertaining to unauthorized releases from underground storage tank systems.

### **IV ACTIVITIES**

- A. Enter into an Agreement with the State for local oversight of unauthorized releases from underground storage tanks.
- B. Confirm the occurrence of unauthorized releases, and direct the responsible parties to investigate and mitigate soil and groundwater contamination. Formally notify the responsible parties that costs associated with local and state agency oversight must be reimbursed to the State Water Resources Control Board.
- C. Develop and maintain appropriate documentation of direct and indirect cost incurred for oversight services for the purpose of reimbursement.
- D. Oversee site investigations, evaluate public health risks, review remedial action alternatives, and direct verification sampling subsequent to site clean- up activities. Review long term monitoring proposals and final reports.



- E. Establish and maintain a computerized inventory and data base for current and historical clean-up sites. Prepare program and site specific reports on a quarterly basis.
- F. Pursue corrective and enforcement action against recalcitrant parties who violate Underground and Hazardous Waste Control Laws and Regulations. Gather evidence, take soil and groundwater samples, prepare reports and other documents required for enforcement or legal action.
- G. Coordinate with the Regional Water Quality Control Board and the State Department of Toxic Substances Control to facilitate the exchange of information pertaining to underground tank clean-up sites and to ensure that contaminated groundwater and soils are cleaned up at these sites.
- H. Provide consultation and assistance to the public, responsible parties, consultants, and other agencies regarding applicable regulations and clean-up guidelines.

## **V PHILOSOPHY/POLICY ISSUES**

Throughout the State, there have been numerous cases where unauthorized releases from underground storage tank systems have contaminated groundwater and public drinking water supplies, thereby threatening public health. In addition, it is widely suspected that a large number of existing underground tanks are leaking but have not yet been detected. In response to the magnitude of the problem, the state has initiated a Local Oversight Program to provide resources for local implementing agencies to oversee the clean-up of contaminated sites. As existing tanks continue to be monitored, inspected and tested, it is anticipated that the number of clean-up sites will continue to rise in the foreseeable future. The trend towards increased cooperation between State and local agencies facilitates more consistent and effective oversight of clean-ups on a statewide basis.

The clean-up of leaking underground tank sites can be achieved by encouraging innovative solutions to environmental contamination, instituting effective project tracking procedures, and utilizing available enforcement resources.

The purpose of this program is to investigate and oversee the clean-up of sites contaminated as a result of leaking underground storage tank systems. In cooperation with the Regional Water Quality Control Board, a plan to effectively address sites has been developed that will facilitate the exchange of information, maximize coordination, and standardize procedures for case referral and clean-up certification.

## **EMERGENCY PREPAREDNESS AND DISASTER RESPONSE**

## PROGRAM PLAN

### PROGRAM: EMERGENCY PREPAREDNESS AND DISASTER RESPONSE

#### I PURPOSE

The normal role of environmental health is to ensure that a variety of services, food, water, sewage treatment, solid waste management and others are delivered to the public in a safe and healthy manner. Much of what we do is regulatory oversight of the people, facilities and infrastructure that delivers these services. Environmental health personnel can be critical to the assessment and safe restoration of many elements in our communities (food supply, drinking water, sewage treatment, solid waste disposal, etc.). As a result, the overarching environmental health essential function following an emergency is primarily to ensure that these are and can be continued in a safe and healthy manner and to conduct disaster response activities in accordance with the National Incident Management System (NIMS) and the California Standardized Emergency Management System (SEMS).

While environmental health personnel typically are not first responders they do play a vital role in recovery and restoration of the community.

#### II AUTHORITY

##### A. STATE

- 1 California Health and Safety Code (HSC) Section - 120175 Health Officers May Take Preventative Steps to Control the Spread of Disease
- 2 HSC Section 101040 - Authority to take Preventative Measures During An Emergency
- 3 California Emergency Services Act (Government Code Section 8550 et seq.) California Master Mutual Aid Agreement.
- 4 Labor Code, State of California (Section 3211.92, Disaster Service Worker). HSC §1797.152 - Disaster medical and health coordinator for each mutual aid region.
- 5 HSC §1797.153 - Disaster medical and health coordinator for each operational area.
- 6 California Emergency Services Act (Government Code Section 8550 et seq.)

##### B. LOCAL

- 1 Enter local ordinances that may apply
- 2 Enter local emergency operation plans, etc. that may apply

#### III OBJECTIVES

- 1 Ensure that an emergency operation response plan is established for the department/program.

- 2 Train staff on the emergency plan and conduct drills and exercises to test the plan.
- 3 Coordinate EH field activities with the Incident Commander and/ or Operational Area Emergency Operations Center (EOC) or Local Emergency Operations Center.
- 4 Consider the activation of a Department Operations Center (DOC)
- 5 Prepare a department-specific action plan or incident objectives.
- 6 Participate with other agencies and disciplines in a coordinated effort to develop joint plans, coordinate inter-agency resource use and to facilitate decisions.
- 7 Coordinate with partner agencies and the local/Operational Area EOC on the dissemination of public information.
- 8 Cooperate with requests for mutual aid.

#### **IV SUMMARY OF EMERGENCY RESPONSE ACTIVITIES**

This summary represents a general listing of *Mission Essential Functions* (MEF) in each program area. MEF is the term used in the federal emergency response vernacular to describe those missions (activities) that the organization typically should perform following a disaster. MEFs are also known as Essential Functions.

##### **A. Food Sanitation and Consumer Protection**

- 1 Respond to reports and complaints of unsafe food and ice provided to the public.
- 2 Conduct surveillance of the community for ad hoc food facilities.
- 3 Provide consultations and assistance at mass feeding centers and emergency shelters serving food. Assess items of critical concern: Note: A list of emergency shelters and mass feeding operations may be available through the local EOC.
- 4 Provide food service related consultation for hospitals, daycare centers, schools and other residential institutions, as needed.
- 5 Conduct assessments of regulated food facilities and feeding operations. Note: Be prepared to issue operating permit waivers or modified operating permits to allow food facilities to operate in a safe manner.
- 6 Ensure that food facilities have a safe water supply.
- 7 Where unsafe drinking water notices have issued, ensure that food facilities have an alternate water supply from a safe source. Note: Facilities on an individual water system must demonstrate that water supply is safe.
- 8 Provide technical assistance and information for food facility operators on reopening/recovery measures including proper food salvaging, sorting, and disposal.
- 9 Assist partner agencies in the collection of food and fodder samples as needed to determine safety.
- 10 Provide information on food safety including safe food handling, salvaging and disposal to key partners, facility operators, and the public.

- 11 Maintain lists of food facilities, equipment and refrigeration, and other food-related service providers.

B. Housing and Institutions

- 1 Where environmental health is the housing authority, assist building department with damage and habitability assessments of permitted multi-family dwelling units and mobile home parks.
- 2 Provide public information on the measures needed on preparing homes for re-occupancy.
- 3 Provide consultation on housing restoration and re-occupancy to partner agencies.

C. Recreational Health

- 1 Respond to reports and complaints of unsafe conditions at public bathing facilities including pools, spas, and natural areas.
- 2 Provide public education on emergency use of pool and spa water for domestic purposes. Pool water may also be utilized for emergency fire fighting.
- 3 In general, the restoration of public pool and spa facility operation is not a priority activity for disaster recovery.
- 4 Water quality monitoring may be necessary prior to use if the area has been inundated by floodwater, sewage or chemicals.
- 5 Post areas to restrict entry until satisfactory sampling has been completed.
- 6 Provide information on the measures needed to restore pools, spas, and bathing areas to reuse to key partners, facility operators, and the public.
- 7 Maintain lists of contractors, pool suppliers, and other service providers.

D. Water Quality

- 1 Assist in distribution of emergency water supplies by providing technical assistance,
- 2 Inspection of water tanks and vessels and source records (manifests). Assess of disinfection method and disinfectant residual, and water sampling.
- 3 Respond to complaints/reports of unsafe drinking water supply problems that threaten public health. Assist water purveyors with the dissemination and lifting of notices.
- 4 Ensure that public notification of water system disruptions has been completed as required. Note: Unsafe water notices, including boil water notices, may be needed to alert public of drinking water system disruptions.
- 5 Local Primacy Agency (LPA) - conduct assessments to determine the status and operability of regulated drinking water systems to determine if operations can continue/ resume in a safe manner.
- 6 Conduct water sample collection where indicated.
- 7 Provide assistance with drinking water supply concerns in emergency shelters, temporary housing, and mass feedings operations.

- 8 Consult with the state Department of Public Health Drinking Water Program on large public water systems.
- 9 Provide drinking water related assistance to facilities that serve populations with special needs including hospitals and skilled nursing facilities (SNF), dialysis centers, medical and residential facilities, schools and day care centers, as well as retail food facilities and manufacturers, etc.
- 10 Provide information to the public on emergency water sources in the home and emergency disinfection methods.
- 11 Assist with private water system recovery issues including disinfection of wells and other concerns.
- 12 Maintain lists of water purveyors, water haulers, bottlers, well contractors, and water testing laboratories.

E. Land Use (none).

Mitigation activities, as part of emergency planning, may involve land use decisions that include environmental health participation and technical assistance. These activities are conducted prior to emergencies to reduce or eliminate the effects. Mitigations are often suggested by after action reports. Environmental health should participate in preparation of these reports, providing technical expertise and input on environmental health issues.

F. Solid Waste

- 1 Respond to complaints/ reports of solid waste problems that threaten public health and safety including surveillance for illegal dumping.
- 2 Local Enforcement Agency (LEA) for solid waste, coordinate with partner agencies on planning efforts related to emergency debris removal/ recycling and disposal. Clearance of debris from roadways for emergency vehicle passage, rescue and body recovery is the highest immediate priority.
- 3 Determine the status and operability of a regulated facility or activity and determine if operations can resume in a manner consistent with safe solid waste handling practice
- 4 Monitor the establishment of new landfill sites or the reopening of closed landfills for solid waste handling and storage.
- 5 Assess the management of solid waste handling by contractors, haulers and landfill operators. The establishment of Temporary Debris Storage and Reduction (TDSR) sites is essential for the diversion of materials from landfills.
- 6 Provide input on solid waste issues in emergency shelters, temporary housing, and mass feedings operations including the conditions arising from interrupted solid waste collection and disposal services.
- 7 Consult with partner agencies on disposal of animal carcasses. California Department of Food and Agriculture (CDFA) is the primary State agency responsible for developing emergency animal disease identification, containment, and removal procedures

- 8 Provide assistance to regulated facilities on solid waste issues including spoiled food products.
- 9 Monitor disposal of human waste from emergency toilet facilities disposed at sanitary landfills and specially prepared sites.
- 10 Consult with the Department of Public Health on the handling of medical waste from hospitals, evacuation centers and alternate care sites.
- 11 Coordinate with the California Environmental Protection Agency Department of Toxic Substances Control for hazardous waste disposal.
- 12 Assist with private property solid waste issues including demolition, cleanup and hauling of debris, curbside collection, erosion control and other concerns.
- 13 Monitor the generation of wastes and provide technical assistance to local officials on the health risks and mitigation process as well as work with key partners to provide public assistance and information.
- 14 Maintain lists of contractors that provide services related to solid waste disposal and cleanup.

#### G. Liquid Waste

- 1 Respond to reports of sewage releases. Take appropriate measures to reduce risk to public health i.e. quarantine of contaminated areas, erecting barriers and posting signs, supervising repairs and cleanup, and water sample collection.
- 2 Advise facility operators on diversion of overflowing sewage from damaged lines
- 3 Determine the operational condition of public sewer systems. Primary responsibility for these assessment activities lies with the utility and the Regional Water Quality Control Board (RWQCB). Environmental health may assist in these assessments.
- 4 Provide public instructions on emergency waste collection measures.
- 5 Assist in coordinating emergency human waste disposal facilities for hospitals, residential care facilities, emergency medical facilities, emergency shelters, emergency operation centers, local government facilities, and affected neighborhoods, as needed.
- 6 Secure commercial chemical toilets, oversee placement and arrange for their servicing via appropriate department procedures, via service contracts.
- 7 Supervise the development and placement of alternative human waste disposal units and disposal of collected waste, as needed.
- 8 Conduct assessments to determine if food facilities, emergency shelters, hospitals, residential care facilities, schools, residences or other sensitive facilities have been affected by sewage backups or floodwaters.
- 9 Advise facilities and residents of proper methods of cleaning and disinfecting surfaces in cases of flooding or sewage discharge into homes.
- 10 Conduct assessments to determine if public water systems or private wells have been contaminated by floodwaters or sewage contamination.
- 11 Provide assessments of onsite septic systems including guidance to owners.
- 12 Inspect pumping trucks used to remove liquid wastes.

- 13 Maintain lists of permitted septic tank pumpers, chemical toilet suppliers, and other sanitary service providers.

#### H. Hazardous Material

- 1 Respond to complaints/ reports of hazardous materials situations that threaten public health and safety and the environment. Conduct investigations and provide surveillance for illegal dumping.
- 2 Work with key partner agencies on implementing protective actions such as evacuation and sheltering-in-place.
- 3 Provide technical assistance to partner agencies on chemical, biological or radiological releases including risk assessment, monitoring, sample collection, laboratory analysis, protective actions, community re-occupancy and cleanup.
- 4 Provide follow up on hazardous materials releases including oversight of cleanup and long term monitoring, if needed.
- 5 Where environmental health is the Certified Uniform Program Agency (CUPA), conduct assessments of regulated hazardous materials/wastes facilities to determine if operations can continue/ resume in a manner consistent with safe practices.
- 6 Conduct assessments of hazardous materials storage tank sites for leaks, equipment integrity to ensure they are properly functioning after a disaster.
- 7 Consult with solid waste facilities to ensure that hazardous wastes are separated from municipal solid waste.
- 8 Coordinate with the California Environmental Protection Agency Department of Toxic Substances Control on hazardous waste disposal issues.
- 9 Coordinate with partner agencies on household hazardous waste collection. Note: California Environmental Protection Agency Department of Toxic Substances Control is the lead agency for emergency household hazards waste collection.
- 10 Monitor the generation and collection of disaster related hazardous wastes and provide technical assistance to local officials on the health risks and mitigation process as well as work with key partners to provide public information.
- 11 Implement a public education program to enhance public cooperation with household hazardous collection measures.
- 12 Assist first responders by providing health and safety consultation services and technical assistance on chemical, biological and radiological hazards.
- 13 Maintain lists of hazardous waste transporters, hazardous materials response and cleanup contractors, medical waste transporters, underground storage tank contractors, and other service providers.
- 14 Coordinate with the Department of Public Health on the handling of medical waste after a disaster.
- 15 Hospitals, medical shelters, alternate care sites, and other medical facilities should be surveyed to ensure that medical waste is adequately contained to prevent safety and vector problems. Note: Priority should be given to larger



medical waste generators, regional medical waste treatment and transfer stations, and bio-safety level 3 facilities.

I. Underground Storage Tanks

J. Ground Water and Soil Cleanup

K. Shelter and Emergency Housing

- 1 Respond to reports and complaints of unsafe conditions at emergency shelters.
- 2 Conduct assessments of shelters. Note: A large or complex shelter operation may require a full-time environmental health presence. FEMA recommends a ratio of one environmental health practitioner to 500 residents for assessment purposes
- 3 Conduct follow-up assessments of emergency shelters.
- 4 Identify training needs for staff and volunteers. Provide training as needed.
- 5 Provide information for local decision-makers on public health concerns at emergency shelters such as the need for additional shelters, food and water availability, incidence of illness, readiness for transition from emergency to longer term housing, etc.
- 6 Work with partner agencies on the transition from emergency shelters to re-occupancy or longer term temporary housing.
- 7 Where environmental health is the housing authority, assist building department with damage and habitability assessments of permitted multi-family dwelling units and mobile home parks.
- 8 Provide public information on the measures needed on preparing homes for re-occupancy.
- 9 Provide consultation on housing restoration and re-occupancy to partner agencies.
- 10 Maintain lists of contractors that provide services related to cleanup and disinfection, mold abatement, indoor air quality, etc.

## V PHILOSOPHY/POLICY ISSUES

Environmental Health is a key community partner in disaster preparedness, response, recovery, and mitigation functions. It is extremely important for Environmental Health to be an integral part of the planning process for the assessment of community hazards, vulnerability, and risks as so many things related to Environmental Health are impacted during emergencies and disasters (food, water, air, waste, etc.) Environmental Health should be included in the planning for, participation in, and implementation of education, training, and exercises related to emergency response and included as well in the after-action reviews and corrective action planning following an exercise or actual event.

Environmental Health resources should be considered in the overall community emergency response capacity assessment. EH departments should conduct capacity

assessments within their own departments to determine their level or preparedness to respond to emergencies and disasters and where they can obtain additional personnel and resources.

The normal role of environmental health is to ensure that a variety of services are delivered to the public in a safe and healthy manner. Much of what we do is regulatory oversight of the people, facilities and infrastructure that delivers these services. As a result, the overarching environmental health essential function following an emergency is primarily to ensure that these services/infrastructure are and can be continued in a safe and healthy manner.

Environmental health personnel can be critical to the assessment and safe restoration of many elements in our communities (food supply, drinking water, sewage treatment, solid waste disposal, etc.). These personnel may be considered the local experts in these areas even if they do not have normal day-to-day responsibility for a particular program element. The well accepted adage that all emergencies are local applies.

During emergency response operations practitioners may:

- Conduct community needs assessments;
- Identify specific problems, issues, and concerns and develop response objectives to address them that will become part of the Incident Action Plan (IAP);
- Play a key role in ensuring that essential services, such as the operation of drinking water systems continue to function or are restored following an incident;
- Provide technical assistance, consultation, and support to other response partners, functions, and disciplines such as public works, public health and medical professionals;
- Provide mutual aid through mutual aid agreements. This aid may be rendered in neighboring communities or across county and state lines; and
- Provide guidance, information, and resources on specific topics to response partners and the general public during an incident.

Environmental Health plays its biggest role during the community recovery phase including:

- Re-establishment of community lifelines i.e. drinking water supply, sewer systems, food supply, etc.;
- Debris removal;
- Community re-occupancy issues;
- Decontamination and cleanup; and
- Other functions such as assisting public health efforts.

Environmental Health may assist in public health emergency functions including mass prophylaxis or vaccination efforts, in the case of a pandemic, or a bioterrorism event that would require working with the local Bioterrorism Coordinator.

**APPENDIX 1**

**INVENTORY/WORKLOAD/INSPECTION FREQUENCY**

## APPENDIX 1

**INVENTORY /WORKLOAD/INSPECTION FREQUENCY**

The following inspection frequencies are to be used as guidelines. Local agencies may establish other frequencies based on staffing, performance-based evaluations, risk assessment, self-inspection and/or other local factors. The primary goal of inspections is to assess whether there are any public health hazards and to assure compliance with local, state and federal environmental and public health law and regulations. State minimum mandated inspection frequencies are identified by a single asterisk (\*).

<b>Program</b>	<b>Inspection Guidelines</b>
<b><u>Food</u></b>	
Restaurants	4/year
Bars	2/year
Food Processing Establishment	2/year
Food Storage Warehouse	2/year
Bakery	4/year
Itinerant Vehicle	2/year
Itinerant Restaurant	2/year
Commissary	2/year
Temporary Food Facility	2/year
Market with Food Preparation	4/year
Market with Pre-packaged Food	1/year
Produce Stand	2/year
Mobile Food Preparation Unit and Support Units	2/year
Retail Food Vehicle	2/year
Food Vending Machine	2/year
Water Vending Machines	2/year
Certified Farmers Market	2/year
Ice Plants	2/year
Licensed Health Care Food Facilities	4/year ***
School Cafeteria and Food Facilities	4/year ***
<b><u>Housing/Institutions</u></b>	
Hotels/Motels	1/yr
Detention Facilities*	1/yr
Employee Housing*	1/yr
Organized Camps *	2 (year round) 1 (seasonal)
<b><u>Recreational Health</u></b>	
Public Pools/Spas	4/year
Public Beaches	4/year

<b>Program</b>	<b>Inspection Guidelines</b>
<b><u>Water</u></b>	
Small water system w/o treatment using groundwater*	Once every 5 years
Small water systems (all other types)"	Once every 2 years
New individual wells	Once
<b><u>Solid Waste</u></b>	
Active, permitted solid waste facilities *	Once/month
Closed sites*	4/year
Exempt sites *	4/year
Solid waste vehicles *	1/year
<b><u>Certified Unified Program Agency (CUPA)</u></b>	
Hazardous Mat Release Response/Disclosure *	Once/3 years
Underground Storage Tanks*	1/year
California Accidental Release Prevention*	Once/3 years
Hazardous Waste Tiered Treatment*	Once/3 years
<b><u>Medical Waste</u></b>	
Medical Waste	Once per year
<b><u>Liquid Waste</u></b>	
New on-site systems (gravity) **	Once (at least)
New on-site systems (pre-treatment) **	
Septage haulers	Once/year
Greywater	Once

\* State minimum mandated inspection frequencies are identified by a single asterisk (\*).

\*\* Onsite liquid waste disposal systems should be inspected during construction to assure compliance with applicable codes, regulations, and good construction/installation practices. Systems that are more complex in design and construction may require additional inspections. To ensure continued proper operation, alternative on-site systems may benefit from periodic inspections as part of a renewable operating permit or similar maintenance program.

\*\*\* Licensed health care food facilities and food facilities at schools should be inspected four (4) times per year due to the vulnerable populations being served. Schools not open year round should be inspected at least two (2) times per year, once in the Fall and once in the Spring.

## **APPENDIX 2**

### **STATEWIDE ENVIRONMENTAL HEALTH AGENCY ORGANIZATION**

APPENDIX 2 STATEWIDE ENVIRONMENTAL HEALTH AGENCY ORGANIZATION		
COUNTY/CITY	COMPREHENSIVE ENVIRONMENTAL AGENCY (17 CCR 1351)	HEALTH DEPARTMENT (17 CCR 1276)
ALAMEDA	X	
ALPINE		X
AMADOR	X	
CITY OF BERKELEY		X
BUTTE		X
CALAVERAS	X	
COLUSA		X
CONTRA COSTA		X
DEL NORTE	X	
ELDORADO		X
FRESNO		X
GLENN		X
HUMBOLDT		X
IMPERIAL		X
INYO	X	
KERN		X
KINGS		X
LAKE		X
LASSEN		X
CITY OF LONG BEACH		X
LOS ANGELES		X
MADERA		X
MARIN	X	
MARIPOSA		X
MENDOCINO		X
MERCED		X

COUNTY/CITY	COMPREHENSIVE ENVIRONMENTAL AGENCY (17 CCR 1351)	HEALTH DEPARTMENT (17 CCR 1276)
MODOC		X
MONO		X
MONTEREY		X
NAPA		X
NEVADA	X	
ORANGE		X
CITY OF PASADENA		X
PLACER		X
PLUMAS		X
RIVERSIDE	X	
SACRAMENTO	X	
SAN BENITO		X
SAN BERNARDINO		X
SAN DIEGO	X	
SAN FRANCISCO		X
SAN JOAQUIN	X	
SAN LUIS OBISPO		X
SAN MATEO		X
SANTA BARBARA		X
SANTA CLARA	X	
SANTA CRUZ		X
SHASTA	X	
SIERRA		X
SISKIYOU		X
SOLANO	X	
SONOMA		X
STANISLAUS	X	
SUTTER	X	



COUNTY/CITY	COMPREHENSIVE ENVIRONMENTAL AGENCY (17 CCR 1351)	HEALTH DEPARTMENT (17 CCR 1276)
TEHAMA	X	
TRINITY	X	
TULARE		X
TUOLUMNE	X	
VENTURA	X	
CITY OF VERNON		X
YOLO		X
YUBA	X	
TOTAL	21	41

### **APPENDIX 3**

## **IDENTIFICATION OF STATE MANDATED AND OPTIONAL ENVIRONMENTAL HEALTH PROGRAMS**

APPENDIX 3  
IDENTIFICATION OF STATE MANDATED AND OPTIONAL ENVIRONMENTAL  
HEALTH PROGRAMS

PROGRAM	STATE MANDATE	OPTIONAL
<b>1. FOOD</b>		
A. Retail Food Facilities	X	
B. Sherman Food		X*
C. Food Sanitation Act		X*
D. Water Vending		X*
E. Milk Products		X**
*State Food & Drug		
**State Food & Agriculture		
<b>2. HOUSING &amp; INSTITUTIONS</b>		
A. Substandard Housing	X (if no housing dept.)	
B. Hotel/Motel	X (if no housing dept.)	
C. Employee Housing		X <sub>Δ</sub>
D. Jails/Institutions	X	
E. Organized Camps	X	
F. Mobilehome Parks		X <sub>Δ</sub>
ΔState Housing & Urban Development		
<b>3. RECREATIONAL HEALTH</b>		
A. Lakes, Streams, Beaches	X	
B. Public Pools/Spas	X	
C. Pool/Spa Plan Check	X	
<b>4. WATER QUALITY</b>		
A. Small Public Water Systems < 200 connections		X•
B. State Small Water Systems	X	
C. Private Wells		X
D. Cross-Connection Program		X
• State Office of Drinking Water		
<b>5. LAND USE</b>		
A. CEQA Review of Land Use Permits		X
<b>6. LIQUID WASTE</b>		
A. On-site sewage systems		X
B. Septage Haulers	X	
C. Greywater systems		X
<b>7. SOLID WASTE (LEA)</b>		X◇
◇California Department of Resources Recycling and Conservation		

PROGRAM	STATE MANDATE	OPTIONAL
<b>8. CERTIFIED UNIFIED PROGRAM AGENCY</b>		X☀
A. Proposition 65	X	
B. Haz Mat Business Plans		X☀
C. Haz-Waste Generator / Tiered Permit		X☀
D. Underground Tanks		X☀
E. Aboveground Petroleum Storage Tanks		X☀
F. Calif. Accidental Release Prevention		X☀
G. Emergency Response		X
H. Soil and Groundwater Clean-up		X○ ■
☀ California Environmental Protection Agency ○ Toxic Substances Control ■ Water Resources Control Board		
<b>9. HOUSEHOLD HAZARDOUS WASTE</b>		X
<b>10. MEDICAL WASTE</b>		X△
△ State Dept. of Public Health		
<b>11. ACCREDITATION AGENCY (REHS)</b>		X△
△ State Department of Public Health		

"State Mandate" means the county or city Environmental Health Agency is required to provide the program. "Optional" means any department within a county or city may conduct the program.

## **APPENDIX 4**

### **VISIONS**

#### **CALIFORNIA CONFERENCE OF DIRECTORS OF ENVIRONMENTAL HEALTH**

##### **ANNUAL WORKPLAN**

On an annual basis CCDEH members develop and adopt an annual workplan at the conclusion of the CCDEH Conference. The workplan identifies planned legislative initiatives, proposed program development projects, training goals, outreach efforts, revenue opportunities, and other achievable actions. CCDEH applies the following adopted Strategic Directions for guidance in setting prioritized workplan items:

- Advocacy;
- Training and Education;
- Program Implementation;
- Membership Support and Development; and
- Organizational Capacity.

## **APPENDIX 5**

### **DRAFT PERFORMANCE MEASURES**

## APPENDIX 5

### DRAFT PERFORMANCE MEASURES



#### California Conference of Directors of Environmental Health Guideline for Building Performance Measures September 1, 2011

Declining citizen confidence in government over the past several decades has prompted government agencies to experiment with new approaches to governance. The use of performance measures holds particular promise as an approach that can encourage and enable Environmental Health Directors to develop strategic directions for their departments. In particular, the performance measurement process can boost environmental public health outcomes by creating increased awareness of issues, sharpening organizational focus, and motivating improved employee and stakeholder performances. The development of strategic directions and performance measures are what we have to do, not what we want to do.

Environmental Public Health Informatics includes the use of data to assess program effectiveness. We are now starting to collect more data, not just inspection sheets, and if we are not looking at the data, what's the point? Data collection, data management, and data analysis (what the data is telling us) will drive the future of our program priorities and performance measures. It is time we start learning how to identify what data to collect, how to assess it, and to make sure we have quality assurance systems in place for data quality.

Performance measures also have the potential to enhance transparency and outreach to State and federal agencies, partner organizations, stakeholders, and the public. CCDEH, with 62 local environmental health program members, has a clear and important opportunity to assume a leadership role in collecting environmental data on food, housing, recreational health, land use, and other environmental health programs. The consolidation and analysis of this data could provide opportunities to effectively communicate priorities and trends to legislators, the public, and the media.

#### **What is a Performance Measure?**

An effective performance measure clearly communicates a desired outcome; helps us track progress; and helps us focus on results.

**Performance Measure = A specific, quantitative statement of a clearly defined result you want to achieve.**

Easily understood goals, objectives, and performance measurements communicate programmatic priorities and progress to staff, governing bodies, and the public, and in turn, help environmental public health leaders drive continual progress toward goals. They can also demonstrate resource needs and help justify departmental priorities and link them to important environmental public health outcomes. Further linkage to State and national priorities should be a consideration in determining local goals and directing resources.

Finally, goals and performance measures motivate. People want to see the results of their work and know what they are doing is meaningful. It makes them feel empowered to “get things done” because it gives them a sense of accomplishment. People who work in the field of environmental public health want to feel what they are doing makes a difference.

### **Getting Started**



### **What is the Formula to Build Effective Performance Measures?**

***Action Verb + Objective + Location + Target + Time = Performance Measure***

#### **Example:**

*Increase job retention of environmental health specialists in the Department of Environmental Health by 20% by June 2014.*

*Increase* = Action Verb

*Target* = 20%

*Job Retention* = Objective

*Time* = June 2014

*Department of Environmental Health* =  
Location

### **Integrate Performance Measures into Management Processes**

Use Performance measures to manage in a positive style and avoid negative approaches. That is, assess the data to understand why you did or did not meet your performance measures. It is much better to leverage the information to identify when to redirect your resources, or adjust your objectives to improve performance, rather than using the information to evaluate people. Results should also be communicated both internally and externally. Graphic displays using charts or dashboards with concise explanations of goals, objectives, resources used, and reasons for any significant



differences can be more meaningful than a multiple page staff report. Benchmarking results to other agencies or national goals can also be helpful, particularly during budgeting or fee adjustment processes to “tell your story” and increase the likelihood of continued support and funding.

Please see the following pages for a tutorial on the performance measurement process.

## Performance Measurement Tutorial

### TYING PERFORMANCE TO PURPOSE

**STEP ONE** - Gets you thinking in terms of what you hope to achieve and how it ties into the bigger picture.

Performance Objective – <i>What are you going to do?</i> ( <i>Action + Deliverable + Location + Target + Time</i> )					
Action	Deliverable (Objective)	Location	Target	Time	
					<p>The <b>Performance Objective</b> is a specific, quantitative, measurable statement of something you want to accomplish that includes an action, deliverable, location, target and time.</p> <p>Your <b>Action</b> will indicate the trend you want. The <b>Deliverable</b> is a concise description of what you want to accomplish. The <b>Location</b> can refer to a program, region or division. Your <b>Target</b> is the level of performance you want to maintain or achieve. The <b>Time</b> shows when you want the <b>Target</b> met.</p>
Desired Result - <i>Why are you doing it?</i>					
					<p>The <b>Desired Result</b> states the reason why you're doing what you're doing, why it's important, and why anyone should care</p>

## MEASURING PERFORMANCE

**STEP TWO - Helps you set measurable targets that drive performance.**

Performance Measure		
How will you measure success?		
Metric	Deliverable	
<input type="checkbox"/> Number <input type="checkbox"/> Dollar <input type="checkbox"/> Percentage <input type="checkbox"/> Other		

**A Performance Measure** is the way you track progress. It can be an input, output, efficiency, service quality or outcome. Your measure is composed of a metric and a deliverable. The **Metric** shows the unit of measure. The **Deliverable** describes what is specifically being measured.

Baseline	Targets (fill in all that apply)				Desired Trend	
	Qtr 1	Qtr 2	Qtr 3	Qtr 4		
					<input type="checkbox"/> At or above target  <input type="checkbox"/> at or below target	<p>A <b>Baseline</b> is the starting point for gauging your performance. It makes your numbers meaningful because it sets up a relationship between where your performance was before compared to now. Baselines may be a prior year-end performance, a mandate standard that must be met, etc</p> <p>The <b>Target</b> is typically the level of performance you want to maintain over the course of the fiscal year OR achieve by the end of the year. Targets for: The <b>Desired Trend</b> clarifies whether it's better for actual performance to be greater than or less than the target.</p>

## VERIFYING DATA CALCULATION AND AVAILABILITY

**STEP THREE – Ensures that the information you need to gather to accomplish your goal is attainable, available, and accurate.**

Data Calculation	
<i>Describe the data used to obtain your results</i>	
<input type="checkbox"/> Data – a number taken directly from your data source  <input type="checkbox"/> Formula – result needs to be calculated (provide the formula below)  <div style="margin-left: 40px;">           Numerator:            ÷ (divided by)            Denominator         </div>	<p>If your results are obtained by providing a number, check <b>Data</b>.</p> <p>If your results are obtained by looking at a relationship between two numbers, check <b>Formula</b>.</p> <p>If you have a <b>Formula</b>, you'll need to explain your math.            Example: <b>Numerator</b> = number of small water system operators who completed training within Fiscal Year 12/13 divided by <b>Denominator</b> = total number of small water systems operators.</p>

## **Recommended Environmental Public Health Performance Measures**

The various CCDEH Policy Committees recommend the following performance measures be evaluated for implementation at the local level:

### **Food Safety Policy Committee**

**Goal:** *Minimize the risk of foodborne illness in regulated food facilities.*

**Objective:** *Decrease Major Food Safety Violations by X% by June 2016 by working with operators to improve food employee behaviors and food preparation practices.*

**Measure:** *Number of Major Food Safety Violations (by facility type) found by quarter year divided by total number of food facilities inspected during the same quarter.*

### **Land Use Committee**

**Goal:**

**Objective:**

**Measure:**

### **Community Environmental Health Committee**

**Goal:**

**Objective:**

**Measure:**

### **Hazardous Materials Committee**

**Goal:**

**Objective:**

**Measure:**

### **Data Management Committee**

**Goal:**

**Objective:**

**Measure:**

### **Solid Waste Policy Committee**

**Goal:**

**Objective:**

**Measure:**

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(CAEHA)**

**Copies are available through CAEHA, P.O. Box 2017,  
Cameron Park, CA 95682-2017 or the California Conference  
of Directors of Environmental Health web site:  
[www.ccdeh.com](http://www.ccdeh.com)**



## How Sick is “Sick” when Working with Food?

Many of us need to work. It is hard to take any time off. We hear this quite a bit from people who work in food businesses.

### What happens when you go to work sick?

There is a possibility that you will not only get your co-workers sick, but customers as well. “How sick do I have to be before I know not to handle food?” The simple answer is “Don’t handle food at all when you’re sick!” Are you coughing, have a runny nose, or are your eyes constantly watery? Do you have any of the following symptoms: fever, nausea, vomiting or diarrhea?

In all of these cases, do not be involved in any food preparation. If you are vomiting or have diarrhea, stay home. You should stay home at least another 48 hours after your symptoms have



cleared. For symptoms such as runny nose or watery eyes, you may be able to continue to work. In these cases, you may be able to work at a different task that does not require handling food or food contact surfaces.

Food employees are legally required to report to the person in charge of the food business if they are diagnosed with any of the following illnesses: Salmonella typhi, Salmonella spp., Shigella spp., Entamoeba histolytica, Escherichia coli, Hepatitis A, or Norovirus. The person in charge is then required to report that to the health department (this office).



In addition, if the person in charge is aware of two or more food employees experiencing acute gastrointestinal illness, vomiting or diarrhea, they must report to the health department at (714) 433-6000.

## Norovirus – Not Just a Stomach Bug!

### What is the leading cause of illness from contaminated food?

Norovirus is currently the leading cause of illness from contaminated food in the United States. If you get norovirus, you can shed billions of norovirus particles. Just a few particles are enough to make others sick.



Microscopic Norovirus

### What are the symptoms of norovirus?

Illness symptoms develop 12 to 48 hours after exposure to the virus. Common symptoms include diarrhea, vomiting, nausea and stomach pain. Most people get better within 1 to 3 days. Young children, older adults, and people with other illnesses may be more affected by norovirus.

### How does norovirus spread?

Norovirus can spread when:

- Infected people with microscopic traces of vomit



Continued from Page 1

or feces on their hands touch food and the food is consumed.

- Food is consumed which came in contact with a surface that is contaminated with norovirus.
- Food is consumed after coming in contact with water that's contaminated with norovirus.
- Individuals touch any contaminated surface and consume food without washing hands first.

### Where can the norovirus illness occur?

Half of all outbreaks are food-related. Homes, hospitals, restaurants, cruise ships, schools, banquet halls, summer camps, and even weddings are some places where illness can occur.

### What should I do if I suspect norovirus in my facility?

If norovirus is suspected in your facility or you observe vomit or diarrhea, disinfect contaminated surfaces as well as sinks, door handles, or any other surfaces that possibly could have been contaminated. Use chlorine bleach solution with a concentration of 1,000-5,000 ppm (5-25



tablespoons of household bleach per gallon of water) or other disinfectant registered as effective against norovirus by the Environmental Protection Agency (EPA).

### How can I prevent norovirus?

Properly washing your hands with soap and warm water prior to handling food or food contact surfaces is one of your best defenses against norovirus. Wash your fruits and vegetables before preparing or eating them. For food items that are cooked, ensure they are cooked to their required temperatures. If you are sick, stay home an additional 48 hours after symptoms stop.

## Mother's Market & Kitchen Joins Waste Not OC Program... 'Naturally'

Mother's Market and Kitchen has become a leader in the growing organic and natural foods retail segment. With nine stores in Orange and Los Angeles Counties, Mother's Market is showing its commitment to the community by participating in the Waste Not OC food recovery program.



According to Deborah Rubino, Chief Integration Officer for Mother's Markets, "All food retailers have the intention of doing the right thing, but it just isn't always easy to

execute. Who is the right beneficiary? Is there liability associated with donating food at its expiration date? Waste Not OC created the opportunity for retailers and restaurants to do the right thing – feed people in need with food that would otherwise be thrown in the trash." Each Mother's Market location now participates in the donation of excess edible food. Rubino explained the

ease of the program.

"They provide technology, pair you with nonprofit organizations and volunteers to make the donation process easy while protecting the retailer from liability." Participation in food donation through Waste Not OC and their nonprofit partners provides retail food establishments with a tool to combat rising costs while using established food safety practices that protect the donor's brand. "Mother's Market & Kitchen is about wellness," said Rubino. "We are so grateful that this innovative model that allows for service to the community is in our home county, where we can participate. This program is proof that the public and private sector can work together for good."



For more information, visit:

[www.wastenotoc.org](http://www.wastenotoc.org)

or call:

(855) 700-WNOC (9662).







**REGULATORY/MEDICAL HEALTH SERVICES  
ENVIRONMENTAL HEALTH**

APPENDIX 7  
**Attachment D**

**RICHARD SANCHEZ**  
DIRECTOR

**LILLY SIMMERING**  
ASSISTANT DIRECTOR

**STEVE THRONSON**  
DEPUTY AGENCY DIRECTOR  
REGULATORY/MEDICAL HEALTH  
SERVICES

**CHRISTINE LANE**  
DIRECTOR  
ENVIRONMENTAL HEALTH

1241 E. DYER ROAD, SUITE 120  
SANTA ANA, CA 92705  
PHONE: 714-433-6477  
FAX: 714-754-1732

February 25, 2020

Re: Award of Excellence Program for Retail Food Facilities

Dear Orange County Retail Food Facility Owner/Operator:

**CONGRATULATIONS!**

**You have received the Award of Excellence for year 2020!**

It is with great pleasure that the OC Health Care Agency Environmental Health Division proudly presents this Award of Excellence to you in recognition of consistently protecting the residents and visitors of Orange County through excellence in food safety and sanitation at your food facility.

The Award of Excellence Program was implemented in 1999 in an effort to encourage food facilities to strive for excellence in food safety and sanitation practices, and to recognize those who succeed. Award recipients include those retail food facilities meeting eligibility as determined by a review of the food facility's inspection reports for 2019. The inspection reports from your facility indicate that the food handling practices and overall sanitation at your facility were outstanding in 2019. This year's Award is valid for posting until December 31, 2020.

We look forward to maintaining a successful partnership with the retail food facility owners and operators in Orange County. We also encourage you to continue your pursuit of excellence in food safety and sanitation practices and to visit our web site at [www.ocfoodinfo.com](http://www.ocfoodinfo.com).

Should you have any questions regarding our Award of Excellence Program, please contact Bao-An Huynh, Program Manager, at (714) 433-6012.

Sincerely,

A handwritten signature in blue ink that reads 'Christine Lane'.

Christine Lane, Director

## **FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION**

- **RETAIL FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION**
- **SHERMAN FOOD, DRUG AND COSMETIC LAW / FOOD SANITATION ACT**
- **WATER VENDING MACHINES, RETAIL WATER FACILITIES AND WATER HAULERS**
- **MILK PRODUCTS PLANT INSPECTIONS**
- **FOOD FACILITY PLAN CHECK AND CONSTRUCTION**

## PROGRAM PLAN

### PROGRAM: FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION

#### ELEMENT: RETAIL FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION

#### I PURPOSE

The purpose of this element of the Food Safety, Defense, and Consumer Protection Program is to prevent the occurrence of foodborne illnesses; to promote the preparation, production and service of food in hygienic, appealing food facilities; to protect the health of the food worker by encouraging safe and sanitary on-the-job working conditions; to assure the consumer of proper menu labeling; and to provide proactive outreach to the public.

#### II AUTHORITY

##### A. State

1. California Health and Safety Code, Sections 113700 et seq., (California Retail Food Code).
2. California Health and Safety Code, Sections 109875 et seq., California Sherman Food, Drug and Cosmetic Law.
3. California Health and Safety Code, Sections 111950 -112055, Food Sanitation Act.
4. California Code of Regulations, Section 1254 and 1308 requiring adequate staff of qualified Registered Environmental Health Specialists and providing that the Director shall also be a Registered Environmental Health Specialist.

##### B. Summary

The Environmental Health Agency's activities were initiated over the years pursuant to state legislation. The State Food Sanitation Act, the Bakery Sanitation Law, and the Restaurant Act were adopted as regulations. The Retail Food Production and Marketing Establishment Law came into effect in 1972. In 1985, the California Uniform Retail Food Facilities Law (CURFFL) established regulatory requirements for retail food facilities once governed by the Restaurant Act, Bakery Law, and the Retail Food Production and Marketing Establishment Law. This law came into effect on January 1, 1985 and superseded all previously enacted laws related to retail food production and sales.

In 2007, the California Retail Food Code (CalCode) replaced CURFFL. CalCode is modeled after the United States Food and Drug Administration's Model Food Code, which represents the best available science in the overall goal of preventing foodborne illness. CalCode has been updated several times to keep current with changes in retail food safety.

Environmental Health is responsible for the inspection of all retail food operations in each county. Facilities under inspectional jurisdiction include restaurants, supermarkets, bars, meat markets, bakeries, food vending machines, temporary food facilities, restricted food service facilities, licensed health care facilities, mobile food facilities, certified farmers markets, farm stands, commissaries, and school cafeterias. In order to provide a comprehensive inspection program, it is necessary to maintain a high level of surveillance by conducting routine inspections, follow-up inspections, responding to citizen complaints, pursuing enforcement action, and educating food handlers and operators and the public on laws and regulations governing the food industry.

Since the 1950's both State and local regulators have implemented wholesale food safety programs. The Food Sanitation Act was adopted in the 1950's and specifically identifies local agency implementation duties. Local ordinances have been modified over time to incorporate food safety developments. However, the Food Sanitation Act has not been modified since its adoption. CCDEH has been considering updating this law. The 1999 Cardoza Bill made it clear that local jurisdictions have a stake in wholesale food safety and they have local authority at the wholesale level to permit and inspect (some can oversee wholesale processors and every other local jurisdiction can oversee certain warehouses). Wholesale food processor inspections are implemented by Los Angeles County, City of Vernon, Orange County, and San Bernardino County. While other jurisdictions are preempted from permitting and inspecting wholesale food processors, they can implement programs to inspect wholesale food warehouse/distribution facilities.

### III OBJECTIVES

- A. To reduce the risk of foodborne illness through the application of timely routine and follow-up inspections.
- B. To increase knowledge of proper food handling methods and sanitary practices of food service workers, by providing food handling classes to members of the industry during the year; requiring compliance with food safety certification and food handler education requirements in CalCode; and by providing specific education during inspections and during outreach efforts.
- C. Respond to suspected foodborne outbreaks in a timely manner.
- D. Utilize risk-based inspection methodology when scheduling and performing inspections of food facilities.
- E. Increase the public's awareness and understanding of food safety concepts and consumer protection requirements.

## IV ACTIVITIES

- A. Develop measuring devices such as statistical analysis and methods to evaluate and improve the level of food safety and environmental health conditions in all food facilities.
- B. Conduct routine, follow-up, and special inspections of all food facilities for which the agency is legally responsible to assure compliance with requirements for sanitation, operation and maintenance.
- C. Conduct legal enforcement activities including office hearings when education and persuasive efforts fail to achieve desired results.
- F. Investigate and take corrective action on citizen's reports of foodborne illness outbreaks, unsanitary conditions in food facilities in a timely manner. Foodborne illness outbreak investigations involve the collaboration of the local Environmental Health, Public Health Epidemiology, and Laboratory agencies.
- G. Conduct food handler training courses designed to increase the knowledge of food service workers in the principles of food sanitation and safety to reduce the incidence of foodborne illness or require compliance with food safety certification and food handler training requirements in the California Retail Food Code.
- H. Assist federal, state, and local agencies and industry where food recalls, adulteration, improper labeling, misleading advertising, and/or unwholesome food products are involved and to develop appropriate standards where so indicated.
- I. Conduct outreach to the public on food safety,

## V PHILOSOPHY/POLICY ISSUES

Environmental Health's approach in this program is primarily one of prevention. This is far preferable to action taken after a foodborne illness outbreak or other adverse incident has occurred. Therefore, emphasis is placed on education and illness prevention during routine inspections to identify and correct deficiencies which could result in harm to the consumer.

The Food Inspection Program is based upon preventive philosophy which relies to a large extent on persuasion and educational activities, such as training classes directed at operators and employees of food establishments. However, the rapid turnover of food establishment employees is such that present training activities may sometimes fall short of meeting the industry's needs. Environmental Health Agencies do not hesitate to use enforcement actions when necessary to achieve compliance with Health and Safety Code Standards.

- A. In 2007 the California Retail Food Code (CalCode) was enacted. CalCode is modeled after the United States Food and Drug Administration's Model Food

Code and emphasizes a risk-based approach for inspection of retail food facilities.

- B. It is the policy of the Food Safety Program to seek compliance through education and persuasion. However, when food establishment operators fail to cooperate and violate the provisions of the law, enforcement action is required to achieve compliance.

## **PROGRAM PLAN**

**PROGRAM: FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION**

**ELEMENT: SHERMAN FOOD, DRUG AND COSMETIC LAW**

### **I PURPOSE**

The purpose of this element of the Food Program IS to prevent misleading advertising or labeling of food or adulteration of food.

### **II AUTHORITY**

#### **A. Legal Mandates**

##### **1. STATE**

California Health and Safety Code  
Div. 21, Chapter 1, Article 1 - 6, Section 109875 - et seq

#### **B. Summary**

The Sherman Food, Drug and Cosmetic Law was approved in 1970. Counties or cities may be delegated responsibility for the enforcement of this program at the request of the Health Officer, and the determination by the State Department of Health Services that the local health department has sufficient personnel with adequate training and the laboratory support to analyze food products to enforce the Sherman Food, Drug and Cosmetic Law pertaining to retail food establishments.

### **III OBJECTIVES**

To reduce the incidence of false advertising, misbranding and adulteration of foods.

### **IV SUMMARY OF ACTIVITIES**

- A. Routinely conduct restaurant menu evaluations.
- B. Routinely conduct labeling reviews in retail markets.
- C. Routinely test fat content of ground beef by fat analyzer tests.
- D. Conduct routine analysis of liquor by proof testing.

## V PHILOSOPHY/POLICY ISSUES

The program has brought about a reduction in fraudulent food marketing practices, such as adulteration, false labeling and false advertising. These violations were commonly observed at the inception of the Sherman Law enforcement activity, but are now declining in those counties enforcing the Sherman Law, due to educational and enforcement action.



## PROGRAM PLAN

### PROGRAM: FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION

#### ELEMENT: WATER AND VENDING MACHINES, RETAIL WATER FACILITIES AND WATER HAULERS

#### I PURPOSE

The purpose of this element is to regulate bottled, vended, hauled and processed water ingested by humans to assure that potable, properly labeled water is provided to the public.

#### II AUTHORITY

##### A. Legal Mandate

- 1 State  
California Health and Safety Code  
Div. 104, Part 5, Chapter 5, Article 12  
Sections 111070 et seq.

##### B. Summary

The law regulating bottled water, vending machines and haulers was passed in 1987. Local health departments have the option of enforcing these regulations after requesting authority from the State Department of Health Services and receiving approval, providing the local health agency has sufficient personnel and training to conduct the program.

#### III OBJECTIVES

- A. To reduce the incidence of false advertising of bottled water.
- B. To assure that bottled, vended, hauled and processed water is potable for human use.

#### IV ACTIVITIES

- A. Require such operator of a water vending machine to sample each water vending machine or retail water facility for coliform bacteria every 6 months.
- B. Annually inspect water vending machines and obtain a coliform bacteria water sample.
- C. Evaluate and approve new vending machines, prior to installation.

D. Annually inspect bulk water hauling vehicles.

E. Annually inspect retail water facilities.

## **V PHILOSOPHY/POLICY ISSUES**

With water from vending machines becoming more popular, a program to monitor the potability of water from vending machines is important. However, this is an optional program and very few counties are providing this program.

## PROGRAM PLAN

**PROGRAM: FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION**

**ELEMENT: MILK PRODUCTS PLANT INSPECTION**

### I PURPOSE

The purpose of this element is to regulate businesses freezing or processing ice cream, ice milk, sherbet or any similar product or freezing or processing imitation ice cream, imitation ice milk or any similar frozen product.

### II AUTHORITY

A. Legal Mandate

- 1 State  
Food and Agriculture Code, Div. 15  
Section 32501, et seq. Milk and Milk Products

B. Summary

The Director of the Department of Food and Agriculture may, by agreement with any approved milk inspection service, authorize the approved milk inspection service to enforce the provisions of the Food and Agriculture Code relating to milk and milk products, e.g., soft service ice cream.

### III OBJECTIVES

- A. To assure compliance to all applicable regulations for frozen milk products, soft-serve milk products, imitation frozen milk products, including yogurt.

### IV ACTIVITIES

- A. Routinely inspect facilities selling milk products or imitation milk products.
- B. Take samples as necessary.
- C. Take appropriate action to embargo, condemn, destroy or otherwise dispose of adulterated, misbranded or unwholesome products.
- D. Follow-up on complaints within 24 hours.

## V PHILOSOPHY/POLICY ISSUES

Environmental Health Agencies recognize the benefits of consolidating duplicative services. Since registered Environmental Health Specialists are already conducting routine food establishment inspections, adding this element to the food program both benefits both the public and prevents duplicative enforcement services.

## PROGRAM PLAN

### PROGRAM: FOOD SAFETY, DEFENSE, AND CONSUMER PROTECTION

### ELEMENT: FOOD FACILITY PLAN CHECK AND CONSTRUCTION

#### I PURPOSE

The purpose of this element of the food program is to promote a hygienic and safe food facility environment by ensuring that retail food facilities are constructed in a proper manner.

#### II AUTHORITY

##### A. STATE

California State Health and Safety Code. Sections 113700 et seq. ( California Retail Food Code).

##### B. Summary

The California Retail Food Code (CalCode) establishes the legal mandate for construction requirements, plan submittal and plan review for any food facility which sells food at the retail level. This law requires the local health agency to review the plans of new and remodeled food facilities within twenty (20) working days of submission. New food facilities are not to be placed into operation without first receiving a permit to operate, which is issued by the local enforcement officer upon the satisfactory completion of construction.

#### III OBJECTIVES

- A. To review all food facility plans in a timely manner and conduct field construction inspections to verify compliance with the approved plans and State law.
- B. To issue health permits to food facilities which meet the minimum construction standards.
- C. To consult with food facility owners, operators, contractors, local building officials, designers, and district Environmental Health Specialists regarding food facility design, equipment installation, scope of proposed remodels and general plan review procedures.
- D. To initiate enforcement action when owners or contractors fail to comply with state law and regulations related to the construction of food facilities.

#### IV ACTIVITIES

- A. Review food facility plans.
- B. Conduct field construction inspection of food facilities to verify compliance with approved plans and state law.
- C. Issue health permits to food facilities which meet the minimum construction standards.
- D. Consult with food facility owners, operators, contractors, local building officials and designers to answer questions relating to plan check requirements.
- E. Consult with Environmental Health Specialist for the purpose of providing technical advice.
- F. Initiate enforcement action when owners or contractors fail to comply with State Law and regulations related to the construction of food facilities.
- G. Evaluate the acceptability of new types of food equipment, and floor, wall and ceiling finish materials.
- H. Develop new departmental policy memorandums and update existing policy memorandums related to the construction and operation of food facilities.
- I. Perform analyses of proposed legislation and regulations related to food facilities.
- J. Provide food facility construction training for Environmental Health Specialists and plan check staff.

#### V PHILOSOPHY/POLICY ISSUES

In the Food Inspection Program, a preventive approach is utilized to assure that all consumers using food facilities may do so in a safe and healthy environment. The plan check process is the point where the preventive approach begins and where high standards in food facilities are implemented. Food facility plans are reviewed and field construction inspections are made to insure that all equipment and the structure itself incorporate features which will facilitate a sanitary operation.

Compliance is sought through cooperative and educational approaches. When these methods are unsuccessful, enforcement action is taken through various means such as non-issuance of health permits, Notices of Violation, office hearings, or court action.

New plan check policy memorandums are developed and existing memorandums are updated in an effort to keep plan check personnel and district specialists

informed on issues related to food facility construction. This process assists in maintaining uniform enforcement of construction standards. In addition, new types of food equipment are evaluated to assure that they conform to established sanitation and safety standards.

Plan check personnel receive on-going training to keep them current with the changes occurring in the food industry.

New district specialists are provided basic training in the construction aspects of food facility operations as part of their overall training as food facility inspectors.

In order to assure safe and healthful conditions at food facilities, an effective plan review and inspection process is essential. The plan review process is intended to assist owners and contractors in designing and constructing food facilities which will facilitate safe food handling, be in compliance with applicable laws, yet still allow for individual design and operational flexibility. However, satisfying the requirements of health laws and at the same time satisfying the design needs of the food facility operator is difficult and requires ongoing consultations with food facility operators.

Plan check and district specialist staff are provided training in laws, regulations, and policies related to food facility construction so that construction requirements are enforced uniformly and fairly. However, food facilities vary considerably in size, type of food service, and location setting. It is therefore challenging to develop and apply uniform standards to the various types of food facilities which may be unique.

**ORANGE COUNTY BOARD OF SUPERVISORS**  
**MINUTE ORDER**  
**July 21, 2015**

Submitting Agency/Department: HEALTH CARE AGENCY

Public Hearing to consider adopting resolution directing Health Care Agency to implement one of two fee proposal options; using fee proposal selected by the Board, update Environmental Health Division fee schedule, effective 8/1/15; 7/1/16; 7/1/17 and 7/1/18; rescinding Resolution 13-050, effective 8/1/15; direct Health Care Agency to either retain current notification system or adopt a letter grade notification system; and make California Environmental Quality Act and other findings - All Districts

**The following is action taken by the Board of Supervisors:**

APPROVED AS RECOMMENDED ☐ OTHER ☒

APPROVED RECOMMENDED ACTIONS 1, 2, 3a (OPTION 2), 3b, 3c And 3d

**Unanimous** ☐ (1) DO: Y (2) STEEL: N (3) SPITZER: N (4) NELSON: Y (5) BARTLETT: Y

*Vote Key: Y=Yes; N=No; A=Abstain; X=Excused; B.O.=Board Order*

**Documents accompanying this matter:**

- ☒ Resolution(s) 15-077
- ☐ Ordinances(s)
- ☐ Contract(s)

Item No. 28

Special Notes:

Copies sent to:

HCA – Denise Fennessy

7/27/15



I certify that the foregoing is a true and correct copy of the Minute Order adopted by the Board of Supervisors, Orange County, State of California.  
 Robin Stieler, Interim Clerk of the Board

By: \_\_\_\_\_

Deputy



**ORANGE COUNTY BOARD OF SUPERVISORS**  
**MINUTE ORDER**  
**July 21, 2015**

Submitting Agency/Department: HEALTH CARE AGENCY

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**The following is action taken by the Board of Supervisors:**

APPROVED AS RECOMMENDED ☐ OTHER ☒

APPROVED RECOMMENDED ACTION 4 TO RETAIN CURRENT NOTIFICATION SYSTEM

**Unanimous** ☐ (1) DO: Y (2) STEEL: Y (3) SPITZER: N (4) NELSON: Y (5) BARTLETT: Y

*Vote Key: Y=Yes; N=No; A=Abstain; X=Excused; B.O.=Board Order*

**Documents accompanying this matter:**

- ☐ Resolution(s)
- ☐ Ordinances(s)
- ☐ Contract(s)

Item No. 28

Special Notes:

Copies sent to:

*HCA – Denise Fennessy*

7/27/15



I certify that the foregoing is a true and correct copy of the Minute Order adopted by the Board of Supervisors, Orange County, State of California.  
Robin Stieler, Interim Clerk of the Board

By: 

Deputy

Agenda Item



AGENDA STAFF REPORT

ASR Control 15-000450

241

**MEETING DATE:** 07/21/15  
**LEGAL ENTITY TAKING ACTION:** Board of Supervisors  
**BOARD OF SUPERVISORS DISTRICT(S):** All Districts  
**SUBMITTING AGENCY/DEPARTMENT:** Health Care Agency (Approved)  
**DEPARTMENT CONTACT PERSON(S):** Denise Fennessy (714) 433-6471  
 David Souleles (714) 834-3882

**SUBJECT:** Environmental Health Fee Resolution and Inspection Placards

<b>CEO CONCUR</b> Concur	<b>COUNTY COUNSEL REVIEW</b> Approved Resolution to Form	<b>CLERK OF THE BOARD</b> Public Hearing 3 Votes Board Majority
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**Budgeted:** Yes      **Current Year Cost:** N/A      **Annual Cost:** N/A

**Staffing Impact:** No      **# of Positions:**      **Sole Source:** N/A

**Current Fiscal Year Revenue:** See Financial Impact

**Funding Source:** Fees: 100%      **County Audit in last 3 years:** 2013

**Prior Board Action:** 6/2/2015 #54, 6/2/2009 #72, 6/3/2008 #95

**RECOMMENDED ACTION(S):**

1. Find that the subject project is Statutorily Exempt from the provisions of CEQA pursuant to Section 21080(b)(8) of the Public Resources Code and Section 15273 of the CEQA Guidelines as the establishment or modification, structuring, restructuring or approval of rates, tolls, fares, and other charges by a public agency which are for the purpose of meeting operating expenses, including employee wage rates and fringe benefits; purchasing or leasing supplies, equipment, or materials as set forth herein.
2. Conduct a Public Hearing.
3. Adopt by Resolution:
  - a. Direct the Health Care Agency to implement one of two fee proposals:  
 Option 1 – Maintain current food safety inspection frequency of two inspections per year for complex food handling facilities; or  
  
 Option 2 – Increase inspection resources to be phased in over three years in order to raise food safety inspection frequency target to three inspections per year for complex food handling facilities.
  - b. Find, as recommended, that the proposed fee schedule does not fall within the definition of a



"Tax" under Proposition 26 because it is excepted by California Constitution Article XIII C, Section 1, Subdivision (e) (2) and (3).

- c. Find, as recommended, that the revenue resulting from the proposed fees will not exceed the estimated reasonable cost to provide these services.
  - d. Using the fee proposal selected by your Honorable Board per item 3.a above, update the Health Care Agency Environmental Health Division Fee Schedule effective August 1, 2015; July 1, 2016; July 1, 2017; and July 1, 2018 as specified in the attached draft Resolution for the selected fee proposal, which will supersede and rescind Resolution No. 13-050 on July 31, 2015.
4. Direct the Health Care Agency to retain the current notification system or to adopt a letter grading system to provide the public with information regarding restaurant inspection results.

### **SUMMARY:**

Updating the fee schedule will enable the Health Care Agency to continue to provide environmental health services throughout the County, comply with full cost recovery requirements and protect public health; and by selection of either the current or alternate Public Notification System, will continue the provision of restaurant inspection information to the public.

### **BACKGROUND INFORMATION:**

At the Board of Supervisors meeting on June 2, 2015, a study session was conducted to review the Food Protection program's current operations and public notification system. Restaurant inspection frequency was also discussed, both Orange County's current target level of two times per year and the Food and Drug Administration (FDA) recommended level of three times per year. Your Honorable Board requested that the Health Care Agency (HCA) return with a fee study showing calculations for full cost recovery correlated to each of these inspection frequency goals.

#### **Fee Study and Projected Structural Deficit**

HCA Environmental Health (EH) is mandated by the California Health and Safety Code, Public Resources Code, California Code of Regulations and County Ordinance Code to inspect and ensure regulatory compliance at businesses that produce food, operate public pools, manage hazardous materials, process solid waste, manage medical waste, provide body art services, use industrial water supplies, and construct wells. EH is also mandated by the Health and Safety Code to monitor ocean water quality and respond to public housing complaints.

In accordance with Board Resolution Number 78-946, fees are charged to fully recover the costs of operating these regulatory programs. The last general adjustment of EH program fees was approved by the Board in 2008. In 2009, the Board requested HCA to identify cost efficiencies to address increasing operational costs. For the past six years, EH has continued this approach by reducing services provided to businesses; deleting 12 positions, including five Food Protection positions, representing a 7% reduction in EH staffing, and using one-time revenue savings and enforcement settlement funds to meet program costs.



The Food Protection program regulates over 15,000 food facilities and has 55 budgeted full-time equivalent (FTE) inspector positions. The program also investigates foodborne illness outbreaks, provides after-hours emergency response to address restaurant closures, fires or power outages; responds to citizen complaints; approves construction plans; posts inspection placards at business locations; and conducts business education to improve compliance.

The fee study accompanying this Agenda Staff Report projects a structural deficit of \$625,000 for EH in FY 2015-16 if existing fees are maintained. An overall revenue increase of 3.20% for FY 2015-16 would eliminate the deficit and allow current service levels to continue. If the projected \$625K structural deficit for 2015-16 is not addressed, additional cuts to this public health program, including a decrease in inspection frequency, may be necessary.

Over the past six years, elimination of inspection staff has led to a reduction of approximately 3,500 inspections per year, and has caused a reduced inspection frequency target from three times a year to twice a year. Due to these position cuts and existing vacancies, the current frequency rate was recently measured at 1.6 times per year. The reduction of services provided may have contributed to a recent decrease in compliance by regulated food businesses. It has been shown that major violations have increased by 11% and health permit suspensions have increased by 21% from 2013 to 2014. The FDA recommends inspection frequencies of three times a year for facilities that conduct complex food production processes which have a higher potential to cause foodborne illness.

### Fee Options

The proposed fees are designed to fully recover the costs of providing environmental health services, which include, but are not limited to meeting operational expenses including employee wage rates and benefits, purchasing or leasing supplies, equipment, and materials. In calculation of both fee options, one time revenue savings and settlement funds were applied to mitigate fee increases. The proposed revenue adjustments for all programs now include a mechanism for annual adjustments after full implementation of this proposal. The fees shall be adjusted annually by the Consumer Price Index to an amount that does not exceed actual cost. The Auditor-Controller will perform a cost recovery analysis every three years and HCA will adjust the fee schedule based upon the Auditor-Controller's determination of actual cost. Two alternative fee proposals are provided for consideration:

**Option 1** maintains a food facility inspection frequency goal of two times a year for all open food businesses, which is the current target.

Frequency Target: Two times per year

	Estimated Fee Program Cost	Revenue from Prior Year Fees	Revenue with Proposed Fees	Estimated Revenue Increase	Overall Increase Needed
FY 2015-16	\$20,761,191	\$19,515,197	\$20,140,495	\$625,298	3.20%
FY 2016-17	\$21,320,619	\$20,140,494	\$20,950,293	\$809,799	4.02%
FY 2017-18	\$21,718,550	\$20,950,294	\$21,385,999	\$435,704	2.08%

**Option 2** provides a gradual increase in fees and Food Protection program staff resources over a three year period, estimated at four additional inspection staff per year. Increased staffing resources would allow for additional inspections in order to meet an FDA recommended target frequency of three inspections per year for facilities that involve complex food handling practices by the third year of the fee proposal. Any new positions will be addressed within the budget process each year.

Frequency Target: Three times per year (phased in over three years)



	Estimated Fee Program Cost	Revenue from Prior Year Fees	Revenue with Proposed Fees	Estimated Revenue Increase	Overall Increase Needed
FY 2015-16	\$21,203,306	\$19,515,197	\$20,582,865	\$1,067,668	5.47%
FY 2016-17	\$22,203,357	\$20,582,865	\$21,839,576	\$1,256,711	6.11%
FY 2017-18	\$23,041,209	\$21,839,576	\$22,723,359	\$883,783	4.05%

Note that with both options there is a small Net County Cost (estimated at \$157,156 for Option 1 and \$156,901 for Option 2) primarily due to fee exempt activities.

### County Comparisons

An analysis of proposed Orange County fee options as compared to surrounding and similar counties indicate that HCA fees will remain comparable or below other jurisdictions where parallels can be made such as restaurant fees, food vehicles and hazardous waste facilities (see restaurant comparisons below). Comparing food safety hourly rates, sampled counties' rates, ranging from \$116 to \$244, remain higher than Orange County's proposed hourly rate for both Option 1 and Option 2 at \$109 and \$112, respectively.

**Option 1** – Example of first year fee for a small and large restaurant (Orange County fee is third lowest and lowest, respectively)

	OC Proposed	Ventura	San Bernardino*	San Diego*	Riverside*	Los Angeles	Sacramento
Small Restaurant	\$593	\$506	\$580	\$749	\$813	\$1,049	\$1,130
Large Restaurant	\$978	\$1,137	\$1,757	\$3,652	\$2,994	\$1,250	\$1,643

\*Additional fees apply - estimated fees for food worker cards added to base fee

**Option 2** – Example of first year fee for complex small and large restaurants (Orange County fee third lowest and lowest, respectively)

	OC Proposed	Ventura	San Bernardino*	San Diego*	Riverside*	Los Angeles	Sacramento
Small Restaurant	\$642	\$506	\$580	\$749	\$813	\$1,049	\$1,130
Large Restaurant	\$1,058	\$1,137	\$1,757	\$3,652	\$2,994	\$1,250	\$1,643

\*Additional fees apply - estimated fees for food worker cards added to base fee

### New and Revised Fee Categories

The Cottage Food Act of 2012 (Health and Safety Code section 114365 et seq.) allows individuals to prepare certain types of “low risk” food items in their homes for sale to the public, requiring regulatory oversight. School events and charitable fund raisers continue to be exempt from regulation. The proposed flat fees (\$41 to \$154) will benefit these businesses which currently pay \$52 to \$387 under the hourly rate system.

Revisions of the Public Pool Remodel, Medical Waste and Body Art fee categories are proposed to better reflect specific cost of service and will lower fee amount for affected businesses.



The Pool Remodel category has been modified to distinguish the complexity of projects involved to more accurately reflect the time spent on a project. An example of a remodeling project is the re-plastering of a pool or reconstructing a pool deck. Under the proposed fees, the single item remodeling fee for a large pool would be reduced to \$411 from the current \$678.

The Medical Waste Program has modified a category of medical facilities that handle hazardous waste. Historically, these facilities handled only what had been considered medical waste, however, with the advanced development of pharmaceutical drugs and the expansion of their use over the past years, some expired pharmaceuticals now fall under federal definitions of hazardous waste, requiring regulatory oversight. The proposed supplemental fees for these medical waste generators range from \$336 to \$505 based on the size of the facility, as opposed to being charged a hazardous waste business fee, which range from \$391 to \$2,588.

The Body Art Program categories have been modified to distinguish between tattoo facilities, permanent cosmetic facilities, and body piercing facilities. A time analysis has shown an inspection time difference between these types of facilities, and the fee has been calculated to reflect attributable cost recovery. Under the proposal, permanent cosmetic and body piercing facilities fee will be reduced to \$252 from the current \$377. In addition, a new practitioner registration re-instatement fee of \$39 and a new Ear Piercing Notification fee of \$45 are proposed, in accordance with Health and Safety Code section 119328.

#### **County Counsel and Internal Audit Reviews**

The Internal Audit Department conducted audits in 2011 and 2013, and cited HCA's fee development process as a best practice for other County agencies and departments. Audits included a review of internal controls, efficiency and effectiveness, cost components, calculations, mathematical accuracy and overall methodology. County Counsel has reviewed and approved to form the attached draft Resolutions.

#### **Food Safety Advisory Council, Industry Coordination and Public Notice**

The fee options were presented in June 2015 to Orange County's Food Safety Advisory Council (FSAC), which is a collaborative of retail food industry and related business representatives that work with HCA's food safety program. FSAC has provided a letter to the Board supporting Option 2. In September 2014, over 16,000 letters were mailed to owners/operators of the other regulated businesses advising them of proposed fees. HCA received 21 responses, all asking only for clarification. In addition, in November 2014, HCA held outreach meetings with restaurant owners and other food safety stakeholders to discuss proposed fee increases. A survey was conducted at the meetings and was also provided on the [www.ocfoodinfo.com](http://www.ocfoodinfo.com) website to gather input from the public. Responses to the survey indicated support for fee increases. Notices of the Public Hearing have been published to comply with Sections 66018 and 6062a of the California Government Code, which require any local agency to hold a public hearing when new fees are adopted or existing fees are increased.

#### **FOOD FACILITY PUBLIC NOTIFICATION OPTIONS**

##### **State Overview:**

The California Health and Safety Code section 113725.1 requires that every restaurant and market post a statement that the most current inspection report is available on site for review if requested, and that the report must be made available upon request.

Health and Safety Code section 113709 allows local jurisdictions to adopt a public notification system that exceed state standards. Throughout California, jurisdictions including Orange County have elected to implement such systems:



- Three counties and one city operate programs very similar to Orange County, which include an inspection placard, an award for superior compliance and web based information (Monterey County, Orange County, City of Pasadena and Ventura County)
- Five counties use some form of a letter grade system (Kern, Los Angeles, Riverside, San Bernardino, and San Diego)
- Seven counties issue color coded placards (Alameda, Butte, Marin, Sacramento, San Mateo, Santa Clara and Sonoma)

### **Current Orange County Public Notification System**

**Inspection Seals:** HCA Environmental Health staff inspect all food facilities to ensure that they meet requirements of the California Health and Safety Code. If a facility passes the inspection a compliance inspection seal is issued; if major violations are found but corrected during the course of the inspection, or numerous violations are found, a re-inspection seal is issued. If one or more critical violations are identified that cannot be immediately corrected during an inspection, a closed inspection seal is issued, and the health permit is suspended until the correction is made. Current seals are attached for reference.

**Awards of Excellence:** The Award of Excellence is an incentive program for food establishments. The Award accomplishes two goals: communicates to the public which restaurants had superior inspection results and provides an incentive to the businesses to practice safe food habits throughout the year. Certificates are issued to facilities that have met all of the following criteria for the prior calendar year:

- There were no Major Violations
- A minimum of two inspections were conducted
- Minor Violations averaged no more than six per inspection, and
- At least one individual passed an approved food safety exam

Recent changes have been made to the Award of Excellence in an effort to convey to the public the annual provisional nature of the award and to encourage owners to display only a current Award. Now, the year the Award is issued is prominently displayed on the certificate, and includes an expiration date.

**Availability of Inspection Results:** Inspection reports are available at each food facility upon request. In addition, inspection information on any facility is available at [www.ocfoodinfo.com](http://www.ocfoodinfo.com). This website provides a summary of the violations observed at each inspection, copies of the actual full inspection reports and compliance history covering the past two years.

### **A-B-C Letter Grading Notification System**

Letter grading systems for food facilities use a scoring system to issue letter grades. Point values are established for each type of violation. During the inspection process, violations and their corresponding points are calculated and then subtracted from 100 total points. An A, B, or C placard is issued based on the resulting inspection score. As in Orange County, if one or more critical violations are identified that cannot be immediately corrected during an inspection, a closed inspection placard would be issued, and the health permit would be suspended until the correction is made. An example of what Orange County letter placards could look like is attached for reference.

A letter grading system in Orange County could also include an Award of Excellence and detailed online information. A one-time implementation cost, which has been estimated at \$50,000 for database modifications, would be absorbed by HCA.



If HCA is directed to implement a letter grading notification system, it is anticipated that database modifications, business and public outreach/education, the adoption of County and city ordinances, and a phased-in scoring process may allow for the grading program implementation to occur by July 1, 2016.

**Compliance with California Environmental Quality Act (CEQA)**

The subject activity is statutorily exempt from review under CEQA pursuant to Section 15273 (a)(1) and (a)(2) of the CEQA Guidelines as the establishment or modification of rates, fees, and charges are for the purpose of meeting operating expenses, including employee wage rates and fringe benefits; purchasing or leasing supplies, equipment or materials.

**Compliance with Proposition 26**

The proposed fee amounts do not fall within the definition of a "Tax" under Proposition 26 because they are excepted by California Constitution Article XIII C, Section 1, Subdivisions (e) (2) and (3). Subdivision (e) (2) excepts from the definition of tax, "a charge imposed for a specific government service or product provided directly to the payer that is not provided to those not charged, and which does not exceed the reasonable costs to the local government of providing the service or product". Subdivision (e) (3) excepts from the definition of a tax, "a charge imposed for the reasonable regulatory costs to a local government for issuing licenses and permits, performing investigations, inspections, and audits, enforcing agricultural marketing orders, and the administrative enforcement and adjudication thereof". These exceptions apply because the EH Division fees are established to fund the above mentioned types of regulatory functions. Additionally, the fee amounts are no more than is necessary to recover the reasonable cost of HCA's fee related activities.

The Health Care Agency requests that your Board select and approve the appropriate updated fee schedule as referenced in the Recommended Action.

**FINANCIAL IMPACT:**

Approval to increase the fees will result in approximately \$625,000 in additional revenue in FY 2015-16 if the Board approves Option 1; if the Board approves Option 2, \$1,067,668.

Appropriations and revenue for the Environmental Health Division related to the proposed fees are included in the FY 2015-16 Adopted Budget, and will be included in the budgeting process for future years.

**STAFFING IMPACT:**

N/A

**ATTACHMENT(S):**

Attachment A - Draft Resolution Option 1  
Attachment B - Draft Resolution Option 2  
Attachment C - Fee Calculations Option 1  
Attachment D - Fee Calculations Option 2



Attachment E - Fee Checklist Option 1  
Attachment F - Fee Checklist Option 2  
Attachment G - Current OC Restaurant Seals  
Attachment H - Draft OC Restaurant Grades  
Attachment I - Health and Safety Code, Government Code and California Constitution References  
Attachment J - Letter in Support of Option 2

RESOLUTION OF THE BOARD OF SUPERVISORS OF  
ORANGE COUNTY, CALIFORNIA  
July 21, 2015

WHEREAS, the Health Care Agency is proposing to update the Environmental Health Division fee schedule, and

WHEREAS, the Food Safety Program fees for food handling businesses, hotels/motels, organized camps, and other establishments, are authorized by Health and Safety Code sections 17910 et seq. (State Housing Law), 18897 et seq., 101325 and 114381 (California Retail Food Code), and section 4-4-54 of the Codified Ordinances of the County of Orange, and

WHEREAS, the Recreational Health Program fees for public swimming pools are authorized by Health and Safety Code section 101325 and sections 7-3-15 and 7-3-25 of the Codified Ordinances of the County of Orange, and

WHEREAS, the Hazardous Waste/Materials Management fees are authorized by Division 20, Chapters 6.5, 6.11, and 6.95 of the Health and Safety Code and fees for Storage Tanks are authorized by Division 20, Chapters 6.67, 6.7, and 6.11 of the Health and Safety Code, and

WHEREAS, the Medical Waste Management Program fees are authorized by Health and Safety Code sections 117825 and

WHEREAS, the Body Art Program fees are authorized by Health and Safety Code section 119324.5 and section 4-12-19 of the Codified Ordinances of the County of Orange, and

WHEREAS, the Health Care Agency Solid Waste Program is designated by the Board of Supervisors and the cities of Orange County and is certified by the California Integrated Waste Management Board as the Solid Waste Local Enforcement Agency for Orange County; and

WHEREAS, the Solid Waste Program fees are authorized by Health and Safety Code section 101325 and Public Resources Code sections 43213 and 43222, and

WHEREAS, Water Code section 13803 requires the adoption of local well ordinances in jurisdictions where the Regional Water Quality Control Board determines that the ordinance is necessary for the protection of local ground water, and

WHEREAS, the Regional Water Quality Control Board with jurisdiction over Orange County made this determination in 1971, and

WHEREAS, the construction, reconstruction and destruction of wells inspection program fees are authorized by section 4-5-18 of the Codified Ordinances of Orange County, and

WHEREAS, the cross-connection control program and fees are authorized by Health and Safety Code sections 116800 and 116805, and

WHEREAS, Health and Safety Code sections 116340 authorize the regulation of State Small Water Systems and fees are authorized by Health and Safety Code section 101325, and

WHEREAS, Health and Safety Code section 5412.5 authorizes fees in mitigating the threat of contamination of waters used for water contact sports associated with an unauthorized discharge of waste into waters of the state, and

WHEREAS, Health and Safety Code sections 117400 through 117450 authorize the regulation of Liquid Waste Haulers and fees are authorized by Health and Safety Code section 101325, and

NOW, THEREFORE, BE IT RESOLVED that this Board finds that the fees listed herein are for the purpose of meeting operating expenses and are, therefore, statutorily exempt from the California Environmental Quality Act (CEQA) in accordance with Public Resources Code section 21080, subdivision(b)(8) and CEQA Guidelines section 15273.

BE IT FURTHER RESOLVED that effective August 1, 2015, Resolution No. 13-050 dated June 18, 2013, is rescinded and the following Environmental Health Division fees are established for FY 2015-16 (effective August 1, 2015 – June 30, 2016), FY2016-17 (effective July 1, 2016 – June 30, 2017), and FY 2017-18 (effective July 1, 2017 and dates thereafter):



**APPENDIX 9**

**Restaurants:**

30 seats or less	\$609	\$648	\$649
31 - 60	\$706	\$752	\$753
61 - 100	\$768	\$818	\$819
101 - 150	\$844	\$899	\$900
151 - 200	\$955	\$1,017	\$1,017
Over 200 seats	\$1,004	\$1,069	\$1,070

**Restaurants: COMPLEX**

30 seats or less	\$642	\$725	\$804
31 - 60	\$745	\$842	\$933
61 - 100	\$810	\$915	\$1,014
101 - 150	\$890	\$1,006	\$1,115
151 - 200	\$1,007	\$1,138	\$1,261
Over 200 seats	\$1,058	\$1,196	\$1,325

**On Sale Bars:**

60 seats or less	\$428	\$455	\$456
61 - 100	\$532	\$566	\$567
Over 100 seats	\$562	\$599	\$599

**Catering:**

Less than 2,000 sq ft	\$565	\$602	\$602
2,000 - 5,999 sq ft	\$683	\$727	\$727
6,000 sq ft or more	\$715	\$761	\$762

**Catering: COMPLEX**

Less than 2,000 sq ft	\$596	\$674	\$747
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**FOOD AND POOL PROGRAM**APPENDIX 9  
Attachment D

Fee Type	FY 2015/16	FY 2016/17	FY 2017/18
2,000 - 5,999 sq ft	\$720	\$813	\$901
6,000 sq ft or more	\$754	\$852	\$944

**Meat Market:**

Less than 2,000 sq ft	\$737	\$785	\$785
2,000 sq ft or more	\$794	\$846	\$846

**Retail Grocery/Supermarket:**

Less than 2,000 sq ft	\$589	\$627	\$628
2,000 - 5,999 sq ft	\$805	\$857	\$858
6,000 - 29,999 sq ft	\$1,087	\$1,158	\$1,159
30,000 sq ft or more	\$1,163	\$1,239	\$1,239

**Retail Grocery/Supermarket: COMPLEX**

Less than 2,000 sq ft	\$621	\$702	\$778
2,000 - 5,999 sq ft	\$849	\$959	\$1,063
6,000 - 29,999 sq ft	\$1,146	\$1,295	\$1,436
30,000 sq ft or more	\$1,226	\$1,386	\$1,536

**Supermarket/Bakery (Combination):**

Less than 6,000 sq ft	\$1,294	\$1,377	\$1,378
6,000 - 29,999 sq ft	\$1,319	\$1,404	\$1,405
30,000 sq ft or more	\$1,365	\$1,454	\$1,455

**Supermarket/Bakery (Combination):  
COMPLEX**

Less than 6,000 sq ft	\$1,364	\$1,541	\$1,708
6,000 - 29,999 sq ft	\$1,390	\$1,571	\$1,741
30,000 sq ft or more	\$1,439	\$1,626	\$1,803

**Packaged Market/Confectionery/Packaged Food Salvager:**

Less than 2,000 sq ft	\$214	\$228	\$228
2,000 sq ft or more	\$294	\$313	\$313

<b>Seasonal Food Facilities / Shared Kitchen Permit</b>	\$242	\$258	\$258
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**Retail Bakery:Non-Complex**

Less than 2,000 sq ft	\$633	\$674	\$674
2,000 - 6,000 sq ft or more	\$874	\$930	\$931

**Retail Bakery: COMPLEX**

Less than 2,000 sq ft	\$667	\$754	\$835
2,000 - 6,000 sq ft or more	\$921	\$1,041	\$1,153

<b>Centralized Utensil Washing Station</b>	\$202	\$215	\$215
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**Private School Cafeteria:**

Packaged Food	\$132	\$141	\$141
Unpackaged Food	\$565	\$602	\$602
Unpackaged Food: COMPLEX	\$596	\$674	\$747

**Hospital Kitchens, including Skilled Nursing Facilities (SNF):  
COMPLEX**

Less than 61 beds	\$535	\$605	\$671
61 - 100 beds	\$755	\$853	\$946
101 - 150 beds	\$857	\$968	\$1,073



FOOD AND POOL PROGRAM			APPENDIX 9
Fee Type	FY 2015/16	FY 2016/17	FY 2017/18
151 - 200 beds	\$1,021	\$1,153	\$1,278
Over 200 beds	\$1,110	\$1,254	\$1,390

**Packaged Food Warehouse/Commissary Establishments (incl for Vehicles):**

Less than 2,000 sq ft	\$209	\$223	\$223
2,000 - 5,999 sq ft	\$293	\$312	\$312
6,000 - 29,999 sq ft	\$307	\$327	\$327
30,000 sq ft or more	\$333	\$355	\$355

**Unpackaged Food Processing/Commissary Establishments (incl for Vehicles):**

Less than 2,000 sq ft	\$583	\$621	\$621
2,000 - 5,999 sq ft	\$934	\$995	\$996
6,000 - 29,999 sq ft	\$1,213	\$1,292	\$1,293
30,000 sq ft or more	\$1,476	\$1,572	\$1,572

**USDA Plants:**

Less than 2,000 sq ft	\$290	\$309	\$309
2,000 - 5,999 sq ft	\$530	\$564	\$564
6,000 sq ft or more	\$718	\$765	\$765

**Wholesale Bakery:**

Less than 2,000 sq ft	\$765	\$815	\$815
2,000 - 5,999 sq ft	\$1,112	\$1,184	\$1,185
6,000 - 29,999 sq ft	\$1,504	\$1,602	\$1,603
30,000 sq ft or more	\$1,651	\$1,758	\$1,759

<b>Certified Farmers Market/ Farm Stands</b>	\$243	\$259	\$259
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**Cottage Food Operations**

FOOD AND POOL PROGRAM			APPENDIX 9
Fee Type	FY 2015/16	FY 2016/17	FY 2017/18
Initial Review and Approval - No Onsite inspections (Class A & Class B)	\$50	\$53	\$53
Annual Renewal Fee with No Field Inspections (Class A)	\$39	\$42	\$42
Annual Renewal Fee with Field Inspections (Class B)	\$145	\$154	\$154

**\*Mobile Food Facilities:**

Prepackaged, Non-Potentially Hazardous Food, Frozen Novelties - Non-occupied Mobile Food Facilities/Mobile Support Units without plumbing & refrigeration	\$139	\$148	\$148
Prepackaged Frozen Novelties Occupied Mobile Food Facilities / Prepackaged Potentially Hazardous Food Non-occupied Mobile Food Facilities	\$200	\$213	\$213
Prepackaged Potentially Hazardous Food Mobile Food Facilities / Prepackaged Non-Potentially Hazardous Food Occupied Mobile Food Facilities / Fish & Whole Aquatic Invertebrates	\$355	\$378	\$378
Unpackaged Non-Potentially Hazardous Food Mobile Food Facilities / Mobile Support Units	\$334	\$356	\$356
Unpackaged Potentially Hazardous Food Mobile Food Facilities	\$640	\$682	\$682
Mobile Food Facilities described in Health & Safety Code §114309 that are under permit on 6/30/07 / Mobile Food Facility with only hot dog steaming or boiling	\$380	\$404	\$405
Short Term Permit for any of the above (90 days or less)	Charge is 25% of Annual Fee or \$50, whichever is greater.		

\*One time per year inspected mobile food facilities, regardless of entry date that constitutes the start of the business, must pay the full annual fee and will not be prorated.

<b>Vending Machines</b>	\$105	\$112	\$112
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**FOOD AND POOL PROGRAM**

Fee Type

FY 2015/16

FY 2016/17

FY 2017/18

APPENDIX 9  
Attachment D

Ice Plant	\$288	\$306	\$306
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Packing Shed	\$344	\$366	\$367
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Off-site Food Sales	\$194	\$207	\$207
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Non-Profit Charitable Organization / Community Sites	\$193	\$206	\$206
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**Satellite Food Service:**

All Packaged Food	\$202	\$215	\$215
All Unpackaged Food	\$372	\$396	\$397

**Commercial Temporary Food Facility:**

a) Event Coordinator per event	\$169	\$180	\$180
b) Per event			
Beer Trailer, Prepackaged Food - Category 1	\$61	\$65	\$65
Unpackaged Food - Category 2	\$117	\$125	\$125
c) Ongoing event:			
Prepackaged Food - Category 1, Swap Meet	\$103	\$110	\$110
Unpackaged Food - Category 2	\$166	\$177	\$177

Organized Camps	\$377	\$378	\$376
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**Hotel/Motel:**

6 to 10 Rooms	\$129	\$130	\$130
11 to 50 Rooms	\$256	\$258	\$257
51 to 100 Rooms	\$321	\$324	\$323
101 to 250 Rooms	\$387	\$391	\$389

<b>FOOD AND POOL PROGRAM</b>			
<b>Fee Type</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>
251 to 500 Rooms	\$582	\$588	\$585
Over 500 Rooms	\$935	\$944	\$940

<b>Bed &amp; Breakfast</b>	\$182	\$194	\$194
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**Hotel/Motel Complimentary Food:**

Limited Unpackaged Food	\$479	\$510	\$510
Limited Packaged Food	\$200	\$213	\$213

<b>Food Facility: Notice of Violation</b>	\$331	\$352	\$353
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<b>Public Swimming Pools &amp; Spa Annual</b>	\$231	\$229	\$226
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<b>Public Pool: Notice of Violation</b>	\$231	\$229	\$226
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**Hourly Rates (Charged per Quarter Hour or Fraction Thereof):**

Food Safety Program (including 2 <sup>nd</sup> or greater re-inspections, trade shows, food demonstrations)	\$112	\$119	\$119
Housing Program	\$112	\$113	\$112
Public Swimming & Spa Pools Program	\$86	\$85	\$84
Massage Facility Inspection Program	\$97	\$96	\$94

BE IT FURTHER RESOLVED that any facility that operates without a valid permit shall be subject to penalty not to exceed three times the cost of the permit.

<b>PLAN CHECK &amp; CONSTRUCTION:</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>
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**New Food Facility Construction, Each:**

**Food Establishments/Restaurant, Bar, School Cafeteria & Hospital Kitchen:**



<b>PLAN CHECK &amp; CONSTRUCTION:</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>
Under 2,000 sq. ft.	\$1,379	\$1,469	\$1,470
2,000 - 5,999 sq. ft.	\$1,753	\$1,866	\$1,867
6,000 - 29,999 sq. ft.	\$1,869	\$1,990	\$1,991
30,000 sq. ft. and over	\$2,283	\$2,431	\$2,433

**Food Processing, Retail Unpackaged Food Store, Wholesale/Retail Bakery, Unpkgd Food Commissary:**

Under 2,000 sq. ft.	\$1,406	\$1,498	\$1,498
2,000 - 5,999 sq. ft.	\$1,615	\$1,719	\$1,720
6,000 - 29,999 sq. ft.	\$2,131	\$2,269	\$2,271
30,000 sq. ft. and over	\$2,299	\$2,447	\$2,449

**Pre-packaged Retail Food Store & Food Warehouse/Pre-packaged Food Vehicle Commissary:**

Under 2,000 sq. ft.	\$765	\$815	\$815
2,000 - 5,999 sq. ft.	\$823	\$876	\$876
6,000 - 29,999 sq. ft.	\$939	\$1,000	\$1,000
30,000 sq. ft. and over	\$1,049	\$1,117	\$1,118

<b>Food Vehicle/Carts</b>	<b>\$258</b>	<b>\$275</b>	<b>\$275</b>
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**Satellite Food Distribution Facility:**

All Pre-packaged Food	\$327	\$348	\$348
Unpackaged Food	\$751	\$800	\$800

**Existing Food Establishment Remodels**

1 - 100 sq. ft.	\$317	\$337	\$338
101 - 1,000 sq. ft.	\$776	\$826	\$827
Over 1,000 sq. ft.	\$1,546	\$1,647	\$1,648

**Public Pools New Construction, Each: Swimming pools:**

<b>PLAN CHECK &amp; CONSTRUCTION:</b>			
	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>
75,000 gallons or less	\$901	\$893	\$880
Greater than 75,000 gallons	\$1,030	\$1,020	\$1,006
Spa Pool	\$700	\$694	\$683
Water Slide	\$917	\$909	\$896
Special use	\$850	\$842	\$830
Wading Pool	\$418	\$414	\$408

**Pool Remodel**

Single Item Remodel (e.g., Enclosure, Replaster, Deck)	\$385	\$382	\$376
Two Item Remodel (e.g., Enclosure, Replaster, Deck)	\$483	\$479	\$472
Three or More Item Remodel	\$1,062	\$1,053	\$1,037

**Hourly Rates (Charged per Quarter Hour or Fraction Thereof):**

Food Plan Check Program	\$123	\$131	\$131
Pool Plan Check Program	\$86	\$85	\$84

<b>HAZARDOUS MATERIALS MANAGEMENT</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>
<b>Fee Type</b>			

**Hazardous Waste Generators:**

0-10 Employees	\$388	\$388	\$389
11-25 Employees	\$489	\$490	\$492
26-50 Employees	\$696	\$698	\$700
51-100 Employees	\$976	\$978	\$981
101-250 Employees	\$1,416	\$1,419	\$1,423
251-500 Employees	\$2,000	\$2,004	\$2,010
500 + Employees	\$2,568	\$2,573	\$2,581
SPECIAL GENERATOR	\$193	\$193	\$194



HAZARDOUS MATERIALS MANAGEMENT	FY 2015/16	FY 2016/17	FY 2017/18
Fee Type			Attachment D APPENDIX 9

**Tier Permit:**

Permit By Rule	\$1,740	\$1,744	\$1,749
Conditionally Authorized	\$1,216	\$1,218	\$1,222
Conditionally Exempt	\$295	\$295	\$296

**Aboveground Storage Tank:**

1,320 - 9,999 gallons	\$45	\$45	\$45
10,000 gallons or greater	\$282	\$282	\$283
Agricultural / Construction $\leq$ 20,000 gallons	\$15	\$15	\$15

**Underground Storage Tank:**

PTO, per tank	\$543	\$545	\$546
Vaulted Tank	\$255	\$255	\$256

**Plan Check:**

Tank Installation - Up To First Five Hours	\$571	\$573	\$574
Tank Removal/Closure - Up To First Three Hours	\$337	\$337	\$338
Tank Modification - Up To First Four Hours	\$448	\$449	\$451
Each Hour After Initial Hours	\$113	\$113	\$113

Approval of the underground storage tank plans is valid for twelve (12) months. Expiration of the twelve month period invalidates approval and requires re-submittal of plan and fee(s).

**CalARP - Base Fee:**

Program Level 1 - Up To First Three Hours	\$338	\$338	\$339
Program Level 2 - Up To First Ten Hours	\$1,122	\$1,124	\$1,127
Program Level 3 - Up To First 15 Hours	\$1,684	\$1,688	\$1,692
Each Hour After Initial Hours	\$113	\$113	\$113

HAZARDOUS MATERIALS MANAGEMENT	FY 2015/16	FY 2016/17	FY 2017/18
Fee Type			Attachment D APPENDIX 9

**Hazardous Materials Disclosure Program:**

1-4 Chemicals	\$137	\$137	\$137
5-10 Chemicals	\$201	\$201	\$201
11-14 Chemicals	\$286	\$286	\$286
15-20 Chemicals	\$367	\$367	\$367
21+ Chemicals	\$442	\$442	\$442

**Hourly Rates (Charged per Quarter Hour or Fraction Thereof):**

Site Cleanup Oversight Program	\$178	\$185	\$190
HW/UST, AST, Disclosure and all CUPA Programs	\$112	\$112	\$112
Inspections, Re-inspections, Consultations, & Evaluations, not specified above	\$112	\$112	\$112

DEFINITION: A Special Generator is a facility, regardless of the number of employees on site, which generates only one of the following:

- (a) Less than 55 gallons of waste oil in a 90-day period, and/or used waste oil/fuel filters;
- (b) Less than 55 gallons of petroleum-based solvent in a 90-day period;
- (c) Less than 55 gallons of water-based cleaners in a 90-day period;
- (d) Photographic waste containing silver and/or silver compounds;

In addition, a Special Generator is a facility that generates Universal Waste (batteries, thermostats, electronic waste, and fluorescent lamps) and Recyclable Materials (managed in accordance with Section 25143.2 of the Health and Safety Code), and generates this waste either alone or in combination with the waste streams listed above in (a), (b), (c), and (d). A special generator also includes a retail clothing, make-up, grocery, or drugstore facility that has hazardous waste due to expired and/or damaged products.

DEFINITION: CalARP facilities are responsible for producing a risk management plan and



implementing an accidental release prevention program, pursuant to Division 12, Chapter 6.95 of the Health and Safety Code. A base fee is to be charged to each CalARP facility. Any additional time will be billed as an hourly rate fee.

**DEFINITION: Site Cleanup Oversight**

A fee is assessed to a person, as defined in the Health and Safety Code sections 25118, 25281(l), or 101480, subdivision (a)(2), who releases, causes the release, or is responsible for the cleanup of release of a hazardous substance, as defined in Health and Safety Code sections 25281, subdivision (h), or 25316, at an unauthorized point that causes the Health Care Agency to oversee the assessment and/or remediation of contamination.

Oversight activities shall include, but not be limited to, the review of site assessment reports and cleanup proposals, on-site sampling and cleanup activities, meetings and phone calls with authorized consultants, and the review and approval of closure proposals.

BE IT FURTHER RESOLVED that a surcharge in an amount determined by the State will be assessed to all facilities regulated within the Hazardous Materials Management Program addressed by this resolution, on behalf of the State, pursuant to Health and Safety Code section 25404.5, subdivision (b).

BE IT FURTHER RESOLVED that administrative enforcement order penalties will be assessed pursuant to Health and Safety Code section 25187 and Title 22 of the California Code of Regulations sections 66272.60 through 66272.69, and managed pursuant to Health and Safety Code section 25404.1.1(i).

<b>MEDICAL WASTE PROGRAM</b>			
<b>Fee Type</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>

**Facilities Without On-Site Treatment:**

<b>Acute Care Facility</b>			
Acute Care 1-99 Beds	\$504	\$514	\$520
Acute Care 100-199 Beds	\$747	\$762	\$771
Acute Care 200-250 Beds	\$795	\$811	\$821
Acute Care 251+ Beds	\$800	\$816	\$826

**MEDICAL WASTE PROGRAM**APPENDIX 9  
Attachment D**Fee Type****FY 2015/16****FY 2016/17****FY 2017/18****Facilities With On-Site Treatment Units:**

<b>Acute Care Facility</b>			
Acute Care 1-99 Beds	\$730	\$745	\$754
Acute Care 100-199 Beds	\$956	\$975	\$987
Acute Care 200-250 Beds	\$1,083	\$1,105	\$1,118
Acute Care 251+ Beds	\$1,217	\$1,242	\$1,257

**Other Facilities w/ On-Site Treatment:**

1 Treatment Unit - CLT, LQGT, & SQOT 1	\$566	\$587	\$595
2-3 Treatment Units - CLT, LQGT, & SQOT 2	\$850	\$882	\$895
4-6 Treatment Units - CLT, LQGT, & SQOT 3	\$1,734	\$1,799	\$1,825
7-10 Treatment Units - CLT, LQGT, & SQOT 4	\$2,881	\$2,988	\$3,032
11+ Treatment Units - CLT, LQGT, & SQOT 5	\$5,966	\$6,187	\$6,277

**Acute Care Facility Hazardous Waste**

Acute Care Facility Hazardous Waste 1-99 Beds	\$334	\$346	\$351
Acute Care Facility Hazardous Waste 100-199 Beds	\$390	\$404	\$410
Acute Care Facility Hazardous Waste 200-250 Beds	\$446	\$463	\$469
Acute Care Facility Hazardous Waste 251+ Beds	\$501	\$520	\$527

**Large Quantity Generator/Skilled Nursing Facility**

\$413

\$428

\$434

**Common Storage Facility Generator:**

2-10 Generators	\$180	\$187	\$190
11-49 Generators	\$364	\$378	\$383



<b>MEDICAL WASTE PROGRAM</b>			
<b>Fee Type</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>
50 + Generators	\$638	\$662	\$671

<b>Small Quantity Generators (SQG)</b>	\$47	\$49	\$50
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**Hourly Rate (Charged per Quarter Hour or Fraction Thereof):**

Medical Waste Program	\$117	\$122	\$123
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<b>BODY ART PROGRAM</b>			
<b>Fee Type</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>
<b>Body Art Facilities</b>			
Tattoo Facility	\$333	\$346	\$353
Permanent Cosmetic or Body Piercing Facility	\$250	\$260	\$265
Temporary Body Art Facilities, per Booth	\$153	\$159	\$162
Body Art Practitioner Registration	\$41	\$43	\$44
Body Art Facility Plan Check	\$399	\$415	\$423
Mechanical Stud and Clasp Ear Piercing Notification	\$45	\$45	\$46
Temporary Event Sponsor	\$334	\$347	\$354
Reinstatement to Expired or Suspended Body Artist Registration	\$39	\$40	\$40

**Hourly Rates (Charged per Quarter Hour or Fraction Thereof):**

Body Art Program	\$119	\$124	\$126
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BE IT FURTHER RESOLVED that penalties will be assessed pursuant to Health and Safety Code section 119306(g), 119312(k) and 119320 to 119323.

<b>SOLID WASTE MANAGEMENT PROGRAM</b>			
<b>Fee Type</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>

<b>SOLID WASTE MANAGEMENT PROGRAM</b>			
<b>Fee Type</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>

**Transfer/Processing Facilities:**

**Full SW Facility Base Permit to Operate Fee:**

100 to 1,000 tons	\$9,887	\$10,295	\$10,563
1,001 to 2,000 tons	\$12,741	\$13,266	\$13,612
2,001 to 3,000 tons	\$16,068	\$16,731	\$17,166
3,001 to 4,000 tons	\$19,426	\$20,227	\$20,753
4,001 to 5,000 tons	\$20,769	\$21,625	\$22,188
5,001 to 6,000 tons	\$24,834	\$25,858	\$26,531

**\*Hourly Rate (Charged per Quarter Hour or Fraction Thereof):**

Solid Waste Management Program, including consultations.	\$124	\$129	\$133
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\*The hourly rate for activities not specifically listed above under Solid Waste Management Program shall be charged at an hourly rate. These items and activities include but are not limited to:

Consultations, Inspections, Re-inspections, Evaluations, New permits, Permit Revisions, Other Non-Disposal Facility Routine Inspections, 5-year permit review, and Enforcement.

DEFINITION: A consultation fee may be charged to developers, landowners, cities, local agencies or other parties for services pertaining to land development adjacent to current or former landfill operations; and to owners/operators for a new permit or permit category change.

DEFINITION: A Consultant Subcontractor is a firm hired by the Health Care Agency to provide environmental or engineering services, often pertaining to land development, adjacent to current or former landfill operations. Actual costs for these services may be charged to developers, landowners, cities, local agencies or other parties.

<b>WATER QUALITY PROGRAMS</b>			
<b>Fee Type</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>

**CROSS CONNECTION/TESTER CERT PROGRAM**

**Hospitals and Nursing Homes**



<b>WATER QUALITY PROGRAMS</b>			
<b>Fee Type</b>	<b>FY 2015/16</b>	<b>FY 2016/17</b>	<b>FY 2017/18</b>
Under 10,000 sq.ft	\$192	\$203	\$211
10,000 to 29,999 sq.ft	\$215	\$228	\$236
30,000 to 99,999 sq.ft	\$277	\$294	\$304
100,000 sq.ft and greater	\$315	\$335	\$347

### Industrial and Commercial Facilities

Under 10,000 sq.ft	\$209	\$221	\$229
10,000 to 29,999 sq.ft	\$229	\$243	\$252
30,000 to 99,999 sq.ft	\$286	\$303	\$314
100,000 sq.ft and greater	\$338	\$359	\$372

### Hotels and Motels

Under 10,000 sq.ft	\$193	\$205	\$212
10,000 to 29,999 sq.ft	\$207	\$220	\$228
30,000 to 99,999 sq.ft	\$297	\$315	\$326
100,000 sq.ft and greater	\$345	\$366	\$379

### Food Processing Plants

Under 10,000 sq.ft	\$273	\$290	\$301
10,000 to 29,999 sq.ft	\$295	\$313	\$325
30,000 to 99,999 sq.ft	\$375	\$399	\$413
100,000 sq.ft and greater	\$446	\$474	\$491

<b>Tester Certification (2 year Certification)</b>	\$255	\$271	\$280
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<b>Tester List and Field Monitoring</b>	\$170	\$180	\$187
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<b>Non Inventory &amp; Contract Services (Hourly Rate)</b>	\$170	\$180	\$187
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WATER QUALITY PROGRAMS	FY 2015/16	FY 2016/17	APPENDIX 9 Attachment D FY 2017/18
Fee Type			

## WELL PROGRAM

### Well Construction Permit/Inspection

Water Well	\$583	\$597	\$606
Cathodic Well	\$506	\$519	\$526
Monitoring Well (Initial)	\$323	\$331	\$336
Each additional MW at the same site	\$154	\$158	\$161
Probe Survey	\$358	\$367	\$372

<b>Well Deconstruction Permit/Inspection</b>	\$108	\$110	\$112
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<b>State Small Water System</b>	\$220	\$226	\$229
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<b>Liquid Waste Vehicles</b>	\$251	\$258	\$262
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### Hourly Rate (Charged per Quarter Hour or Fraction Thereof):

Cross Connection Program	\$170	\$180	\$187
Sewage Spill Response Fee/ Beach Closure Response	\$89	\$91	\$92

BE IT FURTHER RESOLVED that an applicant shall be assessed a late charge if a well permit is not obtained prior to the date construction commences. Late charges shall be equal to twenty-five (25%) of the applicable fee, rounded to the whole dollar.

BE IT FURTHER RESOLVED that the hourly rate for items and activities including re-inspections and consultations not specifically listed in this resolution conducted during normal business hours shall be charged at the hourly rate established within the corresponding program for each hour, charged per quarter hour or fraction thereof.

BE IT FURTHER RESOLVED that any hourly rate fees listed in this resolution shall be



charged, during hours other than normal business hours (including weekends and County recognized holidays), at a rate of one and a half times the established hourly rate for that program, unless specified otherwise, rounded up to the nearest quarter dollar, and charged per quarter hour or fraction thereof.

BE IT FURTHER RESOLVED that any fee listed above as an annual fee, fees for year-round operations or re-issuance of a revoked permit (which would exclude single events or temporary events), when the initial application is made for an activity commencing during any fiscal year, fees shall be due according to the anniversary date established at the discretion of the Health Care Agency. The billing period shall begin the first day of the month established at the discretion of the Health Care Agency. If the month of activity commencement is other than the anniversary date, the annual fee shall be prorated in the following manner:

- (a) Activity commencing 10 to 12 months prior to the anniversary date:  
One hundred percent (100%) of the annual fee.
- (b) Activity commencing 7 to 9 months prior to the anniversary date:  
Seventy-five percent (75%) of the annual fee.
- (c) Activity commencing 4 to 6 months prior to the anniversary date:  
Fifty percent (50%) of the annual fee.
- (d) Activity commencing 1 to 3 months prior to the anniversary date:  
Twenty-five percent (25%) of the annual fee.

Fees shall be due every 12 months thereafter. The above prorating requirements do not apply to Mobile Food Facilities as described above.

BE IT FURTHER RESOLVED that the Health Care Agency retains the right to revise the anniversary date at its own discretion. This would result in the pro-ration of fees during the year in which the anniversary date is revised, for any fee listed above as an annual fee, fees for year-round operations, or re-issuance of a revoked permit (which would exclude single events or temporary events). In such cases, the annual fee shall be prorated based on the number of months from the first day of the first month of the existing billing period through the last day of the month prior to the revised anniversary date. Fees shall be due every 12 months thereafter.

BE IT FURTHER RESOLVED that any fee listed above, which is not paid within fifteen days of the due date stated on the County invoice, shall have a late charge equal to twenty-five

percent (25%) of the fee, added to the initial fee amount owed the County.

BE IT FURTHER RESOLVED that this Board authorizes the Health Care Agency to carry over excess Environmental Health fee revenue in the HCA Special Revenue Fund 13T. The excess fee revenue shall be used only to offset future Environmental Health fee-related expenditures.

BE IT FURTHER RESOLVED that this Board finds that these fees meet the requirements set forth in Article XIII C, section 1 of subdivision (e)(2) and (3) of the California Constitution and are therefore excepted from the definition as a tax as used in that section.

BE IT FURTHER RESOLVED that this Board finds that the revenue resulting from these fees will not exceed the estimated reasonable cost to provide these services.

BE IT FURTHER RESOLVED that on and after July 1, 2018, the fees shall be adjusted annually by the California Consumer Price Index to an amount that does not exceed actual costs. On July 1, 2018, and each three years thereafter, the Auditor-Controller shall perform a cost recovery analysis for the program and the Health Care Agency shall adjust the fee schedules based upon the Auditor-Controller's determination of actual costs.

The foregoing was passed and adopted by the following vote of the Orange County Board of Supervisors, on July 21, 2015, to wit:

AYES:	Supervisors:	LISA A. BARTLETT, SHAWN NELSON, ANDREW DO
NOES:	Supervisor(s):	MICHELLE STEEL, TODD SPITZER
EXCUSED:	Supervisor(s):	
ABSTAINED:	Supervisor(s):	

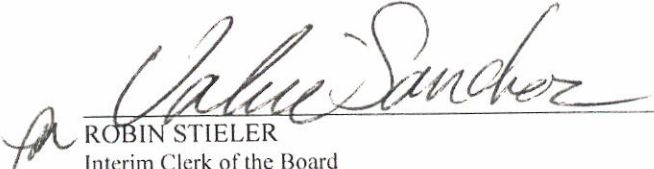
  
\_\_\_\_\_  
CHAIRMAN

STATE OF CALIFORNIA    )  
                                      )  
COUNTY OF ORANGE    )

**I, ROBIN STIELER, Interim Clerk of the Board of Orange County, California, hereby certify that a copy of this document has been delivered to the Chairman of the Board and that the above and foregoing Resolution was duly and regularly adopted by the Orange County Board of Supervisors .**

**IN WITNESS WHEREOF, I have hereto set my hand and seal.**



  
\_\_\_\_\_  
ROBIN STIELER  
Interim Clerk of the Board  
County of Orange, State of California

Resolution No:   15-077  
Agenda Date:     07/21/2015  
Item No:          28



I certify that the foregoing is a true and correct copy of the Resolution adopted by the Board of Supervisors , Orange County, State of California

Robin Stieler, Interim Clerk of the Board of Supervisors

By: \_\_\_\_\_  
Deputy





# HEALTH CARE AGENCY/PUBLIC HEALTH ENVIRONMENTAL HEALTH INFORMATIONAL BULLETIN

**To:** Mobile Food Facility (MFF) / Food Vehicle Operations in Orange County (OC)

**Subject:** How to Obtain an OC MFF Permit

This is to notify Mobile Food Facility (MFF) operators/owners of the requirement to obtain a health permit per code section 114294 of the California Retail Food Code (CRFC). MFF plan review and approval by this agency must be completed before a health permit can be issued for a newly built vehicle, change of ownership or when the permit has expired. Be aware, if found operating without going through the required process, your vehicle will be subject to immediate closure and you will be charged a penalty up to three times the cost of the permit fee before a permit can be obtained.

**Please note: Street vending, as allowed in Senate Bill 946 still requires all mobile food operations to comply with the California Retail Food Code (CRFC) and obtain a health permit prior to operating.**

What is allowed as a permitted food vehicle (MFF)	
Allowed	Not Allowed
With an approved menu / commercially built / meeting State requirements	
Prepackaged Cart or Bike (Example - prepackaged ice cream)	Homemade wood cart
Unpackaged Cart (Example - shaved ice)	Shopping cart
Truck (Example – cooking truck)	Stroller
Trailer (Example – taco trailer or at a recurring community event)	Tent or booth

## PLAN REVIEW REQUIREMENTS for MFFs

Before starting food operations in OC, at ownership change or when a permit has lapsed, proposed MFF design/construction, menu, and operations are reviewed during a plan review process. The Vehicle **Plan Check Submittal Checklist** and **MFF Construction Guidelines** found at <http://www.ocfoodinfo.com/mobile>, review what needs to be included in your plan submission. Once the plans and plan check fees are submitted to OC Environmental Health (EH) at 1241 E. Dyer Rd., Ste. 120, Santa Ana, please allow for:

- 20 working days for the initial MFF plan review – approval letter or a correction letter will be issued
- If corrections are needed, submit the plan revisions/corrections
- Do not construct until written approval is given/ construct the MFF according to the approved plans

## INSPECTION

This inspection will verify that the MFF is built according to the approved plans and operates in a safe manner. Before the inspection is conducted a **health permit application** must be submitted by the owner with supporting documents, health **permit fees** must be paid and proof of approved **commissary** usage must be verified.

## MFF PERMIT

Once the MFF passes the final plan check and the operational inspection, and payment is remitted. A health permit will be issued. In addition to the Orange County Health Care Agency, there are other agencies you will need to contact to ensure you meet the requirements for your business. (i.e. Zoning, Building and Fire departments).

Please contact the OC MFF program at 714-433-6416, if you have any questions.



# Staffing Analysis

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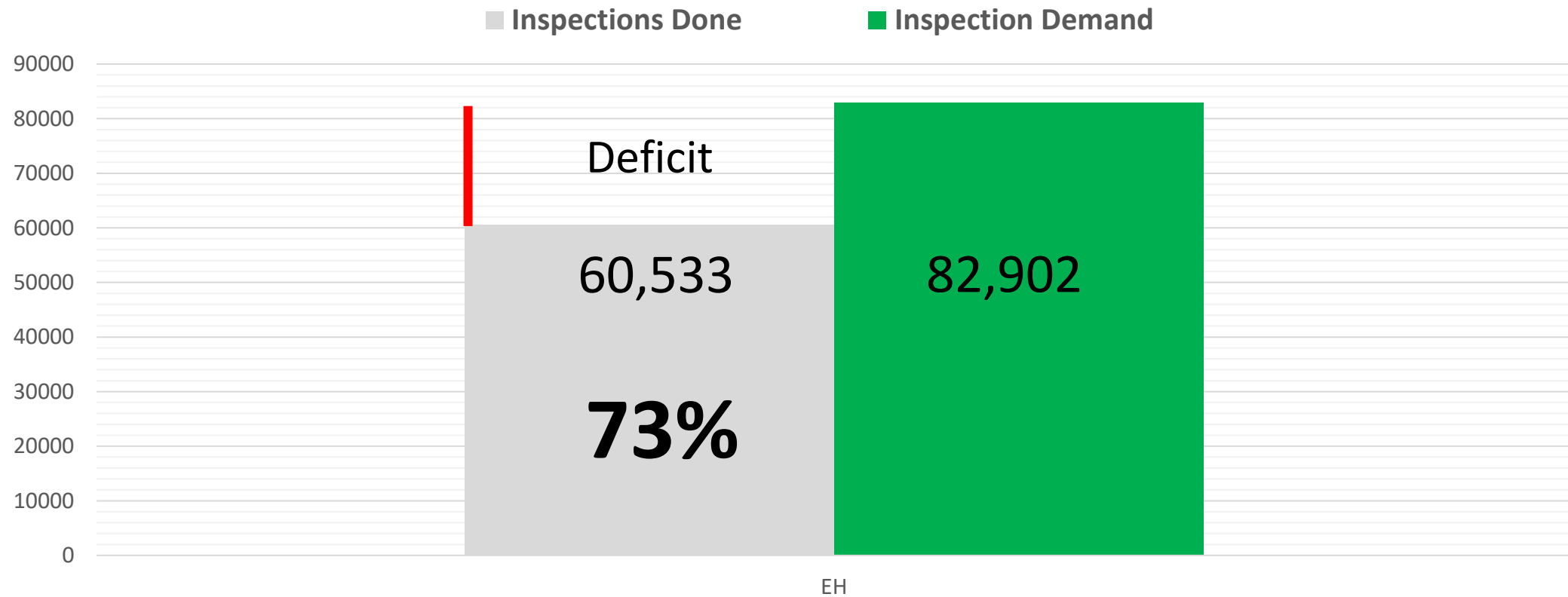
ENVIRONMENTAL HEALTH

# Current State

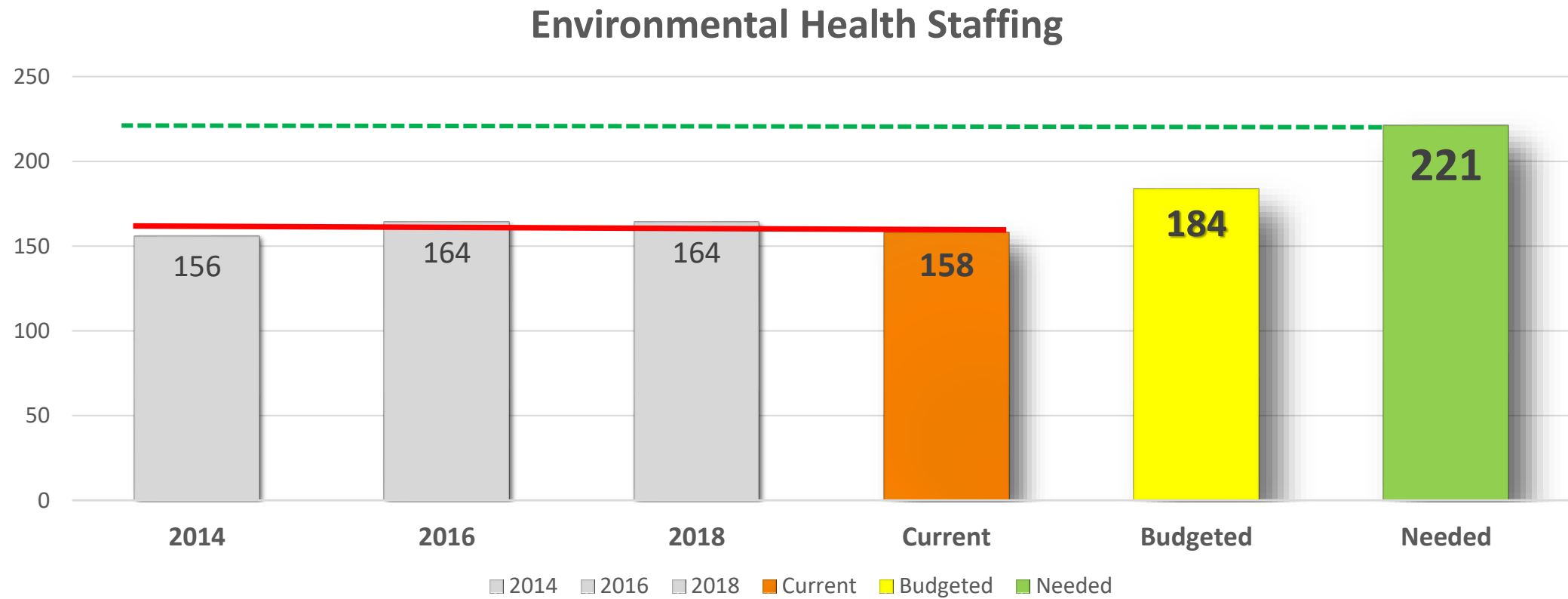
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- Inspection frequencies are not being met; EH is understaffed
- Unable to get to unpermitted businesses
- Retention problem/high attrition rate

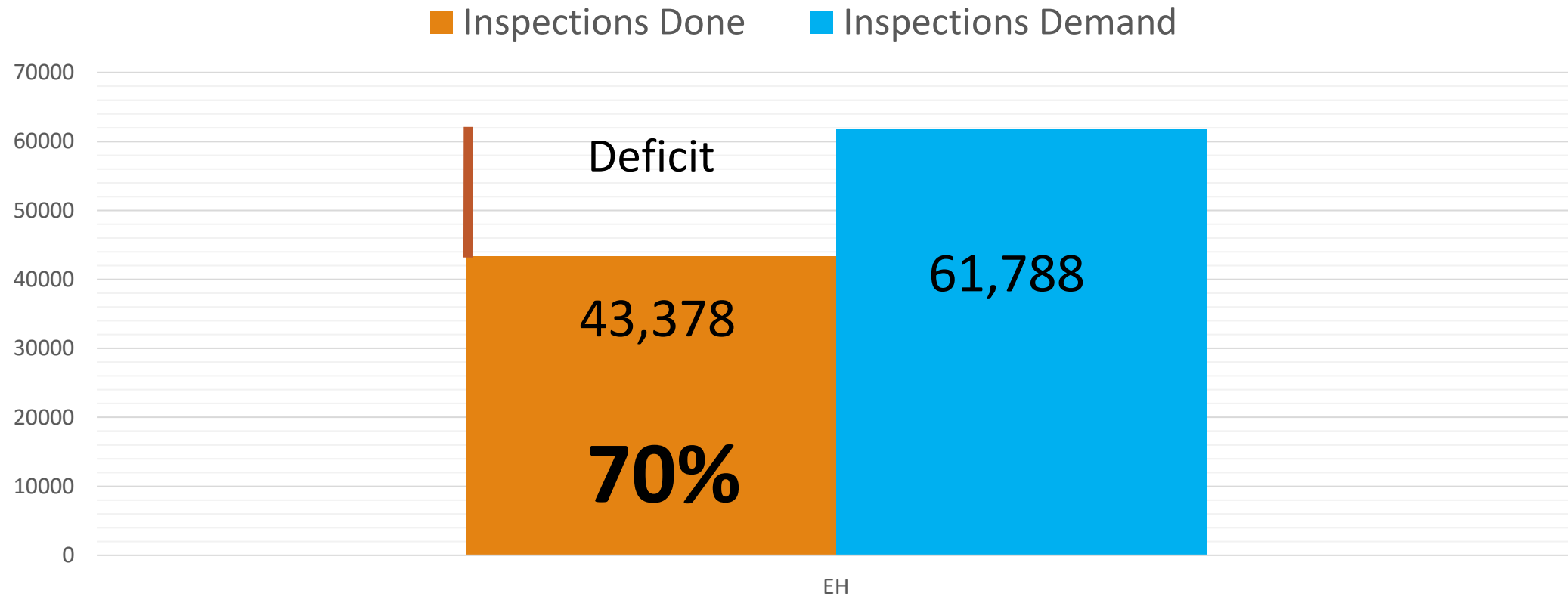
# EH Program Inspections Demand & Deficit



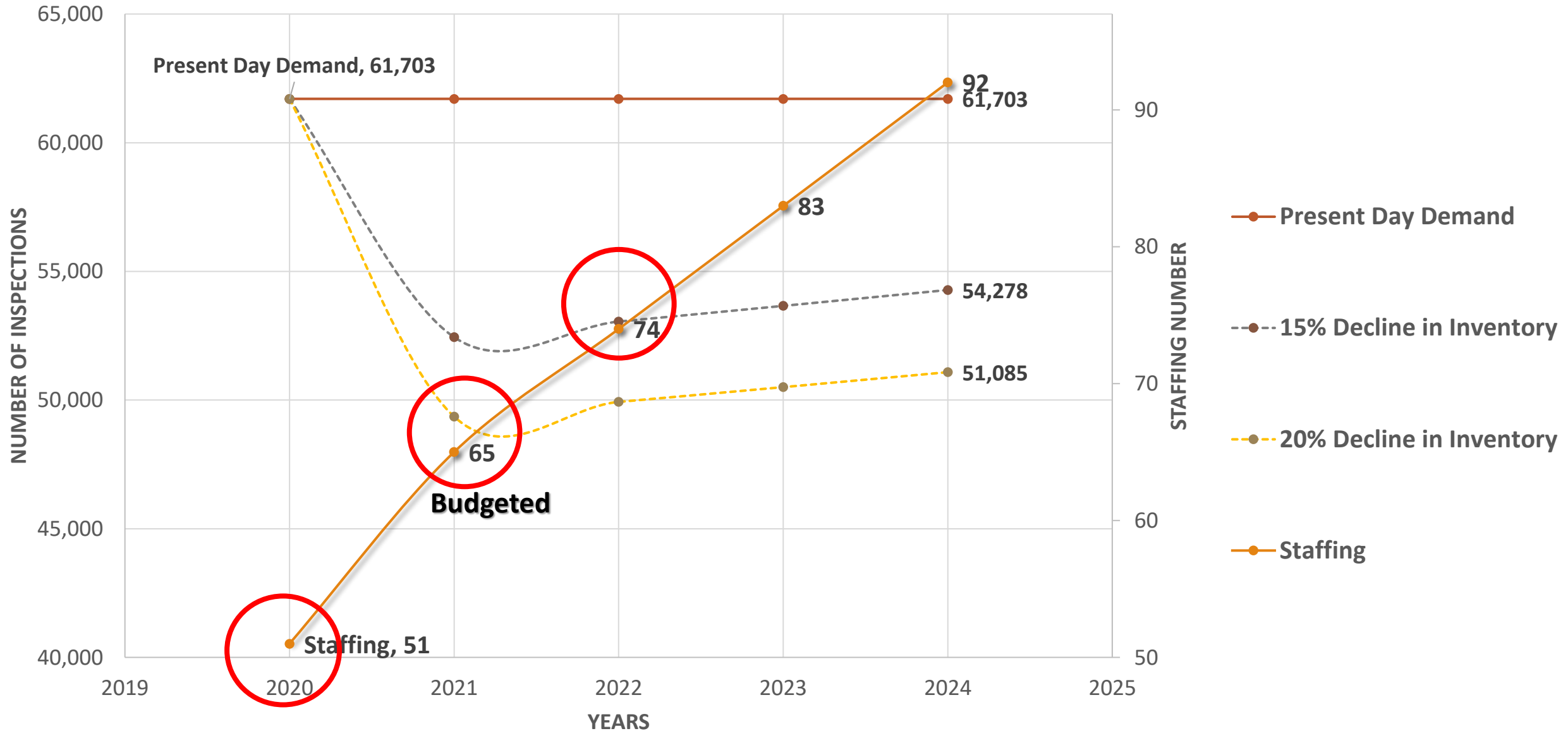
# EH is Understaffed



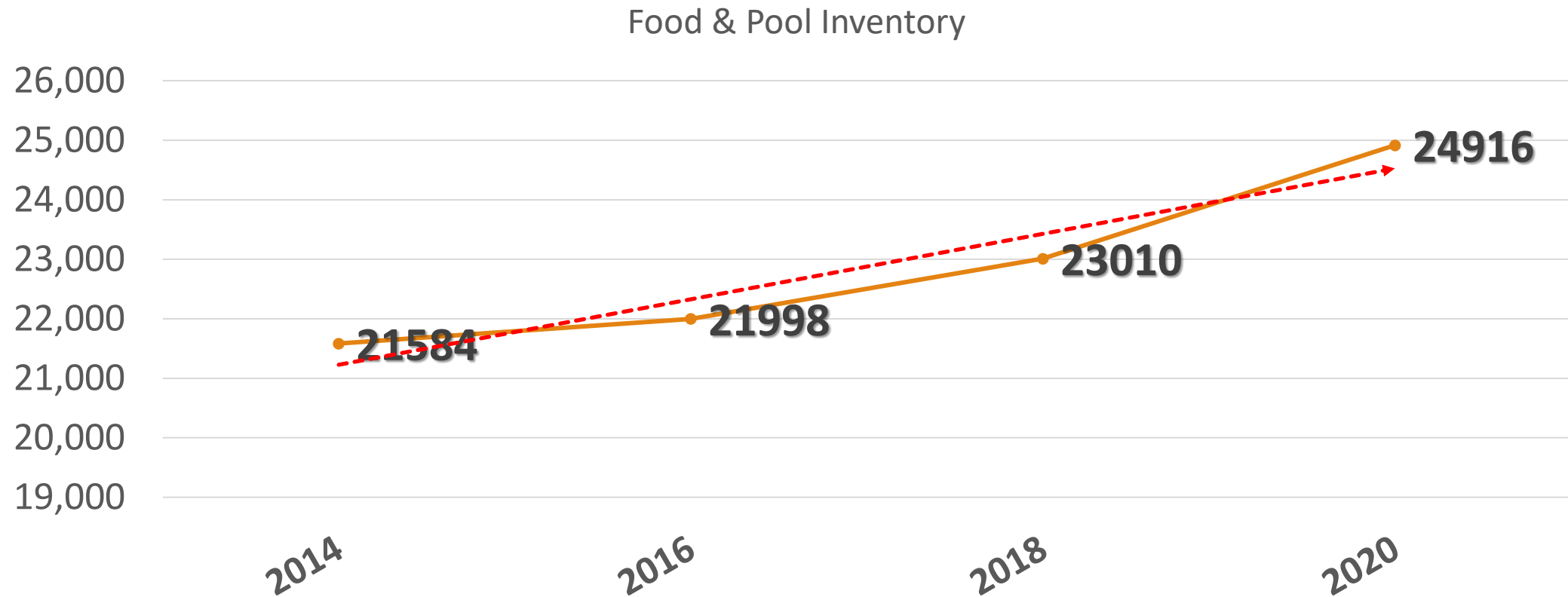
# Food & Pool Safety Inspections Demand and Deficit



# 4 YEAR PROJECTIONS ON FOOD & POOL INSPECTIONS

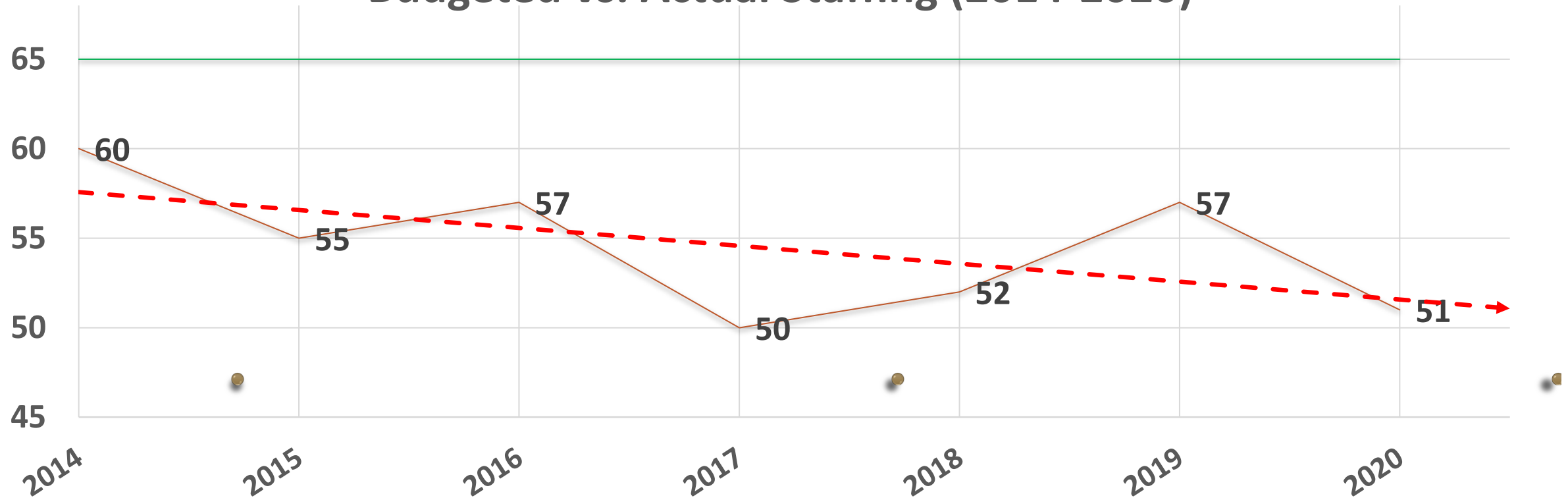


# Food & Pool Inventory is Increasing



# Food & Pool Staffing is Decreasing

Budgeted vs. Actual Staffing (2014-2020)





# Regulatory Support

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## California Code of Regulations, Title 17 Public Health

### *Section 1357 Environmental Health Staff*

There shall be an adequate staff of Registered Sanitarians meeting the qualifications established by the State Department of Health pursuant to provisions of the Health and Safety Code and other support personnel necessary to implement agency services and programs.

### *Section 1359 Clerical Staff*

There shall be sufficient, properly supervised clerical staff to meet agency needs.

# Regulatory Support, continued

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## Health and Safety Code, Section 101280

(a) Each agency shall employ as the immediate supervisor of the environmental health and sanitation services a director of environmental health who is a registered environmental health specialists and the agency shall employ an adequate number of registered environmental health specialist to carry on the program of environmental health and sanitation services.

# Root Cause – Why the Deficit?

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- Staffing did not increase to accommodate normal inventory growth and program growth due to new regulatory programs
- Significant number of staff who resign soon after training or licensure
  - Better opportunities at other counties: pay, retirement, closer commute
  - Career change
- Inexperienced staff (69% < 3 years) takes longer to conduct routine services and inspections. Requires more time for supervisors to train and manage staff
- Data management system is antiquated, not capable of building in efficient business workflows
- CEO hiring freezes or slowdowns with the Human Resources workflows

# Forecasting Numbers Using Historical Data

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Past 5 Year Inventory: Average **Growth of 1% increase per year**

New constructions after the 2009 Great Recession: Average **8.1% growth over 7 years (2010 – 2017)**

Attrition rate last 5 years: **12-20% (8-13 inspectors)**

Years of Experience: **69% (39 inspectors)** have less than 3 years of experience

# Future State

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- Inspection/service demands are being met
- Retention rate increases
- Ability to permit all businesses under our purview and comply with mandates
- Minimize backlog in business processes

# What happens if we don't get resources

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## Already Evident

- Increase in illegal street vending and other unregulated/unpermitted businesses
- Enforcement cases will grow due to less frequent monitoring and influence, and businesses will incur fines

## Projected

- Increase in foodborne illness cases
- No resources to address complaints and foodborne or waterborne positive cases
- No resources to assist or to host Food Safety Seminars and other public outreach events
- Increase in illegal disposal of hazardous or solid wastes leading to groundwater contamination
- Increased risk of explosion or dangerous chemical reaction
- Lack of resources to address sewage spills leading to poor ocean water quality, beach closure and potential fines

# Countermeasures

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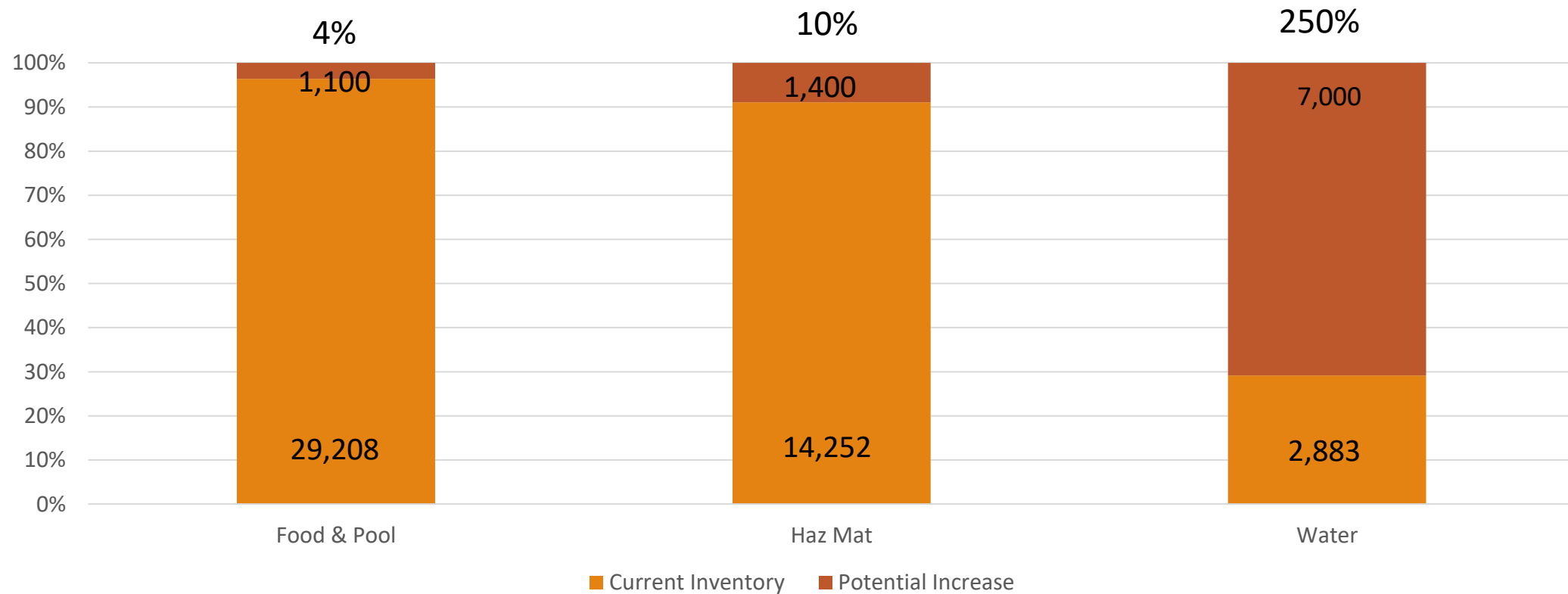
## What are we doing now?

- Filling vacancies to the budgeted level and increasing number of full-time positions
- Transition to 4/10s as an option

## What do we need to do?

- Provide opportunity to for all field staff to be IIs
- Hire staff in phased approach (Both clerical and field staff)
- More outreach to local universities for Environmental Health career
- Permit all facilities under our purview
- Acquire new data management system
- Fee adjustment

# Estimated Inventory Increase

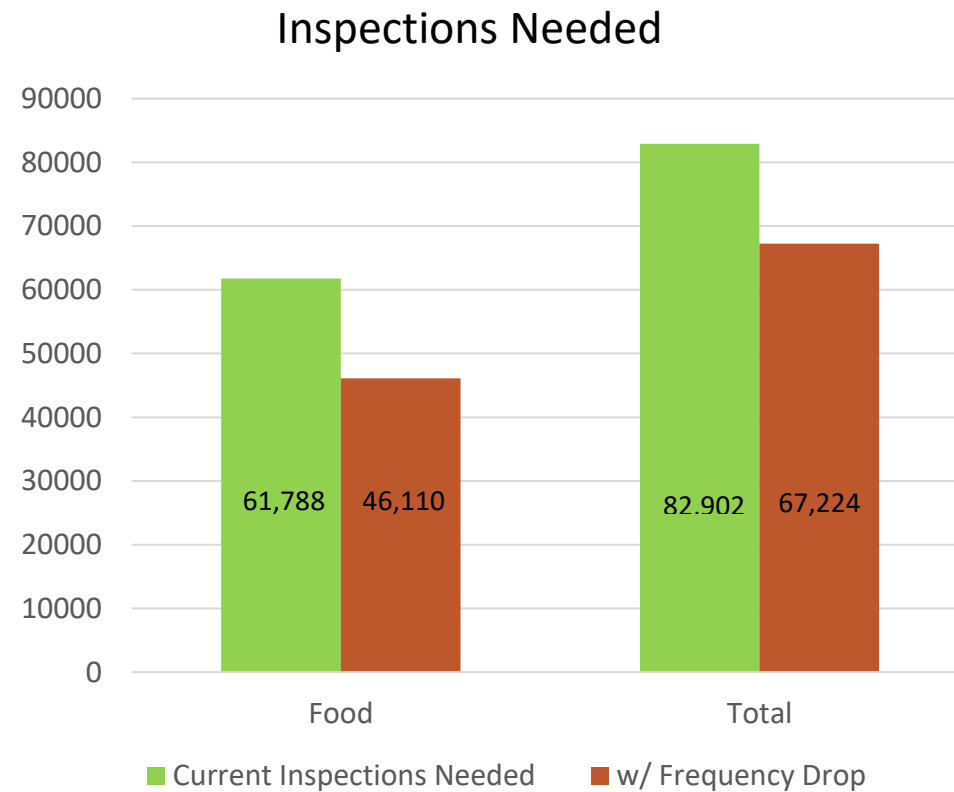




# Option 1

Keep current staffing levels, drop inspection frequencies

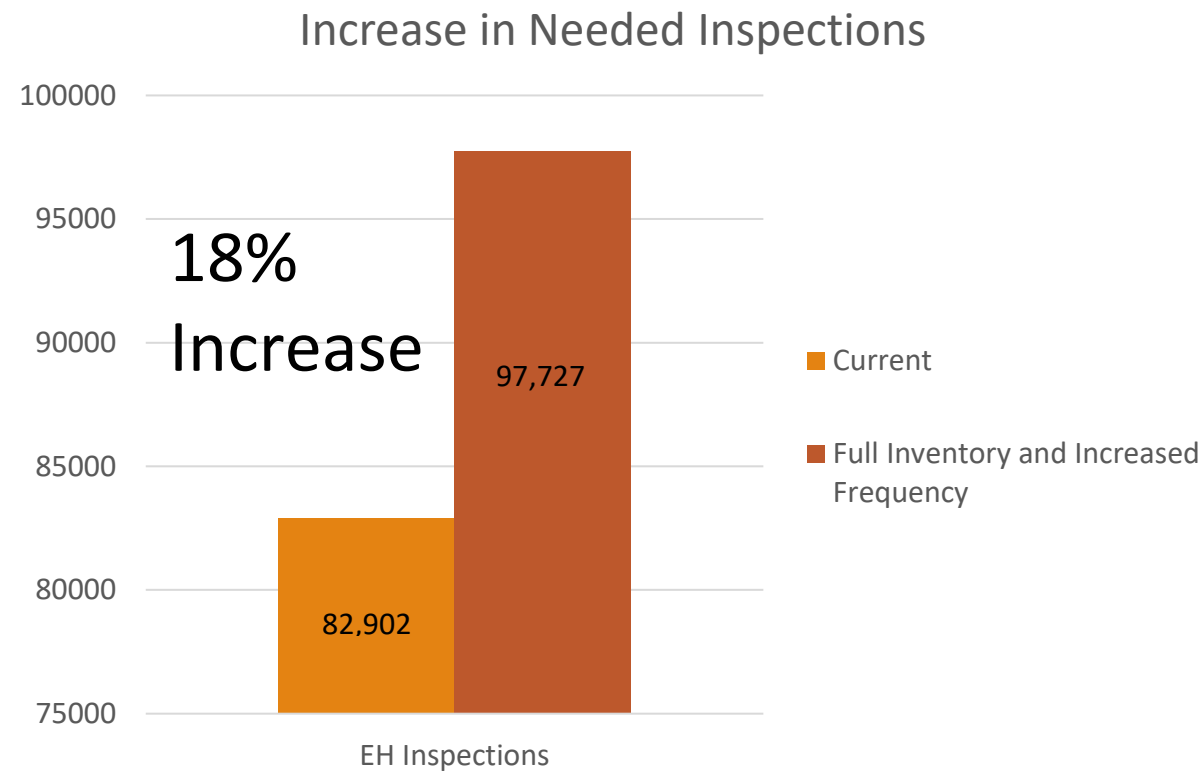
- 3x Food to 2x
- 2x Food to 1x



# Option 2

Increase staffing, maintain/increase frequencies, regulate all businesses that need a permit

- 1x Pool to 2x
- Add up to 9,500 facilities to inventory



# Implementation Plan

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- Fill vacancies and increase staffing over multiple years
- Transition to 4/10s
- Provide opportunity for all field staff to be Environmental Health Specialist IIIs
- Permit all facilities under our purview
- Acquire new data management system
- Adjust fees

# Financial Impact

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- Fill vacancies and increase staffing in phases – **\$5,365,000 / year, cost for 37 extra positions**
- Transition to 4/10s – **No extra financial impact anticipated**
- Provide opportunity for all field staff to be EHS IIs – **cost \$500,000 / year**
- Canvas the county and permit all facilities under our purview – **up to \$2,760,000 – estimated revenue increase / year**
- Acquire new data management system - **budgeted for 2.1M spread over a 5-year contract**
- Fee adjustment – **23% total increase spread over multiple years.**



## Food Safety Program

Attachment D  
APPENDIX 12

## INSPECTION GUIDE



## Understanding the Retail Food Facility Inspection Report

Environmental Health - Food Safety Program  
1241 E. Dyer Road, Suite 120 Santa Ana, CA 92705  
714.433.6000  
[www.ocfoodinfo.com](http://www.ocfoodinfo.com)





## APPENDIX 12





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## INTRODUCTION

The County of Orange is dedicated to improving the quality of life and health of Orange County residents and visitors through education, surveillance, enforcement and community service.

While the food supply in the United States is one of the safest in the world, the Centers for Disease Control and Prevention (CDC) estimates that roughly 1 in 6 Americans (approximately 48 million people) suffer from foodborne illness each year. Of these, more than 128,000 are hospitalized, and 3,000 die. Preventing foodborne illness and death remains a major public health challenge.

The CDC and the Food and Drug Administration (FDA) have identified five foodborne illness risk factors and five public health interventions that, when addressed during an inspection of a retail food facility, should lead to a reduction in the incidents of foodborne illness and to increased protection for consumer health.

The five most common CDC risk factors are:

- Improper holding temperatures
- Inadequate cooking
- Poor personal hygiene
- Contaminated equipment
- Food from unsafe sources

The FDA's public health interventions are:

- Demonstration of knowledge
- Employee health controls
- Controlling hands as a vehicle of contamination
- Time and temperature parameters for controlling pathogens
- Consumer advisories

It is the responsibility of Environmental Health's Food Protection Program, a division within the County of Orange Health Care Agency, to conduct routine inspections of approximately 15,000 retail food facilities in Orange County in order to ensure compliance with the California Retail Food Code (part of the California Health and Safety Code) and other applicable codes. Our Food Protection Program is committed to providing the highest quality service to both the food industry and the public.

The Retail Food Program Inspection Guide is intended to assist environmental health specialists (EHS) during their inspections in an effort to improve standardization in matters related to retail food inspections. This guide has also been developed to help food facility operators maintain and operate a facility in compliance with the law and to understand the inspection process.

This guide is not intended to be all-inclusive due to the fact that individual food facilities and the severity of their violations can vary greatly. It may not address all circumstances that may be found in a food facility, but in those cases, our staff will remain approachable to discuss, educate and resolve any issues related to food safety.

If you have any questions regarding an inspection report; actions taken by an EHS; or any applicable law or regulation, please contact your inspector or the Environmental Health office at (714) 433-6000.







## COMMON TERMINOLOGY

The following terms are intended to assist the operator in understanding the Retail Food Program Inspection Guide:

**ACUTE GASTROINTESTINAL ILLNESS** means a short duration illness most often characterized by one of the following symptoms or groups of symptoms, which are known to be commonly associated with the agents most likely to be transmitted from infected food employees through contamination of food:

- a. Diarrhea, either alone or in conjunction with other gastrointestinal symptoms, such as vomiting, fever, or abdominal cramps.
- b. Vomiting in conjunction with either diarrhea or two other gastrointestinal symptoms, such as fever or abdominal cramps.

**ADULTERATED** means either of the following:

- Food that bears or contains any poisonous or deleterious substance that may render the food impure or injurious to health.
- Food that is manufactured, prepared, or stored in a manner that deviates from a Hazard Analysis Critical Control Point (HACCP) plan so as to pose a discernable increase in risk.

**APPROVED** means acceptable to the enforcement agency based on a determination of conformity with applicable laws; or, in the absence of applicable laws, with current public health principles, practices, and generally recognized industry standards that protect public health.

**APPROVED SOURCE** means:

- A food source allowed under Article 3 (commencing with Section 114021) of Chapter 4, or a producer, manufacturer, distributor, or food facility that is acceptable to the enforcement agency based on a determination of conformity with applicable laws, or, in the absence of applicable laws, with current public health principles, practices, and generally recognized industry standards that protect public health.
- Any whole uncut fruit or vegetable or unrefrigerated shell egg grown or produced in compliance with all applicable federal, state, or local laws, regulations, and food safety guidelines issued by a regulatory agency shall be deemed to be from an approved source.

**CALIFORNIA RETAIL FOOD CODE (CRFC)** is part of the California Health and Safety Code with the purpose to safeguard public health and provide to consumers food that is safe, unadulterated, and honestly presented through the adoption of science based standards.

<https://www.cdph.ca.gov/Programs/CEH/DFDCS/Pages/FDBPrograms/FoodSafetyProgram/RetailFoodProgram.aspx>

**DEPARTMENT** means the California Department of Public Health (CDPH).

**ENVIRONMENTAL HEALTH SPECIALIST (EHS)** is a representative of Environmental Health, a division within the County of Orange Health Care Agency. Also referred to as a health inspector.





**EXCLUDE** means to prevent a person from working as a food employee or entering a food facility except for those areas open to the general public.

**FOOD HANDLER CARD** is issued after taking a food safety training course and passing an exam from an American National Standards Institute (ANSI) approved provider.

**FOOD SAFETY CERTIFICATION** is issued after successfully passing an examination from an ANSI approved provider meeting the requirements of the Conference for Food Protection's "Standards for Accreditation of Food Protection Manager Certification Program".

**HAZARD ANALYSIS CRITICAL CONTROL POINT (HACCP) Plan** means a written document that complies with the requirements of Section 114419.1 and that delineates the formal procedures for following the Hazard Analysis Critical Control Point (HACCP) principles developed by the National Advisory Committee on Microbiological Criteria for Foods.

**IMMINENT HEALTH HAZARD** means a significant threat or danger to health that is considered to exist when there is evidence sufficient to show that a product, practice, circumstance, or event creates a situation that can cause food infection, food intoxication, disease transmission, vermin infestation, or hazardous condition that requires immediate correction or cessation of operation to prevent injury, illness, or death.

**IMPOUND** means the legal control exercised by the EHS over the use, sale, disposal, or removal of any food, equipment, or utensils.

**OPERATOR INITIATED CLOSURE (OIC)** is an action taken by the owner or operator of a food facility when an Imminent Health Hazard is recognized and has ceased all sales and preparation of food until the Imminent Health Hazard is eliminated completely.

**PERMIT HOLDER** means the entity that is legally responsible for the operation of the food facility, such as the owner, the owner's agent, or other person, and possesses a valid permit to operate a food facility.

**PERMIT SUSPENSION** is an action taken by Environmental Health to temporarily order a facility closed. A permit may be suspended due to an imminent health hazard or for serious or repeat violations, or for interference in the performance of the health inspector.

**PERSON IN CHARGE (PIC)** means the individual present at a food facility who is responsible for the operation of the food facility.

**POTABLE WATER** means water that complies with the standards pursuant to the California Safe Drinking Water Act Chapter 4 (commencing with Section 116270) of Part 12, to the extent permitted by federal law.

**POTENTIALLY HAZARDOUS FOOD (PHF)** means a food that requires time or temperature control to limit pathogenic micro-organism growth or toxin formation. Examples include: protein based food (meat, poultry, seafood, eggs), dairy products (cheese, milk), cooked vegetables, cooked beans, cooked rice and cooked pasta.

**REVOCATION** is an action taken by Environmental Health to permanently order a facility closed under the existing Health Permit. A business must apply for a new health permit prior to being authorized to reopen.





## Attachment D

### APPENDIX 12

**RESTRICT** means to limit the activities of a food employee so that there is no risk of transmitting a disease that is transmissible through food and the food employee does not work with exposed food, clean equipment, utensils, linens, and unwrapped single use articles.

**TIME AS A PUBLIC HEALTH CONTROL** is when time only (rather than time in conjunction with temperature) is used as a control for working with or for holding PHF. Written procedures must be available upon request from the EHS.

**VARIANCE** means a written document issued by the State Food and Drug Branch that allows the use of an alternative practice or procedure which is equivalent to the existing requirements and that ensures a health hazard will not result from the alternative practice or procedure.

**VOLUNTARY CONDEMNATION AND DESTRUCTION (VC&D)** is a voluntary action by which food found to be adulterated or misbranded is destroyed by the operator under the supervision of an EHS.





## INSPECTION SERVICES

The County of Orange Health Care Agency's Environmental Health Food Protection Program is responsible for ensuring that all food facilities comply with the California Health and Safety Code and any applicable codes.

To this end, an EHS will complete a number of services at a food facility that will result in the issuance of an inspection report.

- Routine inspections are not announced and conducted at a frequency determined by a risk assessment. The risk assessment evaluates the type of food, the preparation, and the potential risk to the public.
- Follow-up inspections (also referred to as reinspections) are initiated by the inspector when an inspection reveals violations that warrant correction prior to the next routine inspection. Additional charges for second or greater reinspections, will be incurred by a food facility when violations are not corrected by the compliance date.
- Complaint investigations are initiated as a result of a complaint filed by the public or another agency. The posted seal will not be changed until the next routine inspection. However, if the inspection reveals a condition(s) that is an imminent health hazard, then the facility may be ordered to immediately close.
- Emergency inspections are conducted when an emergency may exist such as a fire, electrical outage, possible foodborne illness outbreak, non-potable water, sewage overflow into the facility, or as directed by the Health Officer.
- After-hour inspections (before 8 a.m. and after 5 p.m.), either due to an emergency or at the request of a food facility owner, are available but may be billed at an overtime hourly rate.

To view the Fee Schedule, please visit: [www.ochealthinfo.com/eh/home/fees](http://www.ochealthinfo.com/eh/home/fees).








## POSTING OF THE INSPECTION NOTIFICATION SEAL

Based on the results of a routine or follow-up inspection, an Inspection Notification Seal will be issued.

A **PASS**, **REINSPECTION DUE - PASS** or **CLOSED** seal will be posted at the end of the inspection as follows:

<p><b>PASS</b></p> 	<p><b>NO MORE THAN 2 MAJOR* CRITICAL RISK FACTOR (CRF) VIOLATIONS IDENTIFIED DURING THE INSPECTION</b></p> <p><i>*Must be corrected onsite</i></p>	<p>An acceptable level of compliance was achieved with any noted MAJOR violations corrected at time of inspection.</p> <p><i>*If A MAJOR VIOLATION CANNOT BE CORRECTED DURING THE INSPECTION, THE PERMIT TO OPERATE MAY BE SUSPENDED AND THE BUSINESS WILL BE ORDERED CLOSED.</i></p> <p>No pattern of repeat violations observed</p>
<p><b>REINSPECTION DUE - PASS</b></p> 	<p><b>3 OR MORE MAJOR CRF VIOLATIONS</b></p> <p>OR</p> <p>REPETITIVE PATTERNS OF VIOLATIONS IN ANY CATEGORY (SAME MAJOR VIOLATION NOTED ON SUBSEQUENT INSPECTION; SAME MINOR CRF OR GOOD RETAIL PRACTICE (GRP) VIOLATION NOTED ON PAST THREE INSPECTIONS.)</p>	<p><b>A REINSPECTION WILL BE SCHEDULED WHEN 3 OR MORE MAJOR CRF VIOLATIONS ARE OBSERVED DURING THE INSPECTION.</b></p> <p>A reinspection may be scheduled:</p> <ul style="list-style-type: none"><li>• When repeat CRF or GRP violations are identified</li><li>• <b>WHEN A CRF OR GRP VIOLATION REQUIRES CORRECTION TO PREVENT A MAJOR VIOLATION.</b></li></ul> <p>Failure to comply by the reinspection date could result in a second or greater reinspection or a Compliance Hearing being issued. Additional fees will be incurred.</p>
<p><b>CLOSED</b></p> 	<p><b>PERMIT SUSPENSION/OPERATING WITHOUT A HEALTH PERMIT</b></p>	<ul style="list-style-type: none"><li>• Permit Suspension due to an imminent health hazard, including but not limited to:<ul style="list-style-type: none"><li>➤ Vermin</li><li>➤ Sewage overflow</li><li>➤ No water</li><li>➤ Inability to properly clean and sanitize utensils</li><li>➤ Lack of power</li><li>➤ No operable bathrooms</li><li>➤ Fire or other disaster</li><li>➤ Ongoing possible foodborne illness</li></ul></li><li>• Permit Suspension due to non-compliance</li></ul>





### MOVING FROM A “REINSPECTION DUE - PASS” PLACARD TO A “PASS” PLACARD

If a food facility is issued a REINSPECTION DUE - PASS seal during a routine inspection or follow-up inspection, a reinspection will be scheduled within two weeks of the initial inspection, or as otherwise arranged with the facility operator, to assure that the violations have been corrected.

### MOVING FROM A “CLOSED” PLACARD TO A “PASS” PLACARD

If a food facility is issued a CLOSED placard, the conditions that resulted in the closure must be corrected. Only an EHS may remove the “CLOSED” placard. Operators may request a reinspection to reopen beyond our normal business hours, however, additional after-hour reinspection fees will apply. The information on the additional fees will be printed at the bottom of the closure notice.

#### REASONS FOR CLOSURE:

- **IMMINENT HEALTH HAZARD** - As soon as the imminent health hazard that warranted the closure is eliminated AND a representative of Environmental Health has provided written authorization reinstating the permit, the food facility may reopen and engage in food preparation and sales. Follow-up inspections may be scheduled to ensure sustained compliance after a permit reinstatement.
- **PERMIT SUSPENSIONS DUE TO NON-compliance** or repeat violations – A Compliance Hearing or Suspension/Revocation Hearing may be issued along with a fee incurred for a continued pattern of non-compliance. Notice of Decision resulting from the hearing could result in permit suspensions.
- **OPERATING WITHOUT A VALID HEALTH PERMIT** – Once a health permit is issued, “Closed” placard will be removed.

### POSTING OF THE INSPECTION NOTIFICATION SEAL

The Inspection Notification Seal must be posted so that it is conspicuous to the general public from the time it is issued until the time it is replaced with another seal. The seal must be posted in one of the following places:

- On the front door or in the front window of the establishment;
- In a display case mounted on the outside front wall;
- If no windows or display box exists or if the windows are heavily tinted, placed inside the facility, in a visible location to the public; or
- At another location approved by the EHS.

### KEEPING THE INSPECTION NOTIFICATION SEAL SAFE

The food facility owner is responsible for keeping the seal in the approved location. If the owner finds the seal is missing or altered, it is his/her responsibility to immediately call Environmental Health at (714) 433- 6000 and request a new seal. An EHS will be dispatched to replace the seal.





## VIOLATION MARKING INSTRUCTIONS

The Retail Food Inspection Report is the official document that is used by the EHS during an inspection. The goal of the report is to clearly, concisely, and fairly present the compliance status at the time of inspection. The inspection report is divided into three sections:

### 1. CRITICAL RISK FACTORS

Critical risk factors are those violations that have been identified by the Centers for Disease Control and Prevention as contributing factors in foodborne illness outbreaks. The California Retail Food Code Section 113725 (a)(2) requires that each violation be identified as a MAJOR or MINOR violation.

MAJOR violations are considered violations that may pose an imminent health hazard and warrant immediate correction or may require closure of the food facility. These include, but are not limited to:

- Improper handwashing
- Contaminated food
- Improper sanitizing procedures
- Improper food holding temperatures
- Food from unapproved sources.

The following violations may also be considered as MAJOR violations: adulterated food, prohibited food offered to highly susceptible populations, no water, lack of hot water, sewage, and/or vermin.

For each inspection item in this section of the report, indicate the applicable compliance status on the inspection form:

- ✓ **"IN"** indicates that the item is in compliance.
- ✓ **"MAJ"** indicates that the item is not in compliance with a critical risk factor and may pose an imminent health hazard if not corrected.
- ✓ **"MIN"** indicates that the item is not in compliance with a critical risk factor that does not pose an imminent health hazard if not corrected.
- ✓ **"N.A."** indicates that the item is not applicable to the facility.
- ✓ **"N.O."** indicates that the item was not observed during the inspection.
- ✓ **"COS"** is marked to indicate the violation has been corrected and verified before completing the inspection. The corrective action is to be documented on the inspection report.

If N.A. or N.O. is not listed as an option for a particular item, this means that this item must be evaluated during the inspection and a compliance status must be determined.





## 2. GOOD RETAIL PRACTICES

Good Retail Practices (GRPs) are intended to control basic operational and sanitation conditions within a food facility. These are the foundation of a successful food safety management system. GRPs found to be out-of-compliance may give rise to conditions that may lead to foodborne illness. Just as monitoring is required by the food facility to ensure that critical risk factors are controlled and interventions are in place, monitoring of basic sanitation conditions in the food facility allows the operator an excellent opportunity to detect weaknesses and initiate actions for improvement. Basic operational and sanitation programs must be in place to:

- ✓ Protect food products from contamination by biological, chemical, and physical hazards
- ✓ Control bacterial growth that can result from temperature abuse during storage
- ✓ Maintain equipment, especially equipment used to maintain product temperature

These items are to be marked only when they are “**OUT**” of compliance.

While all GRPs need to be corrected due to their foundational nature to basic sanitation, certain GRP violations warrant a follow-up inspection prior to the next routine inspection due to potential the risk of being elevated to a critical risk factor if not corrected. A pattern of non-compliance with GRP violations may warrant further progressive enforcement actions in order to gain compliance.

## 3. COMPLIANCE AND ENFORCEMENT

This section of the report is utilized to document an action taken by the health inspector such as: VC&D of unsafe food, or other enforcement related activities.

### OBSERVATIONS AND CORRECTIVE ACTIONS

When a violation is identified, the report will provide the violation description and the applicable sections of the California Retail Food Code, unless otherwise specified. The EHS is required to document the specific description of the violation observed during the inspection, along with corrective actions.

Corrective actions have been identified for MAJOR (risk factor) violations. Guidance is provided in these critical, or traditionally difficult to interpret areas in order to establish a more consistent, science-based approach.







## VIOLATION CLASSIFICATIONS

### CRITICAL RISK FACTORS

Violations in this section of the report are marked as MAJOR violations only when they meet the criteria of “MAJOR” violation as defined in the respective data field. The EHS is required to document the specific description of the violation observed during the inspection.

### EMPLOYEE KNOWLEDGE

#### 1. Demonstration of knowledge Applicable Sections: 113947

**MINOR THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE.** This item is marked as a **MINOR** violation for the following:

- Food employees are unable to demonstrate food safety knowledge practices and principles applicable to their assigned duties.

#### NOTES:

*The EHS should assess this item by asking open-ended questions that would evaluate an employee's knowledge in performing food safety duties. It is important that this item not be marked out of compliance for an isolated incident, but rather for an overall evaluation of the food employee's ability to ensure proper performance of their assigned duties.*

#### 2. Food manager certification; food handler cards Applicable Sections: 113947.1-113947.5, 113948

**MINOR THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE.** This item is marked as a **MINOR** violation for any of the following:

- When the food facility offers unpackaged PHF and no one at the facility possesses a valid Food Safety Certificate (FSC) and one of the following occurred more than 60 days prior: the prior individual with the FSC left employment; the facility experienced a change of ownership; or the facility began operation.
- When the food facility offers unpackaged food and one or more food employees lack a valid food handler card and the employee(s) began employment more than 30 days prior, when required.

**N.A.** This item should be marked N.A. for food facilities that handle only prepackaged food.

**N.O.** This item is marked N.O. if there is no food safety certified owner or employee due to change of ownership, commencement of facility operations, or the facility no longer has a FSC and 60 days have not elapsed. The inspection report shall include a statement requiring proof of a FSC within 60 days.

#### NOTES:

*For purposes of marking this item, multiple contiguous food facilities permitted within the same site and under the same management, ownership, or control shall be deemed to be one food facility, notwithstanding the fact that the food facilities may operate under separate permits. The food safety certificate is not required for operators of wine-tasting or food facilities that handle only prepackaged foods.*





- ✓ No certified person at a food facility may serve at any other food facility, as the person is required to be certified per Section 113947.1.
- ✓ The EHS will ask the owner or manager of records of food handler cards when applicable. If a central location is not provided for the food handler cards, the EHS will randomly select one food employee during an inspection to verify if they have a valid food handler card to determine compliance with the food handler card requirement.
- ✓ A violation of any provisions in Sections 113947.1 through 113947.5 constitutes an infraction punishable by a fine of not more than \$100 for each day of operation in violation.
- ✓ Food employees that prepare, handle, or serve nonprepackaged food are required to have a food handler card. Certain food facilities are exempt, such as grocery stores, schools, and licensed health care facilities. Check for the specific list of exemptions found in the CRFC.
- ✓ Food safety certificates and food handling cards expire as indicated in the following table:

DOCUMENT TYPE	EXPIRES
Food Safety Certificate	5 years after date of issuance
Food Handler Card	3 years after date of issuance

## EMPLOYEE HEALTH & HYGIENIC PRACTICES

### 3. Communicable disease; reporting, restrictions & exclusions

Applicable Sections: 113949.1, 113949.2, 113949.5, 113950, 113950.5, 113975

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item is marked as a MAJOR violation for any of the following:

#### REPORTING

- The PIC is aware of a food employee who has been diagnosed with an “illness” as listed in Section 113949.2(a) and has not notified Environmental Health.
- The PIC is aware of a reportable illness or aware that two or more food employees are concurrently experiencing symptoms associated with an acute gastrointestinal illness and has not reported to Environmental Health.
- A food employee fails to report to the PIC if he/she is diagnosed with a reportable illness.

#### RESTRICTIONS & EXCLUSIONS

- The PIC has not excluded a food employee as required by Section 113949.1.
- The PIC has been made aware of a food employee who is suffering from an acute gastrointestinal illness and has not restricted the food employee.

#### REMOVAL OF RESTRICTIONS & EXCLUSIONS

- The PIC removes a restriction of a food employee before resolution of symptoms of acute gastrointestinal illness.
- The PIC removes exclusion prior to receiving clearance from the Health Officer or EHS.

#### LESIONS & WOUNDS

- A food employee is observed with a cut, sore, or rash in contact with food and food-contact surfaces and not wearing gloves.





**CORRECTIVE ACTION:**

If a food employee is found working when diagnosed with an illness, the food employee shall be excluded from the food facility until the Health Officer or the EHS removes the exclusion.

If a food employee is found working with symptoms of an acute gastrointestinal illness, the food employee shall be restricted from working with exposed food; clean equipment, utensils and linens; and unwrapped single-service and single-use articles.

If a food employee is found working with an exposed lesion or wound or has cuts, sores, or rashes, the food employee shall be required to wear an impermeable cover such as a finger cot or stall that protects the lesion and a single-use glove over the impermeable cover.

**ADDITIONAL VIOLATIONS:**

- Contamination of food by a food employee that is diagnosed with a reportable illness or observed working with food with a cut, sore, or rash that is not protected should also be marked as data field #14 (Food in good condition, safe and unadulterated).
- Contamination of food-contact surfaces by a food employee that is diagnosed with a reportable illness or observed working with a cut, sore, or rash that is not protected should also be marked as data field #15 (Food-contact surfaces: cleaned and sanitized).

**NOTES:**

- ✓ *For purposes of these sections, "illness" means a condition caused by any of the following infectious agents: (1) Salmonella typhi (2) Salmonella spp. (3) Shigella spp. (4) Entamoeba histolytica (5) Enterohemorrhagic or shiga toxin producing Escherichia coli (6) Hepatitis A virus (7) Norovirus (8) Other communicable diseases listed in the California Code of Regulations that are transmissible through food.*
- ✓ *A food employee is required to report to the PIC when he/she has been diagnosed with an "illness" or has an open lesion on the hands, wrists or exposed portion of the arms.*
- ✓ *Violations related to artificial nails, nail polish, rings, or uncleanable orthopedic support devices should be marked in data field #6 (Hands clean and properly washed; gloves used properly).*

**4. No discharge from eyes, nose, and mouth**

**Applicable Section: 113974**

**MINOR THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE.** This item is marked as a MINOR violation for any of the following:

- A food employee is experiencing persistent sneezing, coughing or runny nose that is associated with discharges from the eyes, nose or mouth that cannot be controlled by medication and the employee is working with exposed food, clean equipment, clean utensils, or clean linens.

**N.O.** This item may be marked N.O. for food facilities only in the rare case when there are no food employees present at the time of inspection.

**CORRECTIVE ACTION:**

If a food employee is found working with discharges from the eyes, nose, or mouth, they shall be restricted from working with exposed food or clean equipment, utensils, and linens until the symptoms have been resolved.





**ADDITIONAL VIOLATIONS:**

- Contamination of food by a food employee that is experiencing persistent sneezing, coughing, or runny nose should also be marked as data field #14 (Food in good condition, safe and unadulterated).
- Contamination of food-contact surfaces by food employee that is experiencing persistent sneezing, coughing, or runny nose should also be marked as data field #15 (Food-contact surfaces: cleaned and sanitized).

**5. Proper eating, tasting, drinking or tobacco use**

**Applicable Section: 113977**

**MINOR** **THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE.** This item is marked as a **MINOR** violation when a food employee is observed eating, drinking or using tobacco in non-designated areas where contamination can result.

**N.O.** This item may be marked N.O. for retail operations only in the rare case when there are no food employees present at the time of inspection.

**NOTES:**

- ✓ *A food employee may drink from a closed beverage container if the container is handled to prevent contamination of the employee's hands, the container, unpackaged food, and food-contact surfaces.*
- ✓ *Data field #14 (Food in good condition, safe and unadulterated) should be marked when a food employee is observed using a utensil to taste food more than once without being washed, rinsed and sanitized between uses.*
- ✓ *Evidence of drinking or eating by a food employee would be marked in data field #44 (Premises; personal/cleaning items; vermin-proofing), if the food employee is not actually observed eating, drinking or using tobacco.*

**PREVENTING CONTAMINATION BY HANDS**

**6. Hands clean and properly washed; gloves used properly**

**Applicable Sections: 113952, 113953.3, 113953.4, 113961, 113968, 113973 (b-f)**

**MAJOR** **THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE.** This item is marked as a **MAJOR VIOLATION** for any of the following:

- Food employees handling open food are unable to wash their hands due to the lack of soap or paper towels and handwashing supplies are not available in the facility at all.
- Hands and exposed portions of arms are not clean and food or food-contact surfaces are being handled.
- A food employee uses hand sanitizer instead of washing their hands, when handwashing would normally be required.
- A food employee does not wash their hands after sneezing, coughing, eating, drinking, or using tobacco products and either puts on gloves for working with food or resumes preparing food.
- A food employee fails to change gloves when handwashing would normally be required.
- When gloves are not used correctly or used for more than one task.
- A food employee is observed washing hands while wearing single-use gloves or donning previously worn single-use gloves.





## Attachment D

### APPENDIX 12

- Hands are not thoroughly washed when necessary as specified in Section 113953.3.

**MINOR THIS ITEM SHOULD BE MARKED AS A MINOR VIOLATION FOR ANY OF THE FOLLOWING:**

- A food employee is not minimizing bare hand contact with exposed ready-to-eat food by using utensils, tongs, forks, or gloves.
- Food employee observed washing hands for less than 10 seconds.
- Food employee washing hands in an unapproved sink (i.e. food preparation/janitorial sink).
- Food employees observed handling food with fingernails that are not trimmed, cleanable and smooth.
- Food employees with artificial nails, nail polish, rings (other than a plain ring, such as a wedding band), or uncleanable orthopedic support devices are observed preparing unpackaged food or clean utensils without use of gloves.
- Employee loads dirty dishes into dishwasher and then stacks clean dishes without first washing hands.
- Food has been served to the consumer and a food employee is observed wrapping or packaging left over food for the consumer by using bare hands or unclean utensils.
- Food employee is washing hands with cold water when warm water is available.

**N.O.** This item may be marked N.O. for retail operations only in the rare case when there are no food employees present at the time of inspection.

**NOTES:**

- ✓ *Lack of warm water or water at non-adjustable faucet is less than 100°F or greater than 108°F at handsink should be marked under data field #22 (Hot and cold water available).*
- ✓ *If hands or fingers are unclean as a result of unmaintained fingernails, use of rings, etc., then a "MAJOR" violation should be marked.*
- ✓ *Violations pertaining to cuts, sores, and rashes should be marked in data field #3 (Communicable disease: reporting, restrictions & exclusions).*
- ✓ *Hands are not required to be washed when changing gloves if the employee is performing the same task. For example: an employee changes gloves while continuing to make sandwiches. However, if changing gloves presents an opportunity for cross-contamination, proper handwashing procedures must be exercised.*
- ✓ *Food employees in a prepackaged food facility that are unable to wash their hands due to the lack of soap or paper towels shall be marked out of compliance in data field #7 (Adequate handwashing facilities, supplied & accessible).*

**CORRECTIVE ACTION:**

The food employee shall wash their hands and portion of arms as required and use appropriate utensils.





## 7. Adequate handwashing facilities supplied & accessible

Applicable Sections: 113953, 113953.1, 113953.2, 114067

**MINOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item is marked as a **MINOR VIOLATION** for any of the following:

- Empty or missing soap or towel dispenser in the food preparation area or in the toilet room.
- Lack of handwashing supplies on the premises of a prepackaged food facility.
- Use of bar soap or cloth towels.
- Obstructed, inaccessible, improper use of, or unclean handwashing sink.
- Non-functional soap or towel dispenser and/or hand drying device.
- Lack of handwashing sinks that are sufficient in number and conveniently located in a food preparation area or warewashing area if the facility was constructed after January 1, 1996.
- Handwashing sink is not separated from a warewashing sink by a metal splashguard at least 6-inch in height or at least a 24-inch separation in distance.

### ADDITIONAL VIOLATIONS:

- If a handwashing sink has been removed after approval to operate, the EHS should also mark data field #48 (Plan Review) and require the food facility to replace the handwashing sink and contact Plan Check at (714) 433-6000.

### NOTES:

- ✓ *Handwashing facilities must be available to make handwashing not only possible, but likely. The EHS should ensure that food employees have the necessary supplies available for handwashing.*
- ✓ *A warewashing sink shall not be used for handwashing except in food facilities that were constructed prior to January 1, 1996, and where there are no facilities exclusively for handwashing in food preparation areas.*
- ✓ *Violations pertaining to water and water temperatures would be marked as data field #22 (Hot and cold water available).*

## TIME AND TEMPERATURE RELATIONSHIPS

### 8. Proper hot and cold holding temperatures

Applicable Sections: 113996, 113998, 114037, 114343(a), 114004

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item should be marked as a **MAJOR VIOLATION** for any of the following:

- Multiple PHF (i.e. two or more food items in separate containers or compartments) held at temperatures of 50°F to 130°F as a result of an improper process, practice or equipment failure.
- Pooled eggs held at temperatures of 50°F to 130°F without any other intervention.

**MINOR** This item should be marked as a **MINOR** violation when PHF is found at unapproved holding temperatures:

- PHF is held at or between 131°F - 134°F or between 42°F - 49°F.
- One PHF item is found in the temperature danger zone (42°F - 134°F).

**N.A.** This item may be marked N.A. when the food facility does not hold hot or cold food.





**N.O.** This item may be marked N.O. when the food facility does hold hot or cold foods but no foods are being held hot or cold during the time of inspection.

**EXCEPTIONS:**

- ✓ During preparation (up to two hours), cooking, cooling, and/or transportation for a period of less than 30 minutes, or when time as a public health control is utilized.
- ✓ Roasts cooked to a temperature and for a time specified in Section 114004(b) that is held at a temperature of 130°F.
- ✓ Foods approved for holding up to 45°F include the following: raw shell eggs; unshucked live molluscan shellfish; pasteurized milk and pasteurized milk products in original sealed containers; PHF held for dispensing in serving lines and salads bars during periods not to exceed 12 hours in any 24-hour period; PHF held in vending machines.
- ✓ PHF received at 45°F, if the food is cooled to 41°F within 4 hours.
- ✓ Exemptions include whole Chinese-style roast duck (Section 114425), Korean rice cakes (Section 114429), Asian rice-based noodles (114429.5), and Vietnamese rice cakes (114429.3).

**CORRECTIVE ACTION:**

If a major violation is found and it is determined that food should be VC&D or impounded, document the required action on the inspection report.

In order to properly evaluate the degree of time and temperature abuse of food and the proper disposition of the affected food, several factors must be considered. Answers to the following questions, in combination with observations made during the inspection, should provide enough information to make the appropriate recommendation for on-site correction:

- What is the current temperature of the food when taken with a probe thermometer?
- How long has the food been out of temperature control?
- Does the food facility have any written procedures in place for using time only as a public health control and, if so, are they being followed properly?
- What are the ingredients in the food and how was it made?
- Given what is known about the food, the food's temperature, the handling of the food, and the alleged time out of temperature, is it reasonably likely that the food already contains hazards that cannot be destroyed by reheating?

Even if food can be made safe by cooking or reheating, steps should be taken by the PIC to ensure compliance in the future. Examples include repairing malfunctioning or inoperative equipment or implementing a risk control plan to modify preparation procedures or to institute a procedure for monitoring holding temperatures of food.





## Attachment D

### APPENDIX 12

Time in TDZ*	Internal Food Temps – Recommended Corrective Action ( <a href="http://www.cdph.ca.gov/pubsforms/Documents/fdbRFgde02.pdf">http://www.cdph.ca.gov/pubsforms/Documents/fdbRFgde02.pdf</a> )			
Hours	42-49°F	50-70°F	71-130°F	131-134°F
1-2	Immediately cool food to 41°F or below within 2 hours	Immediately cool food to 41°F or below within 2 hours	Recommend reheating product to 165°F or cool foods to 70°F within 2 hours	Recommend reheating product to 165°F or cool foods to 70°F within 2 hours
3-4	Immediately cool food to 41°F or below within 1 hour	Immediately cool food to 41°F or below within 1 hour	Recommend reheating product to 165°F	Recommend reheating product to 165°F
4+	Voluntarily Discard or Impound (See exceptions for food held at 45°F)			

\*Temperature danger zone=42°F-134°F (Refer to Page 16 for Exceptions)

If the root cause of the violation is due to equipment maintenance, the equipment is not to be used until it is capable of holding food at the required temperatures, data field #36 (Equipment/Utensils) shall also be marked.

#### NOTES:

- ✓ *Hot and cold holding temperatures of PHFs should be thoroughly checked with a thermocouple during each inspection. This includes the temperature of PHF during transport, e.g., hot holding carts being used to transport food to buffet tables, satellite kitchens, or off-site catering events. As a rule, every effort should be made to assess every hot and cold holding unit in the food facility during each inspection.*
- ✓ *Infrared thermometers are a survey tool and must not be used to measure internal temperatures of foods for compliance.*
- ✓ *Temperatures measured between packages of food, such as cartons of milk or packages of meat, may be limited in accuracy and deviations may indicate the need for further examination. However, the temperature of a PHF itself, rather than the temperature between packages, is necessary if marking as a violation.*
- ✓ *In large holding units and on steam tables, it is necessary to measure temperatures of foods in various locations to ensure that the equipment is working properly. If deviations are noted in the product temperatures, it is important to take extra steps to find out reasons for the deviation. If the deviation is a result of equipment failure or a breakdown in a process such as cooling or reheating. There could be other reasons such as foods were moved or just put into holding units.*

#### 9. Time as a public health control; procedures & records

Applicable Section: 114000

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item should be marked as a **MAJOR** violation for any of the following:

- Time marked on food has been exceeded.







- Time as a public health control (TPHC) is used for food but the food has not been marked or otherwise identified and the food has been out of temperature control for more than 4 hours.

**MINOR** This item should be marked as a MINOR violation for any of the following:

- TPHC is being used but food has not been marked or otherwise identified and the food has been determined out of temperature control for 4 hours or less. (previously observed using TPHC correctly, but failed to properly document the time). Should not be a repeated occurrence or TPHC will not apply.
- TPHC is being used with food marked or otherwise identified, but procedures are not readily available. (Previously observed using TPHC correctly, but is there is lack of access to the procedures). Should not be a repeated occurrence or TPHC will not apply.

**N.A.** This item may be marked N.A. when the food facility does not use TPHC.

**N.O.** This item may be marked N.O. when the food facility uses TPHC, but is not using this practice at the time of inspection.

**EXCEPTIONS:**

- TPHC cannot be used for raw eggs in licensed health care facilities or in public or private school cafeterias.

**CORRECTIVE ACTION:**

If food is found in the temperature danger zone due to improper implementation of TPHC, it may be determined that the food shall be VC&D or impounded.

**NOTES:**

- ✓ *If the PHF is found in the temperature danger zone and written procedures are not available or never previously observed and time stamps or written time/temperature logs are not used, TPHC does not apply. Data field #8 (Proper hot and cold holding temperatures) would be marked.*

**10. Proper cooling methods**

**Applicable Sections: 114002, 114002.1**

**MAJOR THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE.** This item should be marked as a **MAJOR** violation for any of the following:

- Food found cooling has exceeded the first critical time/temperature limit (food has not dropped from 135°F to 70°F within 2 hours). [Example: pot of cooked beans found at 90°F cooling for > 2 hours using approved or unapproved method]
- Food found cooling has exceeded the second critical time/temperature limit (food has not cooled to 41°F within a total of 6 hours). [Example: roast found at 60°F cooling for > 6 hours using approved or unapproved method]
- PHF prepared from ingredients at ambient temperature is not cooled within 4 hours to 41°F.
- Deliveries of PHF not cooled to below 41°F within 4 hours if received between 41°F to 45°F.

**MINOR THIS ITEM SHOULD BE MARKED AS A MINOR VIOLATION WHEN:**





## Attachment D

### APPENDIX 12

- Food found cooling with improper method used and has not exceeded the critical time/temperature limits. Approved intervention or rapid reheating shall be initiated immediately.

**N.A.** This item may be marked N.A. when the food facility does not receive raw eggs, shellstock, or milk; prepares no PHF from ambient temperature ingredients that require cooling; and does not cool cooked PHF.

**N.O.** When the food facility does cool PHF, but proper cooling per the prescribed temperature and time parameters cannot be determined during the inspection, this item may be marked N.O. In this case, the EHS should recommend that the PIC verify that the cooling procedures meet the prescribed temperature and time parameters.

#### **CORRECTIVE ACTION:**

Food identified as a MAJOR violation should be VC&D or impounded.

#### **ADDITIONAL VIOLATION:**

- Faulty equipment that results in a cooling violation shall also be noted in data field #36 (Equipment/utensils approved; installed; clean; good repair; capacity).

#### **NOTES:**

- ✓ *Discussions with the PIC along with observations should be used to determine compliance. For instance, during discussion the PIC says that a food product was cooled overnight in the walk-in cooler. The product is checked and the temperature is 50°F. Eight hours have elapsed from closing to opening. This item should be marked OUT because the product did not cool from 135°F to 41°F or less within 6 hours.*
- ✓ *The requirement for cooling cooked PHF food is that the food must be cooled from 135°F to 41°F or less in 6 hours, provided that the food is cooled from 135°F to 70°F within the first 2 hours. For example, if a facility cools chili from 135°F to 70°F in 1.5 hours, they then have 4.5 hours to get it from 70°F to 41°F or less. There are two critical limits that must be met with cooling. If the food is not cooled from 135°F to 70°F within 2 hours, this item is marked OUT. If the food is not cooled from 70°F to 41°F or less within 6 hours minus the time it took the food to cool from 135°F to 70°F, the item is marked OUT.*
- ✓ *PHF shall be cooled within 4 hours to 41°F or less if prepared from ingredients at ambient temperature, such as canned tuna.*
- ✓ *Approved methods includes those listed in Section 114002.1.*

#### **11. Proper cooking time & temperatures**

**Applicable Sections: 114004, 114008, 114010**

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item should be marked as a **MAJOR** for any of the following:

- Cooking process did not meet the required cooking temperatures and the employee doing the cooking attempts to serve the product or has the product ready to serve.

**N.A.** This item may be marked N.A. when no raw animal foods are cooked in the food facility.

**N.O.** This item may be marked N.O. when no raw animal foods are cooked during the time of inspection.





**CORRECTIVE ACTION:**

If required cooking temperatures are not met, the EHS should require that the operator continue cooking the food until the proper temperature is reached.

**ADDITIONAL VIOLATION:**

- The lack of a suitable probe thermometer for measuring final cooking temperatures should be marked in data field #39 (Thermometers provided and accurate).
- The lack of adequate knowledge by a cook/chef of the final cooking temperatures should be marked in data field #1 (Demonstration of Knowledge).

**NOTES:**

- ✓ *The cooking temperature of foods must be taken to determine compliance or noncompliance. The EHS should enlist the help of cooperative food employees to notify the EHS of foods that have finished cooking. This allows the EHS to continue with the inspection in other areas of the operation yet continue to verify that proper cooking temperatures are being met. The temperature of raw animal foods cooked during the inspection should be taken upon completion of the cooking process. Food cooking temperatures should be verified by the EHS during each inspection. Every effort should be made to assess the cooking temperatures of a variety of products served in the food facility.*
- ✓ *The time of day inspections are conducted should be varied so that cooking can be observed.*
- ✓ *If a food is cooked below the required temperature, but the facility has a Consumer Advisory or an approved variance with a HACCP Plan for that food item, mark the item IN compliance, record the temperature and document the reason it is in compliance.*
- ✓ *Food facility operators should routinely monitor cooking temperatures. The EHS should verify that monitoring is occurring by involving the person in charge in these activities during the inspection. The presence of required thermometers and their proper use should be assessed.*
- ✓ *Partially cooking raw animal foods with the intention of fully cooking at a later date or time is not an approved method per the California Retail Food Code. A State Variance would be required.*
- ✓ *The cooking temperature / time requirements are as follows:*

Food	Internal cooking temperature
Fruits and vegetables that will be hot held	135°F for 15 seconds
Raw animal foods (i.e., pork, beef)	145°F for 15 seconds
Raw eggs – cooked to order	145°F for 15 seconds
Whole commercially raised game animals	145°F for 15 seconds
Raw eggs that are pooled or not cooked to order	155°F for 15 seconds
Comminuted fish, meat (i.e. hamburger meat) or commercially raised game	155°F for 15 seconds
Ratites and injected meats	155°F for 15 seconds
Poultry, baluts, stuffed fish/meat/pasta/poultry/ratites, stuffing containing fish, meat, poultry or ratites, or wild game animals	165°F for 15 seconds
Microwave cooking (let food stand covered for 2 minutes)	165°F for 15 seconds
Roasts (including formed roasts)	130°F for 112 minutes or as chart specified in §114004





*Exceptions:*

*A raw undercooked whole-muscle intact beef may be served or offered for sale in a ready-to-eat provided it is labeled as whole-muscle intact beef and is cooked on both the top and bottom to a surface temperature of 145°F.*

*Foods prepared for immediate service in response to an individual customer order may be served at any temperature if a consumer advisory is provided or a variance has been obtained and it is not served to a highly susceptible population or from a children's menu.*

## 12. Proper reheating procedures for hot holding

**Applicable Sections: 114014, 114016**

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item should be marked as a **MAJOR** violation if PHFs are not reheated to the required temperatures prior to hot holding.

**N.A.** This item may be marked N.A. when PHFs are not reheated for hot holding in the food facility.

**N.O.** This item may be marked N.O. when PHFs are reheated but no foods are reheated during the time of inspection.

**EXCEPTION:**

Cooked and refrigerated food that is prepared for immediate service in response to an individual consumer's order may be served at any temperature and is not required to comply with this section.

**CORRECTIVE ACTION:**

If at the conclusion of the reheating process it is discovered that the minimum reheating temperature has not been achieved, the reheating process should be continued until the food reaches the required temperature within the timeframe allowed.

If it is determined that the food has not been reheated in conformance with required procedures (see below notes) and has already been placed in a hot holding unit, the food should be VC&D or impounded.

**NOTES:**

*The reheating for hot holding temperature / time requirements are as follows:*

- ✓ *PHF is rapidly reheated within 2 hours to 165°F for 15 seconds.*
- ✓ *Food reheated in a microwave to 165°F and the food is rotated or stirred, covered, and allowed to stand covered for two minutes after reheating.*
- ✓ *Commercially processed ready-to-eat PHF is reheated within 2 hours to 135°F or above.*
- ✓ *Remaining unsliced portions of roasts are reheated for hot holding using minimum oven parameters as specified in Section 114004.*

## PROTECTION FROM CONTAMINATION

### 13. Returned and reservice of food

**Applicable Section: 114079**

**MINOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item is marked as a **MINOR** violation when food served to a consumer was previously served to another consumer, such as:

- Re-served tortilla chips, salsa, or unpackaged bread.
- Popcorn, nuts, or snack mix left on bar for communal service.





- Previously served steamed rice used in the preparation of fried rice.

**EXCEPTION:**

- ✓ A container of food that is not potentially hazardous may be transferred from one consumer to another if the food is dispensed so that it is protected from contamination and the container, such as salt and pepper shakers, a narrow-neck bottle containing ketchup, steak sauce, or wine, is closed between uses; if the food, such as crackers, is in an unopened original package and is maintained in sound condition; and/or if the food is checked periodically on a regular basis.

**CORRECTIVE ACTION:**

Food found to be reserved shall be VC&D or impounded until a decision is made by the enforcement officer.

**14. Food in good condition, safe and unadulterated**

**Applicable Sections: 113967, 113976, 113980, 113982, 113988, 113990, 114012, 114035, 114041, 114377, 114254.3**

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item should be marked as a **MAJOR** violation when actual contamination or adulteration has occurred. **MAJOR** violations include any of the following:

- A food employee contaminates food by any intentional or unintentional act.
- A foreign object is found in a food product (e.g. glass, staples, Band-Aid).
- When a food employee is observed using a utensil to taste food more than once without being properly washed, rinsed and sanitized between uses.
- Food is found to be adulterated.
- Unapproved additives are used in food such as sulfites being added to PHF or fresh fruits/vegetables for raw consumption.
- Ice that has been used for cooling the exterior surfaces of food such as melon or fish, canned beverages, or cooling coils and tubes of equipment is used as food.
- Food received is not wholesome, not in good condition, and food or food containers and pallets are infested with vermin or otherwise contaminated.
- A container that previously held poisonous or toxic material is used to store, transport, or dispense food, utensils, linen, or single-use articles.
- Condensate from refrigerator dripping onto food.
- Cans or packaged foods are swollen with evidence of gas production.
- If unpasteurized eggs or unpasteurized egg products are used in foods such as Caesar salad dressing or hollandaise sauce.

**MINOR** This item should be marked as a **MINOR** violation for any of the following:

- Any product that has the appearance of spoilage.
- Food infesting insects (e.g., beetles, moths, larvae), ants, fruit flies, gnats observed in food and/or beverages.
- Lining food-contact surfaces with newspaper.
- Food is not inspected upon receipt (as soon as practical) and prior to any use, storage or resale.





- Food is transported in an unapproved manner that violates Section 113982.

**NOTES:**

Food transportation vehicles may be inspected only when the transporter has arrived at the retail food facility, when stationary at an agricultural inspection station, or at a border crossing. Food transporter violations should be referred to the State Department for follow-up. Violations observed on vehicles found at a food facility should be marked in this data field if the facility has accepted delivery of food from the transporter.

- Storing or preparing foods with artificial trans-fat.

**EXCEPTION:**

Food sold or served in a manufacturer's original, sealed package with proper labelling. If manufactured food is observed onsite after January 1, 2020 (non-petitioned made before June 18, 2018) or after January 1, 2021 (petitioned food made before June 18, 2019), this would be a violation.

**CORRECTIVE ACTION:**

If food is found to be contaminated or adulterated it shall be VC&D or impounded until a decision is made by the enforcement officer. In addition, the EHS should ensure that management and food employees are aware of the risk of serving contaminated or adulterated food.

**ADDITIONAL VIOLATIONS:**

- Storing food in unapproved containers (such as lead glazed containers) is also marked in data field #36 (Equipment/utensil-approved; installed; clean; good repair; capacity).

**NOTES:**

- ✓ *Section 113980 is cited as this violation when actual contamination has occurred, whereas prevention from contamination observations would be cited under data fields #28-30 identified under "General Food Safety Requirements".*
- ✓ *Section 113967 would be cited for violations that are not already specifically covered in Chapter 3, Articles 5 and 6. Eating and drinking in food preparation areas are covered in Section 113977.*
- ✓ *Spoilage is a natural occurring processes that changes the characteristics (e.g. fragrance, taste, texture, and appearance) of food by natural organisms rendering the food unfit for human consumption.*
- ✓ *Pasteurized eggs or pasteurized egg products shall be substituted for raw shell eggs in foods such as Caesar salad, hollandaise or Bearnaise sauce, mayonnaise, eggnog, ice cream, and egg-fortified beverages that are not cooked to proper temperatures.*

**15. Food-contact surfaces: clean and sanitized**

Applicable Sections: 113984(d), 114097, 114099.1, 114099.4, 114099.6, 114101(b-d), 114109, 114111, 114113, 114115(a, b, d), 114117, 114125(b), 114141

**MAJOR THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE.** This item should be marked as a **MAJOR** violation for any of the following:

- Improper sanitization of food-contact surfaces during the sanitizing/warewashing process.





- Dishwashing machine in use is tested and determined to be non-functional or does not effectively sanitize (ppm of chemical/contact time/temperature).
- Contamination of food-contact surfaces that could result in food contamination.
- Failure to clean and sanitize food-contact surfaces at the required frequencies.
- Failure to sanitize food-contact surfaces between each use with a different type of raw food of animal origin, and/or each time there is a change from working with raw foods to working with ready-to-eat foods.
- Warewashing sink is missing, non-functional, or clogged and no other approved means of cleaning and sanitizing is available.

**MINOR** This item should be marked as a **MINOR** violation for any of the following:

- Equipment and utensils are not scraped of food debris or are not preflushed, presoaked, or scrubbed, if necessary.
- Equipment and utensils that are not currently in use are not clean to sight and touch.
- Washing solution is not maintained at 100°F or specified by the manufacturer on the cleaning agent label.
- Inadequate contact time with sanitizing agent.
- Sanitizer levels are found to be in excess of 200 ppm for chlorine and in excess of 400 ppm for quaternary ammonia.
- Towel drying of utensils or equipment.
- The sink compartments for soap and sanitizer solutions are not able to hold water.
- The warewashing sink is not cleaned and sanitized before and after each time it is used to wash wiping cloths, wash produce, or thaw food.
- Dry cleaning method such as brushing, scraping, and vacuuming used for other types of residue aside from dry nonPHF residues.

**N.A.** This item may be marked N.A. only when there is no requirement to clean equipment and utensils such as when only prepackaged foods are sold.

**N.O.** This item may be marked N.O. if there is no cleaning and sanitizing operations taking place at the time of inspection. However, the EHS should ask how food-contact surfaces are cleaned and sanitized to ensure they are using appropriate methods when the EHS is not there.

**CORRECTIVE ACTION:**

A food facility that prepares food shall not be operating if there is **NO METHOD TO PROPERLY CLEAN AND SANITIZE** equipment or utensils. The food facility shall **CEASE OPERATION** immediately. The food facility shall remain closed until a method to clean and sanitize equipment or utensils is provided.

A food facility shall not be operating if there is **GROSS CONTAMINATION** of food-contact surfaces that may result in the contamination of food products. The food facility shall **CEASE OPERATION** of the food facility until all food-contact surfaces have been thoroughly cleaned and sanitized.





**ADDITIONAL VIOLATIONS:**

- ✓ Violations resulting from warewashing equipment not functioning properly while in use shall also be marked in data field #35 (Warewashing facilities; installed, maintained, used; test strips).
- ✓ If the warewashing equipment is not functioning properly but currently not in use, mark only data field #35.
- ✓ If a food facility is unable to properly clean and sanitize equipment or utensils due to the lack of hot water, only data field #22 (Hot and cold water available) should be marked unless there are other attributing violations for data field #15.

**NOTES:**

*Surfaces of utensils and equipment contacting PHF may be cleaned less frequently than every four hours if any of the following occurs:*

- ✓ *In storage, containers of PHF and their contents are maintained at the appropriate temperatures as specified in Section 113996, and the containers are cleaned when they are empty.*
- ✓ *Utensils and equipment are used to prepare food in a refrigerated room or area that is maintained at or below 55°F. In that case, the utensils and equipment shall be cleaned at the frequency that corresponds to the temperature as depicted in the chart below:*

Temperature	Cleaning Frequency
< 41°F	24 hours
>41°F - 45°F	20 hours
>45°F - 50°F	16 hours
>50°F -55°F	10 hours

- ✓ *Containers in serving displays such as salad bars, delis, and cafeteria lines holding ready-to-eat PHF that are maintained at the temperatures specified in Section 113996 are intermittently combined with additional supplies of the same food that is at the required temperature, and the containers are cleaned and sanitized at least every 24 hours.*
- ✓ *Temperature measuring devices are maintained in contact with food being held at temperatures specified in Sections 113996 and 114004, such as being left in a container of deli food or in a roast.*
- ✓ *Equipment is used for storage of packaged or unpackaged food, such as a reach-in refrigerator, and the equipment is cleaned at a frequency necessary to preclude accumulation of soil residues.*
- ✓ *The cleaning schedule is approved based on consideration of characteristics of the equipment and its use, the type of food involved, the amount of food residue accumulation, and the temperature at which the food is maintained during the operation and the potential for the rapid and progressive multiplication of pathogenic or toxigenic micro-organisms that are capable of causing foodborne disease.*
- ✓ *In-use utensils are intermittently stored in a container of water in which the water is maintained at or above 135°F and the utensils and container are cleaned at least every 24 hours or at a frequency necessary to preclude accumulation of soil residues.*







- ✓ *In-use are intermittently stored in a container of water in which the water is maintained at or below 41°F and the utensils and container are cleaned at least every 4 hours or at a frequency necessary to preclude accumulation of soil residues.*
- ✓ *Cleaning of the utensil or food-contact-surfaces of equipment is not required if the food-contact surface or utensil is in contact with a succession of different raw foods of animal origin, each requiring a higher cooking temperature than the previous food, such as preparing raw fish followed by cutting raw poultry on the same cutting board. [114117(b)]*

## FOOD FROM APPROVED SOURCES

### 16. Food obtained from approved source

Applicable Sections: 113980, 114021-114031, 114041, 114365, 114376

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item is marked as a **MAJOR** violation for any the following:

- Food or ice is not from an approved food source.
- Liquid, frozen, and dry eggs and egg products are not pasteurized for susceptible populations.
- Frozen milk products, such as ice cream, are not pasteurized.  
*Exception: This doesn't apply to properly labeled prepackaged raw milk and raw milk products obtained from an approved source and dispensed and sold at a retail food facility.*
- Fish is not commercially and legally caught or harvested.
- Molluscan shellfish are not received from sources listed in the Interstate Certified Shellfish Shippers list or determined to be recreationally caught.
- Game animals are not from an approved source or are a species of wildlife on the 50 CFR Endangered and Threatened Wildlife and Plants list or are listed as an endangered or threatened animal by the California Department of Fish and Game.
- Shell eggs are broken and not clean or do not meet at least Grade B Standards.
- Food stored or prepared in a private home is offered for sale in a food facility that is not a Cottage Food Operation.
- Retail food facility packaging yogurt for off-site consumption without the required State Milk Product License.

#### EXCEPTION:

- Nonpotentially hazardous beverages and baked goods may be offered for sale, sold, or given away by a nonprofit charitable organization or an established club or organization that operates under the authorization of a school for fundraising purposes at community events.
- Foods made in a private home pursuant to Sections 114365 and 114365.2 are exempt from this requirement (Cottage Food Operation).
- Produce from a community food producer that meets the requirements in Section 114376.





**CORRECTIVE ACTION:**

When invoice copies are not available to verify the source of the food during the inspection, the food shall be VC&D or impounded until appropriate documentation is provided. In addition, the EHS should ensure that management and food employees are aware of the risk of serving or selling food from unapproved sources. Disposition of any impounded food item shall be conducted within 30 days as specified in Section 114393.

Food facilities that are operating without the required license from the California Department of Food and Agriculture are to be directed to discontinue producing that food item until a license is obtained. If during subsequent inspections the license has not been obtained, the EHS shall impound the equipment.

**NOTES:**

- ✓ *Food facilities that process and package dairy products for off-site consumption are to be referred to the California Department of Food and Agriculture.*
- ✓ *Food facilities that process gelato or soft-serve ice cream are required to obtain a license from the California Department of Food and Agriculture. The EHS shall initiate a referral to the California Department of Food and Agriculture.*  
*[https://www.cdffa.ca.gov/ahfss/Milk\\_and\\_Dairy\\_Food\\_Safety/](https://www.cdffa.ca.gov/ahfss/Milk_and_Dairy_Food_Safety/)*

**17. Compliance with shellstock tags, condition, display**

**Applicable Sections: 114039 – 114039.5**

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item is marked as a **MAJOR** violation for any of the following:

- Identity of shellstock is not maintained after removal from original container by: failing to keep records, or repackaging shellstock without shellstock tag or approved labeling.
- Improper wet storage of shellfish (includes commingling of shellfish).
- Incomplete shellfish certification tags.

**MINOR** This item should be marked as a **MINOR** violation for any of the following:

- Raw shucked shellfish are not properly labeled when removed from tagged or labeled container but still maintaining shellfish certification tags.
- Shellstock received is not discarded when they are not reasonably free of mud, dead shellfish, or broken shells.
- Shellstock tags are not attached to the container they are received in until empty
- Shellstock tags/labels are not held for 90 calendar days from the date the lot is emptied.
- Shellstock tags are not kept in chronological order.
- Shellstock has been removed from the original container unless displayed on drained ice or held in a display container with source properly identified and recorded.
- If molluscan shellfish life support system display tanks are operated in a manner that allows water used for other fish to flow into the tank or if safety of shellfish as they were received are compromised by use of the tank.

**N.A.** This item may be marked N.A. when shellstock are not sold or served in the facility.





**N.O.** This item may be marked N.O. when shellstock are not being sold at the time of inspection or the last date of sale is greater than 90 days.

**ADDITIONAL VIOLATIONS:**

- ✓ If a food facility is found operating a molluscan shellfish tank without a HACCP plan, data field #19 (Compliance with variance, specialized process & HACCP plan) should also be marked.

**NOTES:**

- ✓ *If unable to determine the source of shellfish, data field #16 (Food obtained from approved source) should be marked. If shellstock is missing proper tags or labels, the EHS is to impound the product until the food facility is able to demonstrate product is coming from an approved source.*

**18. Compliance with Gulf Oyster Regulations**

**Applicable Sections: Section 113707, Title 17 CA Code of Regulations §13675**

**MAJOR THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE.** This item is marked as a **MAJOR** violation for:

- Raw Gulf Oysters are offered for sale without evidence of approved treatment between the months of April 1 – October 31.
- Raw Gulf Oyster warning signs are not posted for untreated oysters between the months of November 1 – March 31.

**N.A.** This item may be marked N.A. when Gulf oysters are not sold or served in the food facility.

**CORRECTIVE ACTION:**

Immediately remove untreated Gulf Oysters from sale during banned months (April 1 – October 31) unless evidence is provided that the oysters have been treated by a method approved by the Department. If the oysters are not voluntarily removed by the operator, then the EHS should impound the oysters and await disposition of the product.

If signs are missing, or do not conform to size/language specifications during November 1 – March 31, the EHS should provide the approved signage.

**ADDITIONAL CRITICAL RISK FACTORS**

**19. Compliance with variance, specialized process, & HACCP Plan**

**Applicable Sections: 114057, 114057.1, 114417-114417.2, 114419**

**MAJOR THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE.** This item is marked as a **MAJOR** violation for any the following:

- Food facility is utilizing any of the following practices without a written HACCP plan:
  - Smoking food as a method of preservation
  - Curing food
  - Using food additives as a method of preservation or as a means to change the food to a nonPHF
  - Operating a molluscan shellfish life support tank for shellfish intended for human consumption
  - Custom processing animals as food for personal use
  - Preparing food by another method that requires a HACCP plan as determined by the enforcement officer.





- The food facility is not adhering to their HACCP Plan as required in Section 114419.
- Food facility is packaging PHF products using a reduced-oxygen packaging (ROP) method and has not obtained HACCP Plan approval from the State Department.

Exception: A food facility is not required to have a HACCP plan if the food facility uses a ROP method to package PHF that always complies with the following standards with respect to packaging the PHF:

- (1) The food is labeled with the production time and date; (2) The food is held at 41 degrees Fahrenheit or lower during refrigerated storage; and (3) The food is removed from its package in the food facility within 48 hours after packaging.
  - (2) Failure to comply with labeling or the 48 hour limitation would make this a HACCP Plan requirement.
  - (3) If the temperature is above 41 degrees Fahrenheit, but the labeling and 48 hour limitation is correct, this would be cold-holding violation under #8.
- Food facility is modifying food using acidification or water activity as a means to prevent the growth of Clostridium botulinum and has not obtained HACCP Plan approval from the State Department.
  - Food facility is utilizing a practice that requires a HACCP Plan approved by the State Department or is not following the State Department approved HACCP Plan procedures.
  - Food facility has obtained a Variance from the State Department to allow for deviation from specific code requirements and is not following the approved variance conditions or procedures.
  - PHF in reduced oxygen package exceeds the “use by” date, unless frozen prior to the “use by” date.
  - Chinese-style roast duck is not prepared as required or has exceeded 4 hour time period after the duck is prepared.
  - Korean rice cake or Vietnamese rice cake found at room temperature has exceeded the 24 hour time period or the rice cake is delivered or purchased and is missing the required label information.
  - Asian rice noodles found at room temperature have exceeded the 4 hour time period or the noodles are delivered or purchased and is missing the required label information.

**MINOR** This item should be marked as a **MINOR** for any the following:

- A satellite food facility is operating without EHS-approved written standard operating procedures.
- Korean or Vietnamese rice cake found at room temperature and made onsite is missing the required label information and determined to be made the same day or less than 24 hours.
- Asian rice noodles found at room temperature and made onsite is missing the required label information and determined to be less than 4 hours.





**N.A.** This item may be marked N.A. if the facility is not required to have a HACCP Plan or variance.

**CORRECTIVE ACTION:**

*STATE APPROVED HACCP PLAN OR VARIANCE:*

If a food facility is packaging food using ROP that requires a State Department approved HACCP Plan or is not following the approved HACCP Plan procedures, there is a potential risk of the growth of **CLOSTRIDIUM BOTULINUM** if the food is temperature abused. Similarly, the use of pH and water activity to prevent the growth of **CLOSTRIDIUM BOTULINUM** in PHFs must be strictly controlled utilizing the procedures in a State Department approved HACCP Plan to ensure the food is safe. If it is determined during an inspection that a State Department approved HACCP Plan is required or that the State Department approved HACCP plan is not being followed, the affected food products should be impounded and the State Department should be notified in writing as soon as possible.

The State Department is authorized to issue variances from specific code requirements as described in Section 113936. If a variance is issued, a copy of the variance letter must be kept at the food facility and provided to the enforcement officer upon request. If it is determined during an inspection that the alternate procedures detailed in the variance letter are not being followed, the enforcement officer should impound the affected food products and notify the State Department in writing as soon as possible.

*HACCP PLAN REQUIRED:*

HACCP Plans that are required, but do not require State Department prior approval, must still be developed and followed to ensure a safe food product. If, during an inspection, it is determined that a HACCP Plan is required but is either not available or not being followed, the EHS should conduct a risk assessment to determine the disposition of the affected food products.

The EHS may require the food facility to submit their HACCP plan for review to determine compliance with Section 114419.1 – 114419.3.

*KOREAN OR VIETNAMESE RICE CAKES:*

Korean or Vietnamese rice cakes that have been manufactured and held at room temperature must bare a label as to the date the product was made. The product must not exceed 24 hours from when it was manufactured. At the end of the operating day, the product shall be discarded. If the label is missing and the product was purchased or delivered that way, the product shall be discarded. If the product is made onsite and it can be determined that 24 hours has not lapsed or the product was made that day, a label can be affixed.

*ASIAN RICE NOODLES:*

Asian rice noodles that have been manufactured and held at room temperature must bare a label of the date and time the product was made. The product must also be consumed or cooked within 4 hours from the date and time on the label. If the product is found at room temperature beyond the 4 hours, the product shall be discarded. If the label is missing and the product was purchased or delivered that way, the product shall be discarded. If the product is made onsite and it can be determined that the 4 hours has not lapsed, a label can be affixed.

**20. Consumer advisory provided for raw or undercooked foods**

**Applicable Sections: 114093**

**MINOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item is marked as **MINOR** for any the following:





- If the food facility serves raw or undercooked food and fails to inform consumers of the significantly increased risk of consuming those foods by way of a disclosure and reminder using brochures, deli case or menu advisories, label statements, table tents, placards, or other effective written means.

**N.A.** This item may be marked N.A. when the food facility does not serve raw or undercooked animal foods.

**EXCEPTION:**

A food facility that serves food in compliance with Section 114004 is exempt.

**NOTES:**

- ✓ *The facility shall inform consumers of the increased risk of consuming those foods with a disclosure and reminder on the menu, menu board, a brochure, on the deli case menu, a label statement, table tent, placards, or other effective written means.*

**DISCLOSURE STATEMENT:**

*The disclosure statement is a written statement that clearly includes either a description of the animal-derived foods, such as "oysters on the half shell (raw oysters)," "raw-egg Caesar salad," and "hamburgers (can be cooked to order)" or by identifying the food marked by an asterisk to a footnote that states that the items are served raw or undercooked, or contain or may contain raw or undercooked ingredients. The disclosure statement must inform the consumer that the food will not receive adequate heat treatment and that consuming creates a risk because the food may contain bacteria or other disease causing organisms that have been known to cause foodborne disease. The notification of the risk must be achieved by using a meaningful message in a manner that is likely to affect behavior and must be communicated so the consumer can consider the risks based on their health status and the food being consumed.*

**REMINDER STATEMENT:**

*The reminder is denoted by an asterisk next to a raw or under cooked animal-derived menu item, to a footnote that includes either of the following disclosure statements:*

- (1) *Written information regarding the safety of these food items is available upon request; or*
  - (2) *Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.*
- ✓ *Licensed health care facilities and public or private school cafeterias are prohibited from serving or offering ready-to-eat food as specified in Section 114091.*
  - ✓ *For violations pertaining to Gulf oysters, see data field #18 (Compliance with Gulf Oyster Regulation).*
  - ✓ *A consumer advisory is required if a food facility serves raw, unpasteurized milk to consumers.*

**21. Licensed health care facilities/public & private schools: prohibited foods not offered**  
**Applicable Section: 114091**

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item is marked as a **MAJOR** violation for any the following:





- Unpasteurized juice, fluid milk, or dry milk is served.
  - Unpasteurized shell eggs are used unless raw eggs are used for one consumer's serving at a single meal and cooked as required by code or combined as an ingredient before baking and thoroughly cooked to a ready-to-eat form, or the facility is operating pursuant to a HACCP Plan.
  - Food in an opened original package is re-served.
  - Ready-to-eat foods that contain raw food of an animal origin or partially cooked foods are served.
  - Raw seed sprouts are served.
  - Fish is served raw or undercooked, such as sushi or seared ahi tuna.
- N.A.** This item may be marked N.A. for food facilities other than licensed health care facilities, public schools or private schools.

**EXCEPTION:**

- A food facility that serves food in compliance with Sections 114004 is exempt.

**CORRECTIVE ACTION:**

The EHS shall notify the food facility to immediately discontinue serving prohibited foods to the highly susceptible population.

**NOTES:**

*For highly susceptible populations, discussions with the PIC and employees regarding whether or not certain foods are served or certain practices occur in the licensed health care facility and public or private school should be used along with observations to determine compliance.*

**22. Hot and cold water available**

**Applicable Sections: 113941, 113953c, 114099.2b, 114163, 114189, 114192, 114192.1, 114195**

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item is marked as a **MAJOR** violation for any the following:

- The water supply is from a water system that is not approved by the Health Officer or the enforcement agency.
- Contaminated water supply.
- No potable water is available to the facility.
- Inadequate water temperature for proper manual or mechanical warewashing and/or sanitizing.

**MINOR** This item should be marked as a **MINOR** for any the following:

- Temperature of water at handsink is below 100°F or is not adjustable and exceeds 108°F.
- Lack of pressurized hot and cold water.
- Hot water is not available (measured below 120°F) at a utensil washing, food preparation or janitorial sink, but the food facility is able to properly clean and sanitize.

**CORRECTIVE ACTION:**

**LACK OF HOT WATER**

It is important to note that if a food facility is found operating without hot water, less than 100°F, the EHS should evaluate the risks associated with the lack of hot water and the warewashing sink requirements (as specified in Sections 114115 and 114117) when determining whether:





- the food facility could remain open for a short time until hot water can be restored (by end of inspection);
- the impacted area should be closed (which may result in a modified closure);
- a suitable alternative could be implemented as a temporary measure; or
- the food facility's permit should be suspended until the hot water is restored.

If only prepackaged food is handled, or the lack of hot water does not impact the food facility's ability to properly clean and sanitize, the food facility may be allowed to continue operation for a short timeframe in order to repair or install a new water heater. Failure to correct by the reinspection may result in a Permit Suspension.

#### **No Water or Contaminated Water Supply**

If there is no water, or the water supply is contaminated, a food facility shall immediately cease preparation of foods. In each of these cases, the food facility shall close or discontinue food preparation (and only sell prepackaged food items) provided potable water (or bottled water) is utilized for handwashing in the toilet rooms.

Food items, including ice, prepared using nonpotable water shall be VC&D and ice machines and beverage dispensers shall be cleaned and sanitized prior to reuse (once potable water becomes available). Misting systems used for food display shall be turned off and any food contaminated by the contaminated water shall be subject to VC&D.

#### **NOTES:**

- ✓ *Hot water is not required for food facilities that have been approved with less than 300 square feet of nonPHF hazardous prepackaged food for display and sale.*

### **23. Sewage and wastewater properly disposed**

**Applicable Section: 114197**

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item is marked as a **MAJOR** violation for any the following:

- Overflows or back-ups of floor sinks/drains of sewage/wastewater onto floors in the food facility that can result in contamination of food-contact surfaces and adulteration of foods
- Overflowing or clogged grease trap/interceptor.
- Open sewer line discharging to the outside of the facility.
- Lack of operable toilet facilities.

**MINOR** This item is marked as a **MINOR** violation for any of the following:

- Floor sinks are clogged with standing water but sewage is not backing up.
- Liquid waste (not sewage) is not disposed of through the approved plumbing system, or it does not discharge into the public sewer system or an approved private disposal system.
- Mop bucket is emptied outside back door of facility.

#### **CORRECTIVE ACTION:**

A food facility shall not operate if there is sewage overflowing or backing up in the food facility. The food facility shall cease operation in the impacted areas of the food facility immediately until the sewage disposal problem has been repaired. The food facility, or impacted areas, shall remain closed until all plumbing problems have been corrected and all contaminated surfaces cleaned and sanitized. Any contaminated food product shall be VC&D.







In the event the overflow from the facility is occurring outside, the source of the discharge must immediately cease. If a septic tank and/or grease interceptor is used and is the source of the problem, it shall be pumped as often as necessary until the sewage system can be restored to a fully functional condition.

A food facility shall not operate if there are no operable toilets available for food employees. The EHS shall suspend the permit to operate until toilets are operable or a suitable alternative is approved.

**NOTES:**

- ✓ *Violations related to plumbing fixtures shall be marked under data field #41 (Plumbing; proper backflow devices).*

**24. No rodents, insects, birds, or animals**

**Applicable Sections: 114259, 114259.1, 114259.4, 114259.5**

**MAJOR** THIS ITEM SHOULD BE MARKED IN OR OUT OF COMPLIANCE. This item is marked as a MAJOR violation when the interior premises of the food facility is not free of the presence of cockroaches, mice, rats, flies and similar vermin that are disease carrying that has or would likely result in contamination of food-contact surfaces, food packaging, utensils or equipment, or adulteration of food.

**MINOR** This item is marked as a **MINOR** violation for any the following:

- Food employees care for or handle animals that may be present, such as patrol dogs, service animals, or pets, in areas that are used for food preparation, storage, or display.
- Live animals are allowed in a food facility in violation of the provisions that allow their presence as specified in Section 114259.5(b), (c), and (d).  
*Note: Food employees may handle or care for fish in aquaria or for molluscan shellfish or crustacean in display tanks if they wash their hands as required.*
- Food infesting insects (such as, Indian meal moths, beetles), fruit flies, ants, spiders, and birds observed in the food facility.
- Evidence of vermin is observed in non-critical areas and no contamination of food, food-contact surfaces, or food utensils is likely.
- There is evidence of a past infestation, and no evidence of a current infestation can be observed (e.g. rodent droppings are located in an area that is not cleaned very frequently).

**EXCEPTION:**

- If the owner of a food facility allows pet dogs in outdoor dining areas, it is not a violation if:
  - (1) A separate outdoor entrance is present where pet dogs enter without going through the food establishment to reach the outdoor dining area and pet dogs are not allowed on chairs, benches, seats, or other fixtures.
  - (2) The outdoor dining area is not used for food or drink preparation or the storage of utensils. A food employee may refill a beverage glass in the outdoor dining area from a pitcher or other container.
  - (3) Food and water is only provided in single-use disposable containers.





- (4) Food employees are prohibited from having direct contact with pet dogs while on duty. If a food employee does come into direct contact, he/she shall wash his or her hands.
- (5) The outdoor dining area is maintained clean. Surfaces that have been contaminated by dog excrement or other bodily fluids shall be cleaned and sanitized.
- (6) The pet dog is on a leash or confined in a pet carrier and is under the control of the pet dog owner.
- (7) The food facility owner ensures compliance with local ordinances related to sidewalks, public nuisance, and sanitation.

**CORRECTIVE ACTION:**

A food facility shall not operate when there is a vermin infestation that has resulted in the contamination of food-contact surfaces, food packaging, utensils, food equipment, or adulteration of food(s). If there is a vermin infestation that warrants a major violation, then the EHS should suspend the permit to operate. The permit can be reinstated when the infestation has been eliminated, all evidence of the infestation has been removed, all food-contact surfaces have been cleaned and sanitized, contributing factors have been resolved, and adulterated food product and packaging has been VC&D. Only approved pest control methods should be used as frequently as needed to prevent the infestation from recurring.

A follow-up inspection shall be scheduled to ensure the treatment, elimination, and exclusion measures remain effective as follows: one week after the re-opening date for rodent closures and three weeks after the re-opening date for cockroach closures.

**ADDITIONAL VIOLATIONS:**

- ✓ If food is adulterated by insects, vermin, or animals, then data field #14 (Food in good condition, safe and unadulterated) should also be marked.
- ✓ If food-contact surfaces are contaminated by insects, vermin, or animals, then data field #15 (Food-contact surfaces: cleaned and sanitized) should also be marked.
- ✓ If the food facility is not constructed or maintained to prevent the entrance of vermin, then data field #44 (Premises; personal/cleaning items; vermin-proofing) should also be marked.

## GOOD RETAIL PRACTICES

These items are to be marked only when they are “OUT” of compliance. Compliance status should be determined as a result of observations that establish a pattern of noncompliance. The EHS is required to document the specific description of the violation observed during the inspection.

### SUPERVISION

#### 25. Person in charge present and performs duties

**Applicable Sections: 113945, 113945.1, 113984.1, 114075**

This item is marked OUT of compliance for any of the following:

- A Person in Charge (PIC) is not present during operating hours.
- PIC lacks knowledge of Major Food Allergens or does not educate employees on Major Food Allergens.





- Customer allowed access though the food preparation area or warewashing area where there is not at least 3 feet of clearly delineated space or rail at least 3 feet high.

**NOTE:**

- ✓ *The PIC does not have to be the certified food protection manager.*
- ✓ *The PIC does not need to be able to quote or pull allergen knowledge from memory. The PIC may use job aids (posters, cue cards, etc.) to demonstrate compliance.*
- ✓ *The major food allergens include: milk, eggs, fish, crustacean shellfish, tree nuts, wheat, peanuts, soybeans, or a food ingredient that contains protein derived from a food listed.*
- ✓ *A highly refined oil (ex. Peanut oil) derived from a food specified in the major food allergens above and any ingredient derived from that highly refined oil is not included in the definition of major food allergen as the refining process removes the allergen particles.*

**26. Personal cleanliness and hair restraints****Applicable Sections: 113969, 113971**

This item is marked **OUT** of compliance for any of the following:

- Food employees preparing, serving or handling food or utensil are not wearing hair restraints, such as hats, hair coverings or nets that are designed and worn to effectively keep their hair from contacting unpackaged food, clean equipment, utensils, linens and unwrapped single-use articles.
- Food employee observed working with soiled outer garments.

**EXCEPTION:**

- ✓ Hair restraints are not required for employees who present minimal risk of contaminating food, such as counter staff who only serve beverages or wrapped foods.

**GENERAL FOOD SAFETY REQUIREMENTS****27. Approved thawing methods used, frozen food****Applicable Sections: 114018, 114020**

This item is marked **OUT** of compliance for any of the following:

- Frozen food is not being stored and displayed to ensure that food remains in a frozen state.
- PHF is observed not being thawed by one of the approved procedures. (under refrigeration that maintains food temperature at 41°F or below, submerged in potable running water for not more than two hours at 70°F or below, in a microwave followed by immediate preparation, or as part of a cooking process)

**ADDITIONAL VIOLATIONS:**

- ✓ Problems with equipment that causes thawing is marked only in data field #36 (Equipment/Utensils- approved; installed; clean; good repair; capacity). Other data field violations may be applicable such as #8 (Proper hot and cold holding temperatures) and #10 (Proper cooling methods).
- ✓ PHF found in the temperature danger zone as a result of improper thawing such as food sitting on the counter should also be marked in data field #8 (Proper hot and cold holding temperatures).



**28. Food separated and protected**

**Applicable Sections: 113980, 113984, 113986, 114060, 114067, 114069, 114073, 114077, 114143**

This item is marked **OUT** of compliance for any of the following:

- Unpackaged food is not protected from contamination.
- Food is not being prepared in a fully enclosed food facility.  
*Exception: Limited food preparation may be conducted within a food compartment.*
- Limited food preparation is not conducted within an approved food compartment defined in Section 113784 or as approved by the EHS.
- Food is not protected from cross-contamination during storage and/or display (i.e., sneeze guards, lids, display cases, dispensers, separating raw food from ready-to-eat food, etc.).
- The open-air barbecue or outdoor wood burning oven is not separated from public access to prevent food contamination or injury to the public.
- Food is being thawed, washed, sliced, or cooled in an unenclosed unapproved facility; or overhead protection is not provided where required (i.e., outdoor food displays, vending machines, or satellite food service operations).
- Splash guard is missing between the food preparation sink and warewashing sink.
- Foods other than prepackaged nonPHF or uncut produce are displayed outdoors.
- Prepackaged nonPHF or uncut produce displayed outdoors are not periodically checked on a regular basis by the PIC.
- Bulk milk container dispensing tubes not cut diagonally so as to leave no more than one inch protruding from the chilled dispensing head.

**EXCEPTION:**

- ✓ Food does not have to be stored in packages, covered containers, or wrappings if:
  - ✓ It is whole uncut raw fruits, vegetables, and nuts in the shell.
  - ✓ Raw meat hung on clean, sanitized hooks or racks.
  - ✓ Food in the cooling process.
  - ✓ Shellstock

**NOTES:**

- ✓ *This section addresses prevention measures only. Actual contamination of food is marked under data field #14 (Food in good condition, safe and unadulterated).*
- ✓ *Whole uncut produce and food requiring further processing may be displayed on open counters or in containers.*
- ✓ *Satellite food service shall only be operated by a fully enclosed permanent food facility. Written operating procedures are also required for satellite food service.*

**29. Washing fruits and vegetables**

**Applicable Section: 113992**

This item is marked **OUT** of compliance when raw whole produce has not been washed prior to being cut, combined with other ingredients, cooked, served, or offered for human consumption in ready-to-eat form.

**30. Toxic substances properly identified, stored, used**

**Applicable Sections: 114254, 114254.1, 114254.2**

This item is marked **OUT** of compliance for any of the following:





- An insecticide, rodenticide, or other pesticide is not used in accordance with the manufacturer's instructions.
- A poisonous substance, detergent, bleach, cleaning compound, personal care item, or any other injurious or poisonous material is stored or used in a manner that is likely to cause contamination or adulteration of food, food-contact surfaces, utensils, or packaging materials.
- Working containers used for storing poisonous or toxic materials, such as cleaners and sanitizers taken from bulk supplies, are not clearly and individually identified with the common name of the material.

**ADDITIONAL VIOLATION:**

If food is found to be stored in a container that previously held poisonous or toxic material data field #14 (Food in good condition, safe and unadulterated) shall be marked and the product immediately VC&D or impounded.

**FOOD STORAGE/DISPLAY/SERVICE****31. Food storage; food storage containers identified**

**Applicable Sections: 114047, 114049, 114051, 114053, 114055, 114067(h), 114069(b)**

This item should be marked **OUT** of compliance for any of the following:

- Food storage area is not clean, dry, or adequate for amount of food being stored.
- Food is not stored above the floor by at least 6 inches (except food stored on dollies, pallets, or similar equipment).
- Working containers of food or ingredients removed from original packages are not identified with common name of the food (except food that can be easily recognized, such as pasta).
- Food is stored in lockers, in toilet rooms, in dressing rooms, in refuse rooms, in mechanical rooms, under unshielded sewer lines, under leaking water lines, under stairwells, and/or under other sources of contamination.
- Food stored in ice or water was subject to the entry of water because of nature of packaging, wrapping, or container, or the positioning in the ice or water.
- Returned or damaged products, products where the label has been removed, and food products held for return to distributors are not separated and stored in a manner that prevents adulteration of other foods or contributes to a vermin problem.
- Unapproved food storage area.

**ADDITIONAL VIOLATION:**

- If food is found to be contaminated or adulterated during storage, data field #14 (Food in good condition, safe and unadulterated) should also be marked.

**NOTES:**

- ✓ *Milk stored in plastic crates, pressurized beverage containers, cased containers of bottles, cans, and/or other food in water proof containers can be stored on a clean floor.*
- ✓ *Whole raw fruits and vegetables, cut raw vegetables, and tofu may be immersed in ice or water.*
- ✓ *Raw chicken and raw fish received on ice can remain on ice during storage awaiting preparation, display, service, or sale.*





- ✓ *Temporary alternate food storage methods and locations may be approved by Environmental Health.*

**32. Consumer self-service****Applicable Sections: 114063, 114065, 114089.1**

This item should be marked **OUT** of compliance for any of the following:

- Raw, nonprepackaged food of animal origin, such as lamb, beef, pork, poultry, and eviscerated fish, is offered for customer self-service.
- A food dispensing utensil is not provided for each container at buffets and salad bars.
- Consumer self-service bulk beverage dispensers are not properly operated or maintained.
- Nonfood items are displayed and stored in the same area with food.
- French bread is displayed so that the bread extends beyond the open-end bag.

**EXCEPTIONS:**

- ✓ Consumer self-service of ready-to-eat foods at buffets or salad bars that serve foods such as sushi or raw shellfish.
- ✓ Ready-to-cook individual portions for immediate cooking and consumption on the premises, such as: consumer-cooked meats or consumer-selected ingredients for Mongolian barbecue; or raw, frozen shrimp, lobster, finfish, or scallop abductor muscle; or frozen breaded seafood.
- ✓ Produce and food requiring further processing may be displayed on open counters or in containers.
- ✓ Bread loaves or rolls are considered properly wrapped if contained in open-end bags that enclose the loaf or rolls.

**NOTES:**

- ✓ *Buffets and salad bars must be checked on a regular basis.*

**33. Food properly labeled & honestly presented****Applicable Sections: 114087, 114089, 114089.1(a, b), 114090, 114093.1, 114094, 114094.5, 114379.20, 114365.2; Sherman Food, Drug and Cosmetic Law**

This item is marked **OUT** of compliance for any of the following:

- Prepackaged food does not bear a label that complies with the labeling requirements as prescribed by the Sherman Food, Drug, and Cosmetic Law. [Sections 114089 and 114089.1(a)]  
*Exception: Bakery products sold to other food businesses are exempt from labeling provisions.*
- Food is found offered for human consumption and is not honestly presented, which misleads or misinforms the consumer. Examples include:
  - ✓ "Fresh" fish is advertised, but the fish had been frozen
  - ✓ "Quarter pounder" is not ¼ lb before cooking
  - ✓ Use of pink light shields in meat display case
- Bulk food available for consumer self-service does not have label information or does not have a sign or other method of notification that includes the label information.
- If the manufacturer's dating information on foods is concealed or altered.





- Unpackaged confectionary food contains more than ½% alcohol and is not labeled to identify alcohol content.
- Cottage Food product being sold or used without required labeling.
- A food facility sells or offers for sale infant formula or baby food after the “use by” date.
- A retail food facility is not in compliance with Section 343 (q)(5)(H) of Title 21 of the United States Code regarding menu labeling.
- A restaurant that sells a children’s meal but does not make the default beverage offered with the meal water, sparkling water, flavored water, unflavored milk, or a nondairy milk alternative with no more than 130 calories.

**NOTES:**

- ✓ *Label information shall include the following:*
  1. *Common name of the food or descriptive identity statement*
  2. *If made with two or more ingredients, a list of ingredients in descending order of predominance by weight*
  3. *An accurate declaration of the quantity of contents*
  4. *The name and place of business of the manufacturer, packer, or distributor*
  5. *Nutritional labeling, unless exempted in the Federal Food, Drug, and Cosmetic Act*
  6. *Compliance with the Food Allergen Labeling and Consumer Protection Act of 2004*
- ✓ *Labeling violations related to a food processed at wholesale should be referred to the State Food and Drug Branch for follow-up investigation.*
- ✓ *Baby food or infant formula that exceeds the “use by” date on multiple inspections may result in a penalty of ten dollars per day for each item sold or offered for sale.*
- ✓ *Sell by or expiration dates of food products, other than those listed above, are not enforced by Environmental Health.*

**EQUIPMENT/UTENSILS/LINENS****34. Nonfood-contact surfaces clean****Applicable Section: 114115 (b)**

This item is marked **OUT** if nonfood-contact surfaces of equipment are not kept free of an accumulation of dust, dirt, food residue, or other debris.

**NOTES:**

- ✓ *Violations related to cleaning and sanitizing food-contact surfaces are to be marked in data field #15 (Food-contact surfaces: clean and sanitized).*
- ✓ *Violations related to the cleaning of ventilation hoods or lights/light shields are to be marked only in data field #38 (Adequate ventilation and lighting; designated areas, use).*
- ✓ *Violations related to the cleaning of floors, walls, and ceilings are to be marked only in data field #45 (Floors, walls and ceiling: built, maintained and clean).*

**35. Warewashing facilities: installed, maintained, used; test strips****Applicable Sections: 114067(f,g), 114099, 114099.3, 114099.5, 114101(a), 114101.1, 114101.2, 114103, 114107, 114125**

This item is marked **OUT** of compliance for the following:





- The food facility prepares food and does not have a three-compartment sink with two integral metal drain boards as required.  
*Exception: A two compartment sink that was constructed prior to January 1, 1996 need not be replaced when used as specified in Section 114099.3(e).*
- Alternative manual warewashing equipment such as listed in Section 114099.3(a) through (e) is used, and an EHS has not approved its use.
- Mechanical warewashing machine is not approved or not installed and operated according to manufacturer's specifications.  
*Note: A three-compartment sink is available to properly clean and sanitize food-contact surfaces.*
- Two integral metal drain boards of adequate size and construction attached at the point of entry and the point of exit of the machine or sink are not provided or do not comply with Section 114103(b) through (e).  
*Exception: The requirement for a drainboard for soiled equipment or utensils or the requirement for a drainboard for clean equipment and utensils, or both requirements, may be satisfied by using the drainboards that are part of the manual warewashing sinks if the sink is located adjacent to the machine.*
- The warewashing machine does not have an easily accessible and readable data plate affixed to the machine by the manufacturer that lists the machine's design and operating specifications as listed in Section 114101.1.
- The warewashing machine is not equipped with a temperature measuring device that indicates the temperature of the water as specified in Section 114101.2.
- In manual warewashing operations, a temperature measuring device is not provided and is not accessible for frequently measuring washing and sanitizing temperatures.
- The warewashing sink is used for handwashing except as allowed by Section 114125(a).
- Means for adequately measuring the applicable sanitization method are not provided.
- Test strips were not available or used to verify sanitizer level.
- Sink compartments are not large enough to accommodate the largest equipment and utensil.
- Faucet at warewashing sink doesn't extend over all sink compartments.

**EXCEPTION:**

- ✓ A warewashing sink may be used for handwashing in food facilities that were built prior to January 1, 1996 when there is no handwashing sink in the food preparation area.
- ✓ A warewashing sink may be used to wash produce or thaw food in food facilities that were built prior to January 1, 2007 when there is no food preparation sink available.

**NOTES:**

- ✓ *Alternative warewashing facilities may be allowed if approved by Environmental Health.*
- ✓ *Violations related to the actual improper cleaning and sanitization of food-contact surfaces are to be marked in data field #15 (Food-contact surfaces: cleaned and sanitized).*







- ✓ *Produce washed in the warewashing sink without prior cleaning and sanitizing should be marked in data field #14 (Food in good condition, safe and unadulterated).*

**36. Equipment/Utensils - approved; installed; good repair; capacity**

**Applicable Sections: 113973, 114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114132, 114133, 114137, 114139, 114153, 114163, 114165, 114167, 114169, 114175, 114177, 114180, 114182**

This item is marked **OUT** of compliance for any of the following:

**APPROVED**

- All new and replacement food-related and utensil-related equipment is not certified or classified for sanitation by an ANSI accredited certification program, or if no standard exists, has not been evaluated and approved by Environmental Health.  
*Exception: Restricted food service facilities may not need to comply with the ANSI requirements depending on the extent of food service activities and if the enforcement officer determines that the equipment is constructed to be durable and to retain its characteristic qualities under normal use conditions.*
- Equipment and utensils are not designed and constructed to be durable and retaining characteristic qualities under normal use.
- New and replacement electrical appliances do not meet UL standards for electrical equipment.
- Merchandise refrigerator approved for canned or bottled non-PHF is used for open foods.
- Steam table approved for hot-holding foods is used for reheating foods.
- Materials used in the construction of single-use articles, utensils, and food-contact surfaces of equipment allow migration of deleterious substances; impart colors, odors, or tastes to food; or otherwise do not meet the standards of Sections 114130.1 and 114130.2.
- Multiuse food-contact surfaces do not meet the requirements of Section 114130.3(a) through (b).
- Nonfood-contact surfaces do not meet standards specified in Section 114130.4.
- Clean In Place (CIP) equipment is designed in violation of Section 114130.5(a) through (b).
- Wood or wood wicker is used as a food-contact surface.

*Exceptions:*

1. Hard maple or equivalent may be used for as cutting boards, rolling pins, chopsticks and as specified in Section 114132(b).
  2. Raw fruit, vegetables, and nuts in the shell may be kept in wood shipping containers as specified in Section 114132(c) and (d).
- Copper or copper alloys are used in contact with food that has a pH below 6.0 such as vinegar, fruit juice, or wine, or for a fitting between a backflow preventer and a carbonator. Section 114133(a).  
*Exception: Copper and copper alloys may be used in contact with beer brewing ingredients as noted in Section 114133(b).*
  - Dollies, pallets, racks, or skids are not designed to be moved by hand, hand truck or forklifts.





- Latex gloves or utensils used.

**INSTALLED**

- “V” type threads are used on food-contact surfaces.  
*Exception: OK for hot oil cooking or filtering equipment.*
- Cutting or piercing parts of can openers are not readily removable.
- Beverage tubing or cold-plate beverage cooling devices are installed in contact with ice intended to be used for food or drink.  
*Exception: Does not apply to cold plates constructed integrally with an ice storage bin.*
- Fixed equipment that is not easily movable is not installed with adequate spacing or sealing, or floor-mounted equipment that is not easily movable is not sealed to floor or elevated on 6 inch legs.  
*Exception: Does not apply to display shelving, refrigeration, and freezer units located in consumer shopping areas if floor under these units is maintained clean.*
- Table-mounted equipment that is not easily movable is not sealed to table or elevated on 4 inch legs.

**GOOD REPAIR**

- Equipment and utensils are not fully operative, and in good repair.
- Surfaces of equipment such as cutting blocks and boards are scratched and scored, so they can no longer be effectively cleaned and sanitized.
- Torn door gaskets, rusty shelves, or missing fan guard in refrigeration unit.
- Ice build-up on the condenser unit in the walk-in freezer.
- Cracked sink or sink not secured to wall.

**CAPACITY**

- Equipment used for cooling and heating food and/or for holding cold and hot food is not sufficient in number and/or capacity to ensure proper food temperature control during transportation and operation.
- Electrical power is not supplied at all times.
- An approved food preparation sink is not provided when the food facility conducts washing, rinsing, soaking, thawing, or similar preparation of foods.  
*Exception: Food facilities that were approved for operation without a food preparation sink prior to July 1, 2007 need not provide a food preparation sink unless the food facility makes a menu change or changes their method of operation.*
- A hand truck or forklift is not provided to easily move dollies, pallets, racks, or skids that are not designed to be moved by hand.

**MOLLUSCAN SHELLFISH TANKS**

- Molluscan shellfish life-support system display tanks are used to display shellfish that are offered for human consumption. See exception below. [Section 114155(a)]
- Molluscan shellfish life-support system display tanks are not marked conspicuously so that it is obvious to the consumer that the shellfish are for display only. [Section 114155(a)]  
*Exception: If installed after July 1, 2007 molluscan shellfish may be offered for human consumption if the life-support system display tanks are operated pursuant to a HACCP plan.*



**MISTING SYSTEMS**

- Reservoirs that supply water to a device such as a produce fogger are not maintained and cleaned according to manufacturer's specifications or Section 114180(b)(1) through (4), whichever is more stringent.
- Fogging device installed after July 1, 2007 using a reservoir instead of water under pressure for fogging or misting of food.

**37. Equipment, utensils and linens: storage and use**

**Applicable Sections:** 114074, 114075, 114081, 114105, 114119, 114121, 114161, 114178, 114179, 114083, 114185, 114185.2, 114185.3, 114185.4, 114185.5, Public Resources Code Division 30 Part 3 Chapter 5.2

This item is marked **OUT** of compliance for any of the following:

**UTENSILS/TABLEWARE**

- Preset tableware has not been removed when a customer is seated and has not been cleaned and sanitized before further use.
- Soiled tableware is used to provide second portions.
- Utensils are not handled, displayed, and dispensed so as to prevent contamination of lip contact surfaces; or single-use articles are reused.
- Clean equipment and utensils are not stored covered or inverted in a self-draining manner that allows air drying.
- Single-use articles are not kept in original protective package or otherwise protected from contamination until used.
- If utensils are stored in an unapproved manner during pauses in food preparation or dispensing.

Exception - The following are acceptable practices:

1. Handles of food preparation/serving utensils stored above the top of the food and the container.
  2. Utensils used for nonPHF stored within a closed container and the handle of the utensil is above the top of the food (i.e., bins of sugar or flour).
  3. Utensils stored on a clean portion of the food preparation table or cooking equipment, and the "in use" utensil is cleaned as prescribed in Section 114117.
  4. In running water if used with ice cream.
  5. In a clean, protected location if the utensils (i.e., ice scoops) are used only with a food that is not a PHF.
  6. In a container if the water is maintained at a temperature of at least 135°F and the container is cleaned at least every 24 hours or at a frequency necessary to preclude accumulation of residues.
- A full service restaurant is observed providing a single-use plastic straw to a consumer without it being requested.

**REFILLING CONTAINERS**

- Returned empty containers intended for refilling with food or beverage are not cleaned and refilled in an approved manner.
- Condiment containers not intended for reuse (e.g., ketchup bottles) are refilled.



**STORAGE AREAS**

- Cleaned and sanitized equipment, cabinets used for storing food, or a cabinet used to store cleaned and sanitized equipment, utensils, laundered linens, or single-use articles are found or stored in any of the following areas:
  - Locker rooms.
  - Toilet rooms.
  - Refuse rooms.
  - Mechanical rooms.
  - Under sewer lines that are not shielded to intercept potential drips.
  - Under leaking water lines, including leaking automatic fire sprinkler heads, or under lines on which water has condensed.
  - Under open stairwells.
  - Under other sources of contamination [Sections 114161(a)(1) through (8) and 114179(a) (1) through (8)].

Exception: Laundered linens and single-use articles may be stored in a locker room if protected by packaging or a storage compartment.

- Pressurized cylinders are not securely fastened to a rigid structure.
- Milk crates used as shelving.
- Cleaned equipment and utensils, laundered linens, and single-use articles are stored where they are subject to splash, dust, or other contamination and are not at least 6 inches above the floor.

Exception: Items in enclosed packages may be stored less than six inches above the floor on dollies, pallets, racks, or skids that are designed to be easily movable.

**LINENS**

- Linens are used in contact with food in a manner different than allowed by Section 114185.

Exception: This section allows use of linens to line food containers if the linens are replaced each time the container is refilled for a new consumer, and they are laundered prior to reuse.
- Linens are not free of food residue and soil.
- Linens, cloth gloves, or cloth napkins are not laundered as required.
- Adequate space is not provided for storage of clean linens.
- Soiled linens are not kept in proper receptacles or handled to prevent contamination of food, clean equipment and utensils, and single use articles.

**LAUNDERING OF LINENS AND WORKCLOTHES**

- A mechanical clothes washer or dryer is located where it is exposed to contamination or where there is exposed food, utensils, linens, or unwrapped single-use articles.
- Linens and work clothes are laundered on the premises, and a mechanical clothes washer and dryer are not provided.
- Laundry facilities on premises are used for laundering items other than those used in the operation of the food facility.

**38. Adequate ventilation and lighting; designated areas, use**

**Applicable Sections: 114149, 114149.1, 114149.2, 114149.3, 114252, 114252.1**

This item is marked **OUT** of compliance for any of the following:





## APPENDIX 12

**VENTILATION**

- Sufficient ventilation is not provided in all areas to facilitate proper food storage and provide a reasonable condition of comfort consistent with job performed by employees.
- Mechanical exhaust ventilation equipment is not provided over all cooking equipment to effectively remove cooking odors, smoke, steam, grease, heat, and vapors.  
*Exception: Restricted food service facilities are exempt from 114149.1(a), but must still provide ventilation to remove gases, odors, steam, heat, grease, vapors and smoke from the food facility.*
- Toilet rooms are not ventilated to the outside air by means of an openable, screened window, an air shaft, or a light-switch-activated exhaust fan consistent with local building codes.
- HVAC systems are designed and installed such that intake and exhaust vents cause contamination of food, food-contact surfaces, equipment, or utensils, or create air currents that cause difficulty in maintaining required temperatures of PHFs.
- Makeup air is not provided in the amount of that exhausted.
- Hood is not installed in a manner that provides for thorough cleaning of all surfaces.
- Hood systems in food prep and warewashing areas are not designed to prevent grease or condensation from draining or dripping onto food, equipment, utensils, or linens.
- Filters or other grease-extracting equipment are not designed to be readily removable for cleaning and replacement.
- Every joint and seam is not substantially tight.
- Grease gutters, when provided, do not drain to a collecting receptacle fabricated, designed, and installed to be readily accessible for cleaning.

**NOTES:**

- ✓ *High velocity hoods may not require 6" overhang. Contact Plan Checker with any questions.*
- ✓ *Issues concerning ventilation or reasonable condition or comfort for employees should be referred to the local building department.*

**LIGHTING**

- Sufficient natural or artificial lighting is not provided in every room and area, while in the area is in use, in which any food is prepared, manufactured, processed, or prepackaged or in which equipment or utensils are cleaned.  
*Note: Lighting must be provided as follows:*
  1. at least 10 foot candles measured 30 inches above the floor in walk-in refrigeration units, at a working surface at which alcoholic beverages are prepared or utensils used to prepare alcoholic beverages are cleaned, inside equipment and dry food storage areas.
  2. at least 20 foot candles: 1) at a surface where food is provided for consumer self-service or prepackaged foods are sold or offered, 2) in server stations where limited food is prepared, 3) 30 inches above the floor in areas used for handwashing, warewashing, and equipment and utensil storage, and in toilet rooms, and 4) in all areas and rooms during periods of cleaning.





3. at least 50 foot candles: 1) with the exception of server stations, at a surface where a food employee is working with food or utensils or equipment such as knives, slicers, grinders, or saws where employee safety is a factor and 2) in other areas and rooms during periods of cleaning.
- Light bulbs are not shielded, coated, or otherwise shatter-resistant in areas where open food, clean equipment, utensils, and linens or unwrapped single-use articles are located.  
Exception: Shielded, coated, or otherwise shatter-resistant bulbs are not required in areas used only for storing prepackaged food in unopened packages.
- Infrared or other heat lamps are not protected against breakage by a shield or by using shatter-resistant bulbs.
- Light shields with accumulated dust or dead insects.

**NOTES:**

- ✓ *The distinction between NO lighting vs. LOW lighting must be made.*
- ✓ *The use of deceptive lighting to misrepresent freshness of meat is marked ONLY in data field #33 (Food properly labeled & honestly presented).*

**39. Thermometers provided and accurate****Applicable Sections: 114157, 114159**

This item is marked **OUT** of compliance for any of the following:

**THERMOMETERS FOR HOT AND COLD HOLDING EQUIPMENT**

- A readily visible thermometer is not provided in the warmest part of each refrigeration unit.
- A temperature measuring device is not integral or permanently affixed to cold or hot holding equipment used for PHFs or is not located to allow easy viewing of the device's temperature display.  
Exceptions: This requirement does not apply to equipment for which the placement of a temperature measuring device is not a practical means for measuring the ambient air surrounding the food because of the design, type, and use of the equipment, such as calrod units, heat lamps, cold plates, Bain maries, steam tables, insulated food transport containers, and salad bars.
- Temperature measuring devices are not easily readable or have increments that are greater than 2°F.

**THERMOMETERS FOR MEASURING FOOD TEMPERATURES**

- A metal probe thermometer suitable for measuring the temperature of food is not readily available on the premises.  
Note: Required only if PHFs are held or cooked. The EHS should inquire how cooking temperatures are verified when no probe thermometer is available.
- A temperature measuring device with a suitable small-diameter probe designed to measure the temperature of thin masses of food is not provided and readily accessible to measure thin foods, such as meat patties and fish filets.
- Temperature measuring devices used for food are not accurate to within plus or minus 2 degrees Fahrenheit.
- Glass stem temperature measuring devices are used, unless they are candy thermometers encased in a shatterproof coating.



**NOTES:**

- ✓ *The distinction between having a thermometer for measuring properly cooked foods vs a thermometer used to measure a refrigerator must be made.*
- ✓ *The use of an infrared thermometer does not replace the need for a probe thermometer.*

**40. Wiping cloths: properly used and stored****Applicable Sections: 114135, 114185.1 114185.3 (d-e)**

This item is marked **OUT** of compliance for any of the following.

- Wiping cloths are used in a manner other than as prescribed. For example:
  1. Wiping cloths used for wiping food spills are used for another purpose.
  2. Cloths used for cleaning food spills from tableware and carry-out containers are not dry.
  3. Dry cloths used for wiping food spills other than from tableware and carryout containers are used more than once prior to laundering.
  4. Cloths used repeatedly prior to laundering are not held in an approved sanitizing solution.
  5. Dry or wet cloths used with raw animal foods are not kept separate from cloths used for other purposes.
  6. Wet cloths used with raw animal foods are not kept in a separate sanitizing solution.
  7. Wet wiping cloths used with a freshly made sanitizing solution and dry wiping cloths are not free of food debris and visible soil.
  8. Working containers of sanitizing solutions for storage of in-use wiping cloths are not used in a manner that prevents contamination of food, equipment, utensils, linens, or single-use articles.
- Wet wiping cloths are not laundered daily.
- Dry wiping cloths are not laundered as necessary to prevent contamination of food and clean serving utensils.
- Sponges are used in contact with cleaned and sanitized or in-use food-contact surfaces.
- Sanitizer bucket when used does not have minimum of 100 ppm for chlorine or 200 ppm for quaternary ammonia or exceeds 200 ppm for chlorine or 400 ppm for quaternary ammonia.

**NOTES:**

- ✓ *Contamination of food-contact surfaces by soiled wiping cloths should be marked in data field #15 (Food-contact surfaces: cleaned and sanitized).*
- ✓ *Sanitizer buckets do not have to be set up in prep areas. They are only required when wiping towels are being re-used.*
- ✓ *Wiping cloths must be laundered in a clean mechanical clothes washer and dryer or in a warewashing sink that is cleaned and sanitized before and after each time it is used to wash wiping cloths.*

**PHYSICAL FACILITIES****41. Plumbing: proper backflow devices****Applicable Sections: 114171, 114189.1, 114190, 114192, 114193, 114193.1, 114199, 114201, 114269**

This item is marked **OUT** of compliance for any of the following:



**PLUMBING AND PLUMBING FIXTURES**

- Plumbing and plumbing fixtures are not installed in compliance with local plumbing ordinances, are not maintained to prevent contamination, or are not fully operative or in good repair.
- Nonpotable water piping is not identified so as to be readily distinguishable from potable water piping.
- Liquid waste drain lines pass through an ice machine or ice storage bin.
- Boiler water additives do not meet the requirements of 21 C.F.R. 173.310.
- A hose used for conveying potable water is not constructed of nontoxic materials, is used for other purposes, is not clearly labeled as to its use, or is not stored or used in a manner that keeps it free of contamination.
- Indirect waste receptors are not readily accessible.

**BACKFLOW/BACK SIPHONAGE PROTECTION**

- The potable water supply is not protected by a backflow or back siphonage protection device when required.
- Equipment, such as refrigeration units, that discharge liquid waste is not drained by means of indirect waste pipes through an air gap into a floor sink or other approved receptor.
- Warewashing machines that are directly connected to the sewer are not connected immediately downstream from a floor drain.
- An air gap between a water supply inlet and flood level rim of a plumbing fixture, equipment, or nonfood equipment is not at least twice the diameter of the inlet or is less than one inch.

**GREASE TRAPS**

- A grease trap or grease interceptor is located in a food or utensil handling area without approval of Environmental Health.
- A grease trap or grease interceptor is not easily accessible for servicing.  
*Exception: Food facilities approved with a grease trap or grease interceptor that were in operation before January 2006 are not required to comply with this section [Section 114201(c)].*

**DRAINAGE**

- In new construction and extensive remodels, floor drains are not installed in floors that are water flushed or where pressure spray methods of cleaning equipment are used. Such floor surfaces are not sloped 1/8 inch per foot to the floor drains.
- Equipment compartments that are subject to accumulation of moisture from condensation, food or beverage drip, or water from melting ice are not sloped to an outlet that allows complete draining.

**NOTES:**

- ✓ *Mop sinks and sinks equipped with hose threaded faucets should be protected with a back flow prevention device.*
- ✓ *An evaporator for refrigeration units is acceptable if properly installed and functioning.*
- ✓ *Violations in this category may require a follow-up inspection within 2 weeks along with a referral to the local building department for approval.*





**42. Garbage and refuse properly disposed; facilities maintained**

**Applicable Sections: 114244, 114245, 114245.1, 114245.2, 114245.3, 114245.4, 114245.5, 114245.6, 114245.7, 114245.8**

This item is marked **OUT** of compliance for any of the following:

**FACILITIES PROVIDED**

- Facilities and equipment necessary to store or dispose of all waste material are not present.
- Waste receptacles are not present for use by consumers when needed.
- A waste receptacle is not provided in each area where refuse is generated or discarded, or where recyclables or returnables are placed.
- An area designated for refuse, recyclables, returnables, or a redeeming machine for recyclables or returnables is not separate from food, equipment, utensils, linens, and single-service and single-use articles, and a public health hazard or nuisance is created.
- Receptacles and waste handling units are located so as to create a public health hazard or nuisance, or interfere with cleaning of adjacent space.
- Indoor storage area does not comply with requirements for floors, walls, ceilings, and vermin exclusion.  
*Exception: Areas where food is stored only in unopened bottles, cans, cartons, sacks, or other original shipping containers; this is typically the area where a cardboard baler may be installed and operated in a grocery store [Section 114271(b)(2)].*
- An outside storage area or enclosure is not constructed of nonabsorbent material or is not easily cleanable, durable, and sloped to drain.
- Receptacles or waste-handling units for refuse and recyclables are not installed so that accumulation of debris and insect and rodent attraction and harborage are minimized, or so that effective cleaning is facilitated around and under the unit (unless the unit is installed flush with the base pad).

**FACILITIES MAINTAINED**

- Refuse, recyclables, or returnables is not kept in nonabsorbent, durable, cleanable, leak-proof, and rodent-proof containers.
- Refuse containers are not covered with close-fitting lids, or sealed, disposable bags that are impervious to moisture are not used.  
*Exception: Refuse containers inside a food facility do not need to be covered during periods of operation.*
- Storage areas, enclosures, and receptacles are not maintained in good repair.
- Receptacles and waste-handling units are cleaned in a way that causes contamination of food, equipment, utensils, linens, or single-service or single-use articles; at a frequency that does not prevent the buildup of soil or that allows them to become an attractant for insects or rodents; or wastewater is not disposed of as specified in Section 114241.
- Suitable cleaning implements and supplies are not provided as necessary, or off-premises cleaning services are not provided.

**DISPOSAL**

- Refuse is not removed and disposed of in a sanitary manner, as needed to prevent the creation of a nuisance.





- Refuse, recyclables, or returnables are not removed from the premises at a frequency that will minimize the development of objectionable odors or conditions that attract or harbor insects or rodents.
- Cardboard or other packaging material that does not contain food residue and that is stored outside creates a rodent harborage problem or is not removed on a regularly-scheduled basis.  
*Exception: Cardboard or other packaging material that does not contain food residue and that is stored outside may be stored without being in a covered receptacle if it does not create a rodent harborage problem.*
- Cast-off/non-functional equipment stored at the exterior of the facility.
- Animal byproducts and inedible kitchen grease is not disposed of as required in Section 114245.8.

**NOTES:**

- ✓ *Facilities that compost must remove it as frequently as necessary to prevent the creation of a nuisance.*

**43. Toilet facilities: properly constructed, supplied, cleaned****Applicable Sections: 114250, 114250.1, 114276**

This item is marked **OUT** of compliance for any of the following:

- Toilet facilities are not provided or the number of toilet facilities is not in accordance with local building and plumbing ordinances.
- Toilet facilities are not clean and in good repair.
- Toilet facilities are not conveniently located and accessible to employees at all times the facility is in operation.
- Toilet facilities are not provided with toilet tissue in permanently installed dispensers at each toilet.
- Doors are not kept closed or are not self-closing or well-fitted.

*Exception: Doors may be open during cleaning or maintenance.*

**APPLIES ONLY TO PERMANENT FOOD FACILITIES**

- Clean toilet facilities in good repair are not provided for use by employees or for patrons, guests, and invitees where there is onsite consumption of foods or where the food facility was constructed after July 1, 1984 and has more than 20,000 square feet of floor space.  
*Exception: The gas pump area of a service station that is maintained in conjunction with a food facility shall not be considered in determining the square footage of the floor space of the food facility.*
- At least one separate toilet facility for men and one separate toilet facility for women are not provided in food facilities with more than 20,000 square feet of floor space.
- Patron toilet facilities are located where patrons, guests, or invitees pass through food preparation, food storage, or utensil washing areas to reach the toilet facilities.
- Food facilities constructed before January 1, 2004 that provide food for consumption on the premises shall either 1) provide clean toilet facilities in good repair for patrons, guests, or invitees; or 2) prominently post a sign in a public area of the food facility stating that toilet facilities are not provided.



**NOTES:**

- ✓ *Lack of functional toilets is marked ONLY in data field #23 (Sewage and wastewater properly disposed).*
- ✓ *Food facilities located within amusement parks, stadiums, arenas, food courts, fairgrounds, and similar premises are not required to provide toilet facilities for employee use within each food facility if approved toilet facilities are located within 200 feet in travel distance of each food facility and are readily available for use by employees. Any food facility taking advantage of this allowance must be provided with approved handwashing facilities for employee use.*
- ✓ *A food facility that was approved prior to July 1, 2007 with toilet facilities within 300 feet are not required to meet the 200-foot requirement.*

**44. Premises; personal/cleaning items; vermin-proofing**

**Applicable Sections: 114067(h), 114123, 114143(a)&(b), 114256, 114256.1, 114256.2, 114256.4, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282**

This item is marked **OUT** of compliance for any of the following:

**PREMISES**

- Satellite food service operations are not completely enclosed during nonoperating hours or periods of inclement weather.
- Food preparation sinks, handwashing sinks and warewashing equipment are used for the cleaning of maintenance tools, the holding of maintenance materials, or the disposal of mop water and similar liquid wastes.
- The premise is not kept free of litter and items that are unnecessary to the operation or maintenance of the facility.
- The open-air barbecue or outdoor wood burning oven is not operated on the same premises in conjunction with a permanent food facility, or it is operated in an area that may pose a fire hazard.
- No room, area, or cabinet separate from any food prep or storage area and warewashing or storage area is provided for storage of cleaning equipment and supplies.
- Mops, after use, are not placed in a position that allows them to air dry without soiling walls, equipment, or supplies.
- No curbed cleaning facility or janitorial sink with drain is provided and conveniently located.

[Exception: See Section 114279\(b\) for exemption of restricted food service facilities.](#)

**STORAGE OF PERSONAL/CLEANING ITEMS**

- Personal storage of clothing or personal effects in any area used for the storage and preparation of food or utensils.
- Lockers or areas designated for employees are located in an area where contamination of food, equipment, utensils, linens, and single-use articles can occur.
- Lockers or other suitable facilities are not provided for the storage of employee clothing and other personal possessions, or dressing rooms/areas are not provided for employees who regularly change their clothes in the food facility.
- Medicines are found in the food facility that are for an employee's use and are not labeled with a legible manufacturer's label and stored in a kit or container that is located to prevent contamination.





## APPENDIX 12

- First aid supplies are not labeled with a legible manufacturer's label and stored in a kit or container that is located to prevent contamination.

**VERMIN PROOFING**

- The food facility is not constructed, equipped, maintained, or operated in a manner that prevents the entrance or harborage of animals, birds, or vermin.
- Air curtain ineffective, non-functional, or turned off at open door.
- Pass-through window openings do not comply with Section 114259.2.
- Insect control devices do not retain the insect within the device or are located over food or utensil handling areas.

**PERMANENT FOOD FACILITIES****45. Floors, walls and ceilings: built, maintained, and clean**

**Applicable Sections: 114143(d), 114257, 114266, 114268, 114268.1, 114271, 114272**

This item is marked **OUT** of compliance for any of the following:

- A permanent food facility is not fully enclosed in a building or does not consist of permanent floors, walls, and an overhead structure that meet minimum standards.

**Exception:**

1. A food facility that is not fully enclosed on all sides and that was in operation on January 1, 1985 does not need to meet this requirement until the facility is remodeled, has a significant menu change, or has a significant change in its method of operation.
  2. Dining areas or any other operation approved for outdoor food service is not required to be enclosed.
  3. A produce stand that was in operation prior to July 1, 2007 may have no more than one side open to the outside air during business hours.
- Floor surfaces are not clean and in good repair; not smooth, durable, and nonabsorbent as required; or floor surfaces are not coved at the floor-wall juncture with a minimum 3/8 inch radius coving and don't extend up the wall 4 inches, except as allowed in Section 114268(b).

**Exception:** Public or private schools are exempt provided floors are maintained in good repair and in a sanitary condition.
  - The floor surfaces extending from the open-air barbecue or wood-burning oven a minimum of five feet are not impervious or easily cleanable.
  - Floor drains or floor sinks are not clean.
  - Mats and duckboards, if used, are not removable and easily cleanable.
  - Walls and ceiling surfaces are not clean and in good repair or not smooth, durable, and nonabsorbent.

**Exception:** This does not apply to walls and ceilings of bar areas in which alcoholic beverages are sold or served (except wall areas adjacent to bar sinks and areas where food is prepared); where food is stored only in unopened bottles, cans, cartons, sacks, or other shipping containers; or in dining and sales areas, offices, or restrooms used exclusively by patrons.
  - All facilities are not kept clean, fully operative, and in good repair.

**NOTES:**

- ✓ *Acoustical paneling is acceptable if installed not less than 6 feet above the floor; however, it must be smooth, durable, nonabsorbent, and easily cleanable.*





## APPENDIX 12

- ✓ Conduits must be installed within walls and ceilings as much as practicable, or mounted or enclosed to facilitate cleaning.
- ✓ Attachments to walls and ceilings must be easily cleanable.

**46. No unapproved private homes / living or sleeping quarters****Applicable Sections: 114285, 114286, 114365**

This item is marked **OUT** of compliance for any of the following:

- A private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters is used for conducting food facility operations.
- Areas not approved as part of a Cottage Food Operation.
- A sleeping accommodation is kept in a room where food is prepared, stored, or sold, or living or sleeping quarters that are located on the premises of a food facility are not separated from rooms and areas used for food facility operations by complete partitioning and solid, self-closing doors.

**EXCEPTION:**

- ✓ Restricted food service facilities are exempt provided that no sleeping accommodations are in any area where food is prepared or stored.
- ✓ Cottage food operations are exempt when registered or permitted by Environmental Health.

**SIGNS/REQUIREMENTS****47. Signs posted; last inspection report available****Applicable Sections: 113725.1, 113945.1, 113953.5, 113978, 114075, 114276, 114381 (e)**

This item is marked **OUT** of compliance for any of the following:

- Handwashing sign is not posted at handwashing sinks used by food employees.  
*Exception: Does not apply to toilet rooms in guestrooms of restricted food service facilities.*
- "No Smoking" sign is not posted in food preparation, food storage or warewashing areas.
- A sign advising customers that toilet facilities are not provided is not posted.
- A copy of the most recent routine inspection report is not maintained at the food facility and is not made available upon request.
- A sign notifying customers that clean tableware is to be used when they return to self-service area.
- A sign was not posted advising patrons that a copy of the most recent inspection report is available for review.
- Health permit is not posted in conspicuous location. For expired or lack of valid health permit, see #49.

**NOTES:**

- ✓ *If the business is operating without a valid health permit, the EHS should determine if the facility has been issued a permit. If the facility is operating without a permit data field #49 (Permits available) shall be marked.*





## APPENDIX 12

**48. Plan Review****Applicable Section: 114380**

This item is marked **OUT** if complete plans (drawn to scale) for a proposed new construction or remodel of a food facility are not submitted and approved by Environmental Health prior to construction of a new facility or remodel of an existing food facility.

**NOTES:**

- ✓ Plans may be required by Environmental Health due to a menu change that would require a change in the food facility's food preparation methods, storage equipment, or storage capacity previously approved by Environmental Health. These changes may include, but are not limited to, the addition of PHF to a menu, installation of new food preparation or storage equipment, or increasing storage capacity.
- ✓ Structural and sanitation requirements are based on the food service activity to be conducted, the type of food that is prepared or served, and the extent of food preparation that is to be conducted at the food facility.

**49. Health Permit****Applicable Sections: 114067(b,c), 114381(a), 114387**

This item is marked **OUT** when a food facility is open for business and does not have a valid permit, or a satellite food service operation is not operated in conjunction with a permanent food facility.

**EXCEPTION:**

- ✓ A business with a food display area of 25 square feet or less of prepackaged nonPHF that complies with Section 114289(c) is not required to obtain a health permit.

**NOTES:**

- ✓ *Food facilities that operate without a valid permit shall be subject to closure of the food facility and a penalty not to exceed three times the cost of the permit.*
- ✓ *Satellite food service means a remotely located food service operation that is conducted on the same property as, in reasonable proximity to, and in conjunction with and by, a fully enclosed permanent food facility (i.e., an outdoor beverage bar).*

**COMPLIANCE AND ENFORCEMENT****50. Permit Suspension - Imminent Health Hazard****Applicable Sections: 114409**

This item is marked when a food facility's permit has been suspended due to an imminent health hazard. Any food facility whose permit has been suspended shall close and remain closed until the permit has been reinstated.

**51. Notice of Violation – Hearing****Applicable Section: 114411**

This item is marked when a permit suspension hearing will be scheduled to provide an opportunity to present evidence as to why the food facility's permit should not be suspended or revoked due to serious or repeat violations or for interference in the performance of the duty of the enforcement officer. A fee is charged when a Notice of Violation hearing is scheduled.





**52. Permit Suspension**

**Applicable Sections: 114405, 114409, 114411**

This item is marked when a food facility's permit has been suspended or revoked, after providing opportunity for hearing, due to serious or repeat violations of any requirement or for interference in the performance of the duty of the enforcement officer.

**53. Voluntary Condemnation & Destruction (VC&D)**

**Applicable Section: 111890, 111895**

This item is marked when food has been voluntarily removed from sale and destroyed by the permit holder.

**54. Impoundment**

**Applicable Section: 114393**

This item is marked when food, equipment, or utensils have been impounded; or the operator is observed using food or equipment that has been impounded.

**55. Sample Collected**

**Applicable Section: 114390**


This item is marked when an EHS collects samples of food or equipment, takes photos, or other evidence, including copies of a HACCP plan and other documents.





## APPENDIX 13

TO: All Environmental Health Personnel

FROM: Christine Lane, REHS, Director  
Environmental Health 

DATE: April 05, 2021

SUBJECT: **Quality Assurance for Environmental Health Field Staff**

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**I. PURPOSE**

The purpose of this policy is to establish quality assurance guidelines for monitoring the work activities, time utilization, uniformity, and adherence to Division policies of Specialists and Supervisors who are regularly assigned field inspection responsibilities. In auditing, it is the responsibility of a Supervisor to review the work of field staff under their supervision. Reviewing work activities helps to determine program effectiveness, acknowledge exceptional work and exemplary professionalism, correct any problems, and evaluate the development and practices of staff.

**II. LEGAL AUTHORITY**

- A. Orange County Healthcare Professional Memorandum of Understanding
- B. HCA Policy and Procedures, and Code of Conduct
- C. Orange County Human Resources Job Descriptions
- D. Environmental Health Division Policies:
  - 1. Policy I-1.02 – Staff Responsibility for Attendance, Workload Documentation and Professional Conduct
  - 2. Policy I-2.11 – Conducting Inspections and Writing Inspection Reports
  - 3. Policy II-2.02 – Enforcement Procedures Applicable to Food
  - 4. Orange County Certified Unified Program Agency's Inspection and Enforcement Plan

**III. REVIEWS AND AUDITS**

- A. Documentation Review
  - 1. It is the Supervisor's responsibility to ensure that all their assigned Specialists' reports and other documentation are submitted in a timely manner and are completed in accordance with Division policies and program guidelines.



2. Supervisors will review all assigned Specialists' documentation on a regular basis including, but not limited to, Daily Activity Reports, Inspection Reports, Bi-weekly Timesheets, Mileage Reimbursement forms, and Complaint Investigations.

B. Administrative Review

1. It is the Supervisor's responsibility to ensure that Specialists maintain the Division's database, files, logs, and support materials, and that they are kept up-to-date, orderly and complete, and that staff are kept informed on current program issues.
2. Supervisors will review as often as necessary (at least once annually) the logs, files, policy manuals, Division policies, and related administrative support materials of assigned Specialists to ensure that these materials are kept up-to-date, orderly and complete.
3. Supervisors will meet with assigned Specialists as necessary (at least once monthly) to provide an update on current program issues.

C. Joint Field Audit

1. To maintain consistency among field Specialists, joint field audits will be performed in addition to cross audits (see Section III.F of this policy) for probationary Specialists, or as needed at the discretion of the Supervisor for non-probationary Specialists. It is the Supervisor's responsibility to ensure that Specialists in their area demonstrate proper inspection techniques, appropriate methods of education and enforcement, interpersonal skills, and professional conduct.
2. Supervisors will accompany assigned field Specialists into the field as often as necessary (at least annually) to observe and document how Specialists function in the field environment. Supervisors will complete a 'Field Inspection Review' form (Attachment I) at least annually to ensure uniformity of review practices. When conducting a joint field audit, Supervisors shall not proceed in a manner that may demean the Specialist or reflect negatively on their work performance in the presence of an operator. Supervisors will ensure that their field audits conform to current Division or program directives (e.g., conforming to risk-based inspections versus comprehensive inspections).

D. Unaccompanied Field Audits

1. It is the Supervisor's responsibility to ensure that Specialists comply with Division policies regarding time utilization, documentation, proper inspection techniques, and professional conduct.
2. Supervisors will conduct unaccompanied, unannounced field audits of assigned field Specialists to evaluate field activities, determine program effectiveness and ensure uniformity of inspection practices. These audits will be conducted as often as necessary (at least annually) for probationary Specialists and as needed at the discretion of the Supervisor for non-probationary Specialists.
3. An unaccompanied audit should take place within one week of the original inspection. When conducting an unaccompanied, unannounced field audit, the Supervisor will compare their observations with the most recent Inspection Report and corresponding time accounting reports. Subsequently, the Supervisor may return with the Specialist to follow-up on any

previously omitted violations. In general, the Supervisor should audit a minimum of one routine day of inspections.

E. Audit Review and Records

1. Supervisors will complete a 'Field Inspection Review' form for each audit and maintain the form for reference during the performance evaluation process; forms are to be submitted with Annual, Probationary, Merit or Interim Performance Evaluations to the Program Manager. The 'Field Inspection Review' forms are not to be left at the operator's facility, placed in any facility file/electronic record or otherwise used for enforcement purposes.
2. Each Supervisor will review the findings of their field audit with the Specialists in a timely manner. During the review, inconsistencies with Division policy will be addressed as appropriate through training, counseling or disciplinary action in accordance with HCA Policy III-3.03 – Employee Disciplinary Guidelines.
3. Audits should be conducted throughout the performance cycle.

F. Cross Audits

1. To maintain consistency among Supervisors, cross audits will be performed in addition to a joint field audit (see Section III.C of this policy) for probationary Specialists, or as needed at the discretion of the Supervisor for non-probationary Specialists. A Supervisor will accompany assigned field Specialists from another area into the field as often as necessary (at least annually) to observe and document how Specialists outside of their area function in the field environment. Cross audits may also be conducted as unaccompanied field audits. Supervisors will complete a 'Field Inspection Review' form at least annually to ensure uniformity of review practices. When conducting a cross audit, Supervisors shall not proceed in a manner that may demean the Specialist or reflect negatively on their work performance in the presence of an operator. Supervisors will ensure that their cross audits conform to current Division or program directives (e.g., conforming to risk-based inspections versus comprehensive inspections).
2. If inconsistencies occur between Supervisory areas, the information must be passed along to the Program Manager, and Assistant Director as needed, for final review and decision on how to proceed.



# Public Health Services Environmental Health Division Field Inspection Review Form

For Internal Use ONLY

Specialist Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Facility Name/DBA \_\_\_\_\_  
 Facility Address \_\_\_\_\_  
 Facility Contact \_\_\_\_\_  
 Date of Inspection Being Reviewed \_\_\_\_\_

Type of Review: ☐ Telephone ☐ Joint Field ☐ Unaccompanied Field ☐ Cross Audit

**Introduction** Yes No N/A

Was the inspection unannounced?.....  
 Did the inspector introduce himself/herself (courteous, have I.D)?.....  
 Was the purpose of the inspection made clear?.....  
 Did the inspector appear prepared to conduct an inspection (organized, have all forms and tools of inspection)?.....

## Inspection

Was the inspector knowledgeable?.....  
 Did the inspector clearly communicate their observations? .....  
 Did the inspector thoroughly explain the violations and offer recommendations or assistance with compliance?.....

## Inspection Report

Did the Inspection Report accurately reflect conditions observed at the facility?.....  
 If a follow-up inspection was needed, was the operator given adequate time to correct violations? .....

## Unaccompanied Field Review - Supervisor Observations

Was the last inspection report consistent with your observations? .....

**After Discussion with Operator, Supervisor is to Note Relevant Operator Comments Here:**

**Supervisor Inspection Comments and Observations:**

**Work Habits - Documentation**

Does the Specialist complete the following correctly and on time? Yes      No      N/A

Inspection Reports .....

Complaint Investigations/follow-up .....

Plan Checks/follow-up .....

Time sheets .....

Mileage Reimbursement .....

EPRP Claims .....

**For the Hazardous Materials Surveillance Section:**

CERS Reviews conducted thoroughly and within allowable time frame? .....

**Additional Supervisor Comments**

Supervisor Name \_\_\_\_\_ Specialist Initials \_\_\_\_\_

Date discussed with Specialist \_\_\_\_\_

Name: EHS I**PERFORMANCE ACTION PLANNING FORM**

Describe the major job responsibilities and objectives related to “Core Performance” and assignment specific “Customized” Competencies for the performance period. As part of the supervisor/employee discussion, consider the ways to develop knowledge, skills and abilities within the specific competencies during the performance review period.

<b>Job Knowledge/Skills:</b> <ul style="list-style-type: none"> <li>• Possesses sufficient skill and knowledge to perform key components of the job.</li> <li>• Makes effort to stay up to date with changing technology, or other requirements of the job.</li> <li>• Provides technical assistance to others if needed.</li> <li>• Understands department mission, role and departmental operations.</li> </ul>	<b>Action Plan Specifics:</b> *Apply the applicable laws, regulations, Standard Operating Procedures (SOP) and policies *Follow protocol as specified in the Retail Food Program Inspection Guide, including any resultant enforcement actions *Conduct summary foodborne and waterborne illness complaint investigations *Conduct thorough routine and follow up food and pool facility inspections and complaint investigations *Write accurate, thorough and detailed reports *Apply sound Public Health principles in your daily work activities *Possess the ability to advise business owners and other members of the public on the interpretation and conformity to applicable laws and regulations *Use EC/ECR and test versions as needed.
<b>Work Habits/Quality:</b> <ul style="list-style-type: none"> <li>• Plans and organizes work to accomplish assigned duties.</li> <li>• Makes good use of time and meets time frames for assignments.</li> <li>• Follows policies and procedures.</li> <li>• Pays attention to important details.</li> <li>• Structures activities to maximize speed and results.</li> <li>• Cares for equipment, materials and the work area.</li> </ul>	<b>Action Plan Specifics:</b> *Be flexible to change and willing to take on new challenges *Plan and carry out field work with guidance from Supervisor as needed *Respond to complaint investigations in a timely manner *Pay attention to details *Maintain well-organized work files *Plan and organize an effective schedule to minimize office and travel time and maximize field efficiency, e.g. clustering *Maintain eqpt. in good repair; protect from damage, loss, theft *Follow County & EH policies/procedures *Follow Division's Mission, Vision & Values
<b>Interpersonal Skills:</b> <ul style="list-style-type: none"> <li>• Shows respect and consideration for others.</li> <li>• Fosters and maintains positive working relationships.</li> <li>• Maintains professional conduct and exhibits courtesy.</li> <li>• Uses appropriate business like communication to accomplish job duties.</li> <li>• Works cooperatively in groups and demonstrates leadership skills when appropriate.</li> </ul>	<b>Action Plan Specifics:</b> *Maintain a positive and professional relationship with staff, co-workers, supervisors, clients, and public. Interact with operators and public in a way that reflects positively on EH. *Maintain a professional manner of attire that is appropriate to the work being conducted *Accept and respect authority *Demonstrate the use of appropriate and professional communication of all types (phone, text, email, written and in person, etc.) *Have the ability to explain violations and educate the operators *Maintain open and effective communication with your Supervisor and EHS III, keeping them informed of issues *Adhere to the County Code of Conduct

Name: EHS I**PERFORMANCE ACTION PLANNING FORM**

<b>Productivity/Effectiveness:</b> <ul style="list-style-type: none"> <li>• Completes work accurately, thoroughly, and neatly.</li> <li>• Completes volume of work that meets established standards in a timely manner.</li> <li>• Identifies work related problems and finds, recommends and implements effective solutions as appropriate.</li> <li>• Accepts ownership and responsibility for the job.</li> </ul>	<b>Action Plan Specifics:</b> <ul style="list-style-type: none"> <li>*Complete all assignments and projects including immediate and long term goals within the established deadlines, including entering information into the database (e.g. syncing, DEs/Daily Time and Activity, complaints)</li> <li>*Maintain expected inspection productivity as directed.</li> <li>*Take a proactive approach to issues encountered in the field</li> <li>*Take the necessary and appropriate level of enforcement action in the form of Notices of Violation, permit suspensions, voluntary condemnations, sampling, impounds, office hearings and court action</li> <li>*Willingness to learn and adapt to a variety of situations</li> <li>*Write accurate, thorough and detailed reports</li> </ul>						
<b>Attendance/Punctuality:</b> <ul style="list-style-type: none"> <li>• Is at work on time and is ready to work and adheres to work schedule, unless on an authorized leave of absence.</li> </ul>	<b>Action Plan Specifics:</b> <ul style="list-style-type: none"> <li>*Report to work on time and is ready to conduct County business</li> <li>*Keep the Supervisor/SOD informed when not coming to work due to illness or when coming in late</li> <li>*Properly request time off for vacation by using proper documentation methods</li> <li>*Obtain authorization before working overtime or deviating from assigned work schedule</li> <li>*Work a complete shift as scheduled</li> <li>*Follow the County of Orange MOU and EH Attendance Policy regarding proper usage of sick leave, vacation time, and comp time</li> </ul>						
<b>Customized Competencies:</b> <ul style="list-style-type: none"> <li>• (Select up to two competencies from the "Competency and Skill Set Directory")</li> </ul>	<b>Action Plan Specifics:</b>						
<table> <tr> <td>Employee Signature: _____</td> <td>Date: _____</td> </tr> <tr> <td>Supervisor Signature: _____</td> <td>Date: _____</td> </tr> <tr> <td>Reviewer Signature: _____</td> <td>Date: _____</td> </tr> </table>		Employee Signature: _____	Date: _____	Supervisor Signature: _____	Date: _____	Reviewer Signature: _____	Date: _____
Employee Signature: _____	Date: _____						
Supervisor Signature: _____	Date: _____						
Reviewer Signature: _____	Date: _____						



**Attachment**

For your convenience the text box below is provided to include as an attachment. Please reference which section of the PIP form the attachment references.



Name: EHS I

## PERFORMANCE ACTION PLANNING FORM

Describe the major job responsibilities and objectives related to “Core Performance” and assignment specific “Customized” Competencies for the performance period. As part of the supervisor/employee discussion, consider the ways to develop knowledge, skills and abilities within the specific competencies during the performance review period.

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<p><b>Work Habits/Quality:</b></p> <ul style="list-style-type: none"> <li>• Plans and organizes work to accomplish assigned duties.</li> <li>• Makes good use of time and meets time frames for assignments.</li> <li>• Follows policies and procedures.</li> <li>• Pays attention to important details.</li> <li>• Structures activities to maximize speed and results.</li> <li>• Cares for equipment, materials and the work area.</li> </ul>	<p><b>Action Plan Specifics:</b></p> <p>*Be flexible to change and willing to take on new challenges *Plan and carry out field work with guidance from Supervisor as needed *Respond to complaint investigations in a timely manner *Pay attention to details *Maintain well-organized work files *Plan and organize an effective schedule to minimize office and travel time and maximize field efficiency, e.g. clustering *Maintain eqpt. in good repair; protect from damage, loss, theft *Follow County &amp; EH policies/procedures *Follow Division's Mission, Vision &amp; Values</p>
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Name: EHS I

## PERFORMANCE ACTION PLANNING FORM

<p><b>Productivity/Effectiveness:</b></p> <ul style="list-style-type: none"> <li>• Completes work accurately, thoroughly, and neatly.</li> <li>• Completes volume of work that meets established standards in a timely manner.</li> <li>• Identifies work related problems and finds, recommends and implements effective solutions as appropriate.</li> <li>• Accepts ownership and responsibility for the job.</li> </ul>	<p><b>Action Plan Specifics:</b></p> <p>*Complete all assignments and projects including immediate and long term goals within the established deadlines, including entering information into the database (e.g. syncing, DEs/Daily Time and Activity, complaints)</p> <p>*Maintain expected inspection productivity as directed.</p> <p>*Take a proactive approach to issues encountered in the field</p> <p>*Take the necessary and appropriate level of enforcement action in the form of Notices of Violation, permit suspensions, voluntary condemnations, sampling, impounds, office hearings and court action</p> <p>*Willingness to learn and adapt to a variety of situations</p> <p>*Write accurate, thorough and detailed reports</p>
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<p><b>Customized Competencies:</b></p> <ul style="list-style-type: none"> <li>• (Select up to two competencies from the "Competency and Skill Set Directory")</li> </ul>	<p><b>Action Plan Specifics:</b></p>
<p>Employee Signature: _____ Date: _____</p> <p>Supervisor Signature: _____ Date: _____</p> <p>Reviewer Signature: _____ Date: _____</p>	

Name: EHS I

### PIP GOALS

<ul style="list-style-type: none"> <li>At the beginning of the performance evaluation cycle, the employee and supervisor will jointly establish a minimum of one to a maximum of three performance goals. One goal must be performance based and added goals may encourage employee growth and development. When setting goals, discuss with the employee anticipated projected results and timeframes for completion.</li> <li>Goals must be developed using a framework consisting of specific, measurable, action-oriented, realistic and time limited objectives, "SMART" which should be tied to the overall department/division mission and business objectives.</li> </ul>	<ul style="list-style-type: none"> <li>At the end of the performance period, indicate whether or not the goal was achieved in the final review narrative section of the form. If goals were not achieved, explain the reasons for non-achievement.</li> <li>Goals may be tied to core performance competencies that further the department mission and objectives.</li> </ul>
<div style="margin-bottom: 10px;">1.</div> <div style="margin-bottom: 10px;">2.</div> <div style="margin-bottom: 10px;">3.</div>	<div style="margin-bottom: 10px;">1.</div> <div style="margin-bottom: 10px;">2.</div> <div style="margin-bottom: 10px;">3.</div>
<b>Planned Activities to Achieve Goals:</b> ( <input type="checkbox"/> additional sheets attached)	
Goal #1:          Goal #2:          Goal #3:          	<b>Deadlines (If applicable)</b>  1.          2.          3.          
<div style="display: flex; justify-content: space-between;"> <div>Employee Signature: _____</div> <div>Date: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Supervisor Signature: _____</div> <div>Date: _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>Reviewer Signature: _____</div> <div>Date: _____</div> </div>	

Name: \_\_\_\_\_

**Attachment**

**For your convenience the text box below is provided to include as an attachment. Please reference which section of the PIP form the attachment references.**



# PERFORMANCE REVIEW

## Cover Sheet

<p><b>NAME:</b></p> <p>Last: [REDACTED] First: [REDACTED] MI: [REDACTED]</p> <p>Classification: [REDACTED] Identification Number #: [REDACTED]</p> <p>Evaluation Period: <u>01/15/2021</u> From <u>07/15/2021</u> To Current Step: <u>5</u> Eff. Date: <u>07/16/2021</u> (All dates should be in MM/DD/YYYY format)</p> <p>Agency/Department: <u>HCA/</u> [REDACTED]</p>	<p><b>Evaluation Type:</b></p> <p><input type="checkbox"/> Annual Review</p> <p><input type="checkbox"/> Interim</p> <p><input checked="" type="checkbox"/> Merit</p> <p><input checked="" type="checkbox"/> Probation</p> <p><input type="checkbox"/> Promotion</p> <p><input type="checkbox"/> Separation</p> <p><input type="checkbox"/> Transfer Out of Agency</p> <p><input checked="" type="checkbox"/> Other (Specify)</p> <p><u>PIP</u></p>
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## REVIEW OF PERFORMANCE NARRATIVE

☐ Interim    ☒ Merit    ☒ Probation  
☐ Annual    ☐ Separation    ☐ Transfer Out of Agency  
☐ Promotion    ☒ Other    PIP

Name: [REDACTED]

ID #: [REDACTED]

**Summarize conclusions about overall performance. See instructions:** (☒ additional sheets attached)  
 Please see attached.

**Summarize Conclusions About PIP Goal Performance:** (☒ additional sheets attached)  
 Please see attached.

**Employee Comments:** (☐ additional sheets attached)

The process of defining performance objectives and developing goals was collaborative.

☐ Yes    ☐ No

My supervisor worked with me throughout the process by providing me with feedback regarding my work, and providing me with any assistance I needed to be successful.

☐ Yes    ☐ No

**I agree with the above rating:**    ☐ Yes    ☐ No

## OVERALL PERFORMANCE RATING &amp; PIP AWARD:

- Employee Overall Performance Rating    ☒ **EXCEEDS PERFORMANCE OBJECTIVES**    ☐ **MEETS PERFORMANCE OBJECTIVES**    ☐ **DOES NOT MEET PERFORMANCE**
- Merit Step Increase    ☒ Steps granted (1-4) pursuant to the applicable MOU (recommendation when added to current step shall not exceed the top step of the range)
- No Salary Adjustment Required    ☐ At top step of range (may also be used for employees who are at the discretionary step pursuant to the applicable MOU)
- Merit Increase Deferred    ☐ Pay Periods (1-13)
- Merit Increase Denied    ☐

PIP GRANTED    ☒

☐ Time-Off

☐ Pro-Rated PIP

Probation Approved    ☒

Probation Denied    ☐

Employee Signature

Supervisor Signature

Reviewer Signature

Employee Name (please print)

Supervisor Name (please print)

Reviewer Name (please print)

Date

8/31/2021

Date

Date

**Probation Review**

[REDACTED]

Date of review: 01/15/21 – 07/15/21

Page 1

Employees Initials \_\_\_\_\_

Rater's Initials JF \_\_\_\_\_

Reviewer's Initials \_\_\_\_\_

[REDACTED], this probation review covers the six-month period following your promotion to an Environmental Health Specialist II assigned to the Specialized Assessment Team (SAT). Lauren you exceed your performance objectives in each of the following competencies.

**Job Knowledge/Skills**      ☒ Exceeds      ☐ Meets      ☐ Does Not Meet

- Possesses sufficient skill and knowledge to perform key components of the job.
- Makes effort to stay up to date with changing technology, or other requirements of the job.
- Provides technical assistance to others if needed.
- Understands department mission, role, and departmental operations.

**Comments:**

[REDACTED], you were promoted to an Environmental Health Specialist II and assigned to the Specialized Assessment Team (SAT). In order to prepare for this position you were selected as an EHS I to assist SAT while there were two vacancies. You received cross-training in the following assignments and continue to assist and support the following areas of SAT: Foodborne Illness (FBI) complaint intake, Foodborne Illness Outbreak (FBO) notification and investigations, to include secure delivery of a notification for an employee "Removal from Work" and employee "Return to Work" at a food establishment on behalf of the County of Orange Medical Director for Epidemiology – Communicable Disease Control Division (CDCD), Cottage Food Operation (CFO) and Shared Food Facilities (SFF) review and approval. During this review period, you have also gone above and beyond your normal assigned duties and have been instrumental in supporting the Health Care Agency's effort to respond to the Coronavirus (COVID-19) pandemic. You assisted Communicable Disease Control Division (CDCD) with contact tracing investigations regarding COVID-19 illness among employees in retail and wholesale facilities.

You understand workflows, take on assignments with ease, and identify your role in SAT with minimal direction that allows you to attain program goals and objectives. You are active in maintaining mandates for the foodborne illness complaint intakes and take the lead when assigning illness investigations. You follow-up with online FBI complaints by completing phone interviews or eliciting information through email during your assigned FBI day to ensure all sections are answered in full in order to further assist the investigation. During this period, you generated (32) FBI complaints, completed (6) six summary foodborne illness investigations, and served as the lead investigator in three (3) FBI outbreaks. You also conducted one (1) legionella investigation at a community spa in Irvine, wherein you assisted district staff in the closure of the pool and spa for a safety hazard observed, a hole in the pool plaster. You worked with the Home Owners Association (HOA) Manager to identify next steps for legionella testing and disinfection and provided guidance published by the Centers for Disease Control and Prevention (CDC). Your communication updates were appreciated as you briefed the Agency

**Probation Review**

[REDACTED]

Date of review: 01/15/21 – 07/15/21

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Deputy Health Officer and assigned Public Health Nurse (PHN) on details circulating the investigation.

During your most recent foodborne illness outbreak investigation you identified a group of Public Health Nurses from Ventura County that reported foodborne illness. Information gathered identified 24 Carrots, one of the largest catering operations in the County, had catered and delivered lunches to the COVID-19 Point of Distribution (POD) sites in Ventura over the course of several days. This outbreak was not your standard comprehensive investigation and included multiple jurisdictions. During your comprehensive investigation you gathered information regarding employee schedules, other catered events, menus, workflows for ready-to-eat foods, and worked jointly with CDCD and California Department of Public Health (CDPH) Infectious Disease Branch to identify the cause of the illnesses.

The second outbreak you investigated included an imminent health hazard identified and multiple critical risk factors that resulted in further enforcement action. Details regarding these investigations included a joint investigation with a SAT member at Avilas El Ranchito Mexican Restaurant, wherein you identified a cockroach infestation that resulted in a Health Permit Suspension and facility closure. You observed the following critical risk factors to be out of compliance and ensured the appropriate corrective action was secured.

- A lack of demonstrated knowledge by the Person In Charge (PIC) with regard to the proper internal cooking temperatures of meat products and employee health.
- You also observed an employee handle raw meat and proceeded to handle lettuce without conducting handwashing or a glove change. The lettuce was Voluntarily Condemned and Destroyed (VC&D) and education was provided regarding proper handwashing between a change in task that can result in cross contamination.
- You identified improper temperature control of cold and hot potentially hazardous foods and ensured an assessment of the time and temperature relationship was documented. You provided education and instructed staff to rapidly cool the cold foods to 41°F and ensured the hot foods were reheated to 165°F.
- A traceback of the ingredients and secured supplier information. You ascertained evidence that did not support an approved food source, as a result you placed an impound on the food products in question and followed-up with the Wholesale Program. By doing so, you were able to identify a produce supplier that did not obtain proper permits for the storage of perishable foods overnight.

During the investigation, you kept your chain of command abreast of developments and ensured CDCD was informed. I appreciate that you brought the matter to conclusion and completed the second or greater re-inspection to VC&D the impounded perishable food products and identified cockroach activity was abated. This subsequent site visit also provided an opportunity to observe that compliance was maintained and there was improvement with regard to food handling and employee hygiene.



[REDACTED]  
[REDACTED]  
Date of review: 01/15/21 – 07/15/21

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[REDACTED]  
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The third FBI outbreak investigation you lead, was conducted at De Simone Bakery & Deli wherein you identified the following critical risk factors. The Food Safety Certification was expired and there was a lack of proper cleaning and sanitizing methods in place. A 30-day re-inspection was scheduled to obtain the Food Safety Certification. Education was provided regarding proper cleaning and sanitizing of the deli slicer at the required frequency when in use. You also observed and documented the appropriate corrective action, wherein the unit was disassembled and all food contact surfaces were washed, rinsed, and sanitized.

You have provided technical assistance when completing reviews of FBI summary investigations and routine inspection reports for district staff. Your assistance and notated corrections are appreciated, as this is instrumental in maintaining consistency and continuity among the FPS program. [REDACTED], you continue to learn and stay informed with trending data regarding foodborne illness investigations and recalls by reviewing surveillance databases such as the confirmed cases and exposure, as well as the iWasPoisoned webpage email. Additionally, you acknowledge updates emailed by the SAT Supervisor for ongoing outbreaks and situations that arise. Lauren, you have come alongside your SAT member to assist in the Shared Food Facility review and help distribute the workload as the number of SFF inquiries and applicants has significantly increased. You assist in the Shared Food Facility (SFF) reviews and have made changes to processing workflows or efficiency, to include the use of a shared email inbox. You were cross-trained in the Primary Food Operation site evaluation and referrals to district staff. In order to assist district staff in Area 700, you completed an in-field site evaluation at Smart Kitchens, Irvine by conducting the initial routine inspections for twelve (12) SFF dependents at the shared kitchen. You also used this opportunity to train area inspectors regarding this process.

[REDACTED], you continue to find ways to increase your skills and knowledge base as an investigator in SAT, such as by reviewing the CDC website for recent outbreak trends/investigations, keeping abreast with food product recalls, and attending online trainings. During this review period you attended the Washington Integrated Food Safety Center of Excellence - Foodborne Illness Outbreak Investigation series and Vibrio training. As for the FBIO training, you identified a toolkit that included an etiology matrix for a focused FBI investigation that can further assist staff during their onsite investigations. You developed a toolkit for the Food Safety Program during this review period for your PIP goal. I look forward to implementing the toolkit with the referred investigations to district staff, as this is a program wide resource. You attended the 2021 virtual Integrated Foodborne Outbreak Response and Management (InFORM) conference wherein Orange County EHD-SAT was recognized for their role in assisting CDC in two multi-state outbreaks. The traceback investigations included a product recall for Earwood mushrooms for Salmonella Stanley and cashew pieces imported from Vietnam found to have Salmonella Paratyphi B and was used at Nekter retail locations to produce cashew milk. You also attended the 2021 virtual conference for Lead and Healthy Housing, wherein you learned about the adverse effects of lead, including new research regarding third-hand smoke and lead-based paint hazard control and

**Probation Review**

[REDACTED]

Date of review: 01/15/21 – 07/15/21

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Employees Initials \_\_\_\_\_

Rater's Initials JF \_\_\_\_\_

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enforcement by federal and state agencies. Most recently you attended the in-person Marking Guide Refresher course held at the EHD.

You understand your role in protecting public health and execute your assigned duties in the SAT with integrity and outstanding customer service. During the coronavirus (COVID-19) pandemic you exceeded your regular assigned duties and that of your peers within the Division by completing ninety (90) contact tracing investigations for employee illness in both retail and wholesale food facilities on behalf of CDCD. In addition, you took on other duties as assigned by completing the following tasks below to support SAT, CDCD COVID BFT, and the PHN Outbreak Investigation team:

- You spearheaded and revised the new workflow for the COVID-19 employee illness investigations following changes in reporting outbreaks to the state portal, CalCONNECT-SPOT.
- You often led the morning COVID-19 briefing wherein referrals and complaint investigations are assigned. The COVID-19 briefings have allowed SAT to effectively delegate and assign investigations in order of receipt, as well as providing consistency as the investigation team expands and contracts with the number of reported COVID-19 cases.
- You recently assisted the SAT Supervisor by fulfilling a data and quality assurance request made by CDCD with a 14-day deadline. You elicited information from the assigned EHD investigator, reviewed approximately thirty five (35) investigations, and provided case information through the investigation reports, excel spread sheets, and emails.

**Work Habits/Quality**☒ Exceeds☐ Meets☐ Does Not Meet

- Plans and organizes work to accomplish assigned duties.
- Makes good use of time and meets time frames for assignments.
- Follows policies and procedures.
- Pays attention to important details.
- Structures activities to maximize speed and results.
- Cares for equipment, materials, and work area.

**Comments:**

[REDACTED], you are one of two primary reviewers for CFO. You consistently complete thorough reviews in a timely manner and are mindful of the 20-business day mandate. You structure activities to increase efficiency and maximize results when CFO billing, renewals, and cancellations are completed. When comparing the number of newly permitted CFOs for 2021 for Class A and Class B to the previous year, the number has doubled. I appreciate that you have balanced this increased workload with your other assigned duties, to include assisting in the COVID-19 investigations.

You pay attention to important details and identify products that are not approved for CFO, and keeping abreast with changes to the CDPH CFO program and list of approved

**Probation Review**

Lauren Fuertes

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products, such as icing and glazes containing meringue powder. You communicate your findings for each review by issuing a correction letter, and make certain the reformulations submitted are rendered non-potentially hazardous. Another example of your attention to detail included the issuance of a Cease and Desist notice to a CFO when EHD was informed by the Special Events Section that a Temporary Food Facility (TFF) permit included unapproved beverage products being produced and sold at the TFF event. Great work coordinating enforcement efforts!

You plan and organize your day to ensure deadlines are met. During the COVID-19 pandemic there were many operators who chose to cancel their CFO business. The cancellation process is manually combersome, yet you continued to process the CFO cancellations promptly. You ensure the Record Update Request is completed and processed, an Inactivation letter is sent to the CFO, and often a Memo Reversal is signed by the SAT Supervisor and sent to EHD Billing for processing. You secured and processed eighty (80) CFO cancellation forms and identified the last date of operation and business address. You often work alongside EHD Billing staff and ensure past-due and outstanding renewals are resolved in a timely manner before CFOs are referred to collections. You assisted the Office Specialist by emailing the monthly CFO renewal reminder emails, which helps to reduce the number of late payments and delinquent accounts. During COVID-19 you assisted in an electronic permitting workflow and continue to provide outstanding customer service by facilitating an electronic Health Permit application and payment drop-off by appointment prior to the QLess System being implemented for SAT in June.

██████, you follow policies and procedures. Several examples of this was when you completed secured email correspondences on behalf of EHD and CDCD to the food facility or with your SAT members and those assisting with the COVID-19 illness response. Additionally, you ensure sensitive information obtained through a foodborne illness outbreak or COVID-19 investigation to include employee names and contacts, as provided by the facility, were communicated to CDCD using the secure share folder or encrypted email. Several examples of this were when you worked directly with the Human Resources Director and Administration for both retail food chains and wholesale food establishments to include Northgate Gonzalez Markets, Target, and True Fresh LLC during a COVID-19 outbreak.

You structure and prioritize your day to ensure tasks and investigations that need immediate attention are taken care of first. A recent example of this was when you investigated a suspected vibrio case at EMC, Irvine. You immediately responded by completing the FBI questionnaire and identified the consumption of raw oysters, and confirmed your assessment by following-up with CDCD. You secured the type of oyster consumed and completed a thorough traceback investigation wherein you secured tags, supplier information, quantity sold, and identified violations related to the processing of the oysters. You then provided your findings to CDCD and the CDPH-FDB Seafood Specialist.

**Probation Review**

[REDACTED]

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Employees Initials \_\_\_\_\_

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[REDACTED], you care for equipment, materials, and your work space. You take pride in the work you complete and recognize the importance of remaining organized. An example of this was when you reorganized and color coordinated the CFO inbox containing the applications, corrections, renewals, and product additions for review. You wear many different hats thorough out the day and it is not uncommon to shift from interviewing complainants and responding to FBIO outbreaks to providing guidance to a CFO or SFF applicant. You are supportive of your team members and offer your assistance when needed.

**Interpersonal Skills**☒ Exceeds☐ Meets☐ Does Not Meet

- Shows respect and consideration for others.
- Fosters and maintains positive working relationships.
- Maintains professional conduct and exhibits courtesy.
- Uses appropriate business-like communication to accomplish job duties.
- Works cooperatively in groups and demonstrates leadership skills when appropriate.

**Comments:**

[REDACTED], you foster and maintain positive working relationships with FPS staff, SAT and CDCD. I appreciate your initiative to promote a healthy work environment. You have participated in various team building activities, such as SAT lunch meetings with social distancing due to COVID-19, decorating SAT workstations with decals for the holidays, or steamers and balloons for birthdays. You are patient and diligent to work toward a resolution when challenges present themselves. You recently demonstrated this when staff experienced an overlap in services with CDCD – COVID Business Follow-Up Team while investigating cases of COVID-19 illness at the beginning of the year. You offered a solution by eliciting feedback and crafting an email to communicate these findings on behalf of SAT. As a result, the SAT Supervisor was able to take the feedback to Program Management and seek approval to provide access to the state portal, CalCONNECT-SPOT and receive cross training by CDDC. As a result, both have been executed and the outcome has led to a streamlined COVID-19 investigation process.

You use appropriate business-like communication with all written and oral correspondence to your colleagues and the public to accomplish job duties. Examples include, inactivating a SFF at an incubator kitchen and facilitating a SFF review for another shared kitchen location and providing guidance regarding the Processed Food Registration and Cannery License for a SFF proposing to make roasted salsas for distribution. You were also observed using excellent communication in the field during a joint-inspection and investigation at Wingstop, Orange.

- You demonstrated excellent communication and identified the purpose of the visit without disclosing sensitive information. You were able to elicit information necessary to identify any recent FBIs, employee health, and schedule changes.

**Probation Review**

[REDACTED]

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- You used open ended questions to identify relevant protocols pertaining to the workflow of suspect foods and to evaluate food safety. You requested verification forms to include reviewing the temperature logs for the date of the investigation and date of the incident.
- You applied your knowledge of the factors contributing to foodborne illness and identified critical risk factors during your assessment. You communicated the top five (5) CDC risk factors with the PIC and ensured employees assigned to a specific task demonstrated knowledge.
- You identified several sauces prepared in-house that were not maintained under temperature control with extended shelf-life. You explained the risk and concern with regard to the sauces and properly documented the need for further evaluation. You then secured the Corporate Office Food Safety contact.

[REDACTED], you work cooperatively in SAT and demonstrate leadership skills when appropriate, such as notifying CDCD and EHD Administration when there is a reported FBIO. In addition, you have taken the lead to ensure outbreaks are investigated the same day and your findings are reported back to SAT, EHD Administration and CDCD. During the beginning of the year, you were assigned COVID investigations for Target, wherein you identified a lack in reporting cases and protocols. You worked directly with the Deputy Medical Director for CDCD and Target's Corporate Administrator to establish when to report an outbreak and secured protocols to assist in steering the investigation to ensure compliance with AB685. As a result of your efforts, you ensured the reports were completed in a timely manner and you communicated your findings with CDCD.

**Productivity/Effectiveness**☒ Exceeds☐ Meets☐ Does Not Meet

- Completes work accurately, thoroughly, and neatly.
- Completes volume of work that meets established standards in a timely manner.
- Identifies work related problems and finds, recommends, and implements effective solutions as appropriate.
- Accepts ownership and responsibility for the job.

**Comments:**

[REDACTED], you maintain workload status up to date to avoid backlogs by implementing innovative actions that surpass many within your classification. An example of this was when you implemented a weekly COVID-19 briefing with Northgate Gonzalez Market Human Resources Director to track outbreaks at various store locations throughout Orange County. You used an excel spreadsheet that could be updated and posted in FBIO which identified all store locations. The same tables were implemented in various other chain grocery stores such as Sprouts and Stater Bros and were shared with the COVID-BFT and as the PHN assigned to the outbreak.

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[REDACTED]

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You ensure you keep your SAT Supervisor, colleagues and EHD Administration informed of any work-related issues or concerns and make recommendations to work toward a resolution. You provided assistance and guidance in working with the SAT Supervisor to revise the COVID-19 investigation workflow to include: the use of appropriate service codes, ensuring language is consistent with the C13 and C30 Illness Investigation reports by creating the frequent verbiage word document, and ensuring COVID complaints are closed out appropriately with updated notes. You accept ownership of the job and I admire that you work toward finding efficiency and streamlining tasks, such as requesting to create a shared email inbox for SFF and incorporating task folders for each Primary Food Operation in the share folder to delineate each step of the review and permitting process for SFF. This mirrored a process you developed for CFO.

You demonstrate and accept responsibility and ownership for the job performed and find, recommend, and implements effective solutions as appropriate. While the CFO Class B home inspections were deferred in 2020 when COVID-19 cases peaked, they resumed in May 2021. I appreciate you spearheading and coordinating the email notification regarding the CFO Class B inspections and dividing the inspections among SAT into clusters as there were 120 routine inspections to complete. You completed fourteen (14) Class B routine inspections during the last two months of this review period. As mentioned previously, the number of new CFO permits has doubled and the number of applications submitted for review has significantly increased from last year due to the pandemic. A total of (161) CFOs have been newly permitted thus far in 2021. A majority of those permits were Class A and twenty percent were Class B. Despite the unanticipated increases in workload within the program, you have managed to excel as a primary reviewer. You completed the following CFO review activities. You have been busy!

- (93) initial reviews
- (214) continued plan reviews
- (103) correction letters
- (159) renewals
- (29) CFO plan approvals eligible for permitting
- (56) new CFO permits with approved letters

**Attendance/Punctuality:**

[REDACTED], you consistently arrive to work on time and are ready to work. You adhere to your work schedule, unless on an authorized leave of absence. You keep your SAT Supervisor informed of any schedule changes.

**Customized Competencies:**

[REDACTED], the customized competencies in your Performance Action Plan listed are Innovation/Creativity and Analysis/Decision Making. An example of your innovation was when you sought out new approaches to organizing the COVID-19 comment library, questionnaire template, Health Orders, and training information provided by CDCD for

**Probation Review**

[REDACTED]

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Employees Initials \_\_\_\_\_

Rater's Initials JF

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CalCONNECT-SPOT. Your organization and customized creativity have providing a share folder that is easy to use and navigate. You often champion new ideas that are integrated with relevant approaches and have embraced change throughout the course of the pandemic.

[REDACTED], for Analysis/Decision Making, you identified and distinguished key issues among several corporate chains reporting outbreaks in CalCONNECT-SPOT. You made a list of frequently asked questions and comments from industry and ensured the information was passed along to CDCD – COVID Business Follow-up Team. Based on the feedback, several updates were made to CalCONNECT-SPOT allowing for entry to be more user friendly. Examples of the key issues identified were:

- Duplicate event numbers were generated for the same outbreak
- A chain corporation was not able to assess all event numbers generated for their firm
- The Cal-CONNECT liaison was not able to edit information that was entered into Cal-CONNECT and as a result the assigned PHN and data entry were spending a large amount of time correcting information.
- A lack of case identifiers such as missing dates of birth, position/title, or contact information
- A lack of close contacts and their contact information

**PIP GOAL:**

[REDACTED], your PIP Goal was to research the WA State FBIO Toolkit and develop a draft guidance document - Matrix of Focused Foodborne Illness (FBI) Investigation. This guidance document coupled with the summary investigation template issued with the referral to the Area Lead will assist district staff by streamlining the FBI investigation for the suspected etiology. You have identified the guidance document in the WA State FBIO Toolkit, and you are presently working on a draft for review. The second part of your PIP included coordinating and scheduling a date with the EHD Training Coordinator for the FBIO Investigation & Epidemiology 4-hour training, which you completed. The scheduled date will be late summer and will include two training groups. A SAT team meeting has been scheduled to review update slides for your respective sections presented. I look forward to seeing these creative ideas come to fruition as you continue to align FPS program needs with Division goals.

[REDACTED], you have been an asset to SAT and to the Environmental Health Division and I want to thank you for the efforts and the work you do. I look forward to your growth in this Section and within the Division.

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>SPROUTS FARMERS MARKET</b>		FACILITY ADDRESS <b>225 E 17TH ST A, COSTA MESA, CA 92627</b>	
MAILING ADDRESS <b>5455 E HIGH ST STE 111 PHOENIX, AZ 85054</b>		IDENTIFIER <b>None</b>	
C/O - OWNER <b>LICENSING-HENRYS HOLDINGS LLC</b>		RESULT <b>PASS</b>	
FACILITY ID <b>FA0005309</b>	RELATED ID <b>PR0005309</b>	SERVICE: <b>A01 - ROUTINE INSPECTION</b>	INSPECTION DATE <b>1/12/2022</b>
PROGRAM DESCRIPTION <b>0316 - FOOD MARKET W/ 1 PREP AREA 2000-5999 SQ FT</b>		FOOD MANAGER CERTIFICATE / EXPIRATION DATE <b>M. KUNTZ 7/26/23</b>	REINSPECTION DATE: <b>NEXT ROUTINE</b>

Based on an inspection this day, the compliance status (IN, MAJ, MIN, N/A, N/O, OUT, COS) has been identified below. Violations noted as MAJ, MIN or OUT must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee. See the following page(s) for the California Health and Safety code sections and other applicable codes for the general requirements that correspond to the violation(s) noted below.

IN = In Compliance MAJ = Major MIN = Minor N/A = Not Applicable N/O = Not Observed OUT = Out of Compliance COS = Corrected on Site

### CRITICAL RISK FACTORS

IN	MAJ	MIN	N/A	N/O	EMPLOYEE KNOWLEDGE	COS
		●			1. Demonstration of knowledge	
●					2. Food manager certification; food handler cards	
EMPLOYEE HEALTH & HYGIENIC PRACTICES						
●					3. Communicable disease; reporting, restrictions & exclusions	
●					4. No discharge from eyes, nose, and mouth	
●					5. Proper eating, tasting, drinking or tobacco use	
PREVENTING CONTAMINATION BY HANDS						
●					6. Hands clean and properly washed; gloves used properly	
●					7. Adequate handwashing facilities supplied & accessible	
TIME AND TEMPERATURE RELATIONSHIPS						
		●			8. Proper hot and cold holding temperatures	●
			●		9. Time as a public health control; procedures & records	
●					10. Proper cooling methods	
●					11. Proper cooking time & temperatures	
				●	12. Proper reheating procedures for hot holding	

IN	MAJ	MIN	N/A	N/O	PROTECTION FROM CONTAMINATION	COS
●					13. Returned and reserve of food	
●					14. Food in good condition, safe and unadulterated	
		●			15. Food contact surfaces: clean and sanitized	●
FOOD FROM APPROVED SOURCES						
●					16. Food obtained from approved source	
●					17. Compliance with shell stock tags, condition, display	
			●		18. Compliance with Gulf Oyster Regulations	
ADDITIONAL CRITICAL RISK FACTORS						
			●		19. Compliance with variance, specialized process, & HACCP Plan	
			●		20. Consumer advisory provided for raw or undercooked foods	
			●		21. Licensed health care facilities/public & private schools: prohibited foods not offered	
●					22. Hot and cold water available	
●					23. Sewage and wastewater properly disposed	
●					24. No rodents, insects, birds, or animals	

### GOOD RETAIL PRACTICES

OUT	SUPERVISION	COS
	25. Person in charge present and performs duties	
	26. Personal cleanliness and hair restraints	
GENERAL FOOD SAFETY REQUIREMENTS		
●	27. Approved thawing methods used, frozen food	
●	28. Food separated and protected	
	29. Washing fruits and vegetables	
	30. Toxic substances properly identified, stored, used	
FOOD STORAGE/DISPLAY/SERVICE		
	31. Food storage; food storage containers identified	
	32. Consumer self-service	
	33. Food properly labeled & honestly presented	

OUT	EQUIPMENT/UTENSILS/LINENS	COS
●	34. Nonfood contact surfaces clean	
●	35. Warewashing facilities: installed, maintained, used; test strips	
●	36. Equipment/Utensils approved; installed; good repair, capacity	
	37. Equipment, utensils and linens: storage and use	
	38. Adequate ventilation and lighting; designated areas, use	
	39. Thermometers provided and accurate	
	40. Wiping cloths: properly used and stored	
PHYSICAL FACILITIES		
	41. Plumbing: proper backflow devices	
	42. Garbage and refuse properly disposed; facilities maintained	
	43. Toilet facilities: properly constructed, supplied, cleaned	
●	44. Premises: personal/cleaning items; vermin-proofing	

OUT	PERMANENT FOOD FACILITIES	COS
●	45. Floor, walls, ceilings: built, maintained, and clean	
	46. No unapproved private homes/living or sleeping quarters	
SIGNS/REQUIREMENTS		
	47. Signs posted; last inspection report available	
	48. Plan Review	
	49. Health Permit	
COMPLIANCE AND ENFORCEMENT		
	50. Permit Suspension - Imminent Health Hazard	
	51. Notice of Violation - Hearing	
	52. Permit Suspension	
	53. Voluntary Condemnation & Destruction (VC&D)	
	54. Impoundment	
	55. Sample Collected	



## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME SPROUTS FARMERS MARKET	DATE 1/12/2022
LOCATION 225 E 17TH ST A, COSTA MESA, CA 92627	RELATED ID PR0005309

### OPENING COMMENTS

The purpose of this visit is to conduct a routine inspection.

#### 1. DEMONSTRATION OF KNOWLEDGE - MINOR

##### Inspector Comments:

It was revealed that the deli slicers are first cleaned with a 200 ppm quaternary ammonia solution, and then sanitized with a no rinse cleaner sanitizer. No test strips were available to measure the concentration of no rinse cleaner sanitizer.

Education was provided regarding best practices on chemical usage. The deli slicer was cleaned with a detergent solution, rinsed with a wet towel and sanitized using 200 ppm quaternary ammonia during the inspection.

Violation Description: All food employees, including the person in charge, shall have adequate knowledge of and be trained in food safety as it relates to their assigned duties. (113947)

#### 8. PROPER HOT AND COLD HOLDING TEMPERATURES - MINOR

##### Inspector Comments:

Measured cured ham at 44F stored beyond the load limit on the open faced display cooler.

Corrective action: The cured ham was relocated into the bakery walk-in cooler. Maintain potentially hazardous foods at or below 41F.

Violation Description: Potentially hazardous foods shall be held at or below 41°F or at or above 135°F. (113996, 113998, 114037)

**Corrected on site**

#### 15. FOOD CONTACT SURFACES: CLEAN AND SANITIZED - MINOR

##### Inspector Comments:

Raw meat residues were noted on the stored band saw and meat grinder in the meat department cutting room. Maintain stored equipment clean to sight and touch. Thoroughly clean and sanitize food contact surfaces on equipment and utensils.

Corrective action: The equipment was disassembled and cleaned and sanitized during the inspection.

Violation Description: All food contact surfaces of utensils and equipment shall be clean and sanitized. (113984(d), 114097, 114099.1, 114099.4, 114099.6, 114101(b-d), 114105, 114109, 114111, 114113, 114115(a, b, d), 114117, 114125(b), 114141)

**Corrected on site**

#### 27. APPROVED THAWING METHODS USED, FROZEN FOOD - OUT OF COMPLIANCE

##### Inspector Comments:

Packaged chicken & broccoli containers were noted thawing at room temperature next to the oven. The foods were measured at or below 41F during the inspection.

Corrective action: Education was provided. The foods were relocated into the bakery walk-in cooler. Thaw foods in an approved manner.

Violation Description: Food shall be thawed under refrigeration; completely submerged under cold running water of sufficient velocity to flush loose particles; in a microwave oven; during the cooking process. (114018, 114020)

#### 28. FOOD SEPARATED AND PROTECTED - OUT OF COMPLIANCE

##### Inspector Comments:

Bagged loaves of bread were noted stored for self service with the open-end exposed to customers. Store unsealed loaves of bread in a manner that prevents contamination.

Violation Description: All food shall be separated and protected from contamination. (113980, 113984, 113986, 114060, 114067, 114077, 114073, 114143)

#### 34. NONFOOD-CONTACT SURFACES CLEAN - OUT OF COMPLIANCE

##### Inspector Comments:

Clean to remove the dust build-up noted on the fan guards in the meat department cutting room.

Violation Description: All nonfood-contact surfaces of utensils and equipment shall be clean. (114115 [c])

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME SPROUTS FARMERS MARKET	DATE 1/12/2022
LOCATION 225 E 17TH ST A, COSTA MESA, CA 92627	RELATED ID PR0005309

### 35. WAREWASHING FACILITIES: INSTALLED, MAINTAINED, USED; TEST STRIPS - OUT OF COMPLIANCE

**Inspector Comments:**

Sanitizer strips for the no rinse cleaner sanitizer were not available. Maintain testing equipment and materials in the facility and available for use at all times for the purpose of adequately measuring the types of sanitization methods used in this facility.

Violation Description: Food facilities that prepare food shall be equipped with warewashing facilities. Testing equipment and materials shall be provided to measure the applicable sanitization method. (114067(f,g), 114099, 114099.3, 114099.5, 114101(a), 114101.1, 114101.2, 114103, 114107, 114125)

### 36. EQUIPMENT/UTENSILS - APPROVED; INSTALLED; GOOD REPAIR; CAPACITY - OUT OF COMPLIANCE

**Inspector Comments:**

1. Replace the torn black gloves noted at the deli.
2. Replace the cracked metal strainer noted at the food preparation sink in the meat/seafood department.
3. Replace the cracked gaskets noted on the deli preparation cooler (reach-in doors).

Maintain equipment in good repair.

Violation Description: All utensils and equipment shall be fully operative and in good repair. All utensils and equipment shall be approved, installed properly, and meet applicable standards. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114130.6, 114132, 114133, 114137, 114139, 114153, 114155, 114163, 114165, 114166, 114167, 114169, 114175, 114177, 114180, 114182)

### 44. PREMISES: PERSONAL/CLEANING ITEMS; VERMIN-PROOFING - OUT OF COMPLIANCE

**Inspector Comments:**

Seal the gap on the ceiling around the plumbing lines above the deli oven. Vermin-proof the facility in an approved manner.

Violation Description: The premises of each food facility shall be kept clean and free of litter and rubbish; non-food items shall be stored and displayed separate from food and food-contact surfaces; the facility shall be kept vermin proof; open-air barbecues shall be operated in an approved manner. (114067(j), 114123, 114143(a)&(b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282)

### 45. FLOORS, WALLS AND CEILINGS: BUILT, MAINTAINED, AND CLEAN - OUT OF COMPLIANCE

**Inspector Comments:**

Clean to remove the accumulation of dust noted on the walls and ceiling at the bakery department entrance.

Violation Description: The walls / ceilings shall have durable, smooth, nonabsorbent, light-colored, and washable surfaces. All floor surfaces, other than the customer service areas, shall be approved, smooth, durable, and made of nonabsorbent material that is easily cleanable. Approved base coving shall be provided in all areas, except customer service areas and where food is stored in original unopened containers. Food facilities shall be fully enclosed. All food facilities shall be kept clean and in good repair. (114143(d), 114266, 114268, 114268.1, 114271, 114272)

## SIGNATURE(S) OF ACKNOWLEDGEMENT

It was agreed that a copy of this report will be sent to the e-mail address provided. The person in charge was directed to call this office if the report is not received within 2 business days. Additional information can be found at <http://www.ocalthinfo.com/eh/>.



NAME: M. KUNTZ  
TITLE: STORE MANAGER

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME SPROUTS FARMERS MARKET	DATE 1/12/2022
LOCATION 225 E 17TH ST A, COSTA MESA, CA 92627	RELATED ID PR0005309

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

J VALDEZ  
ENVIRONMENTAL HEALTH SPEC II  
(714) 823-7732  
jvaldez@ochca.com

Did you know that effective January 1, 2018, the California Health and Safety Code was amended to make it easier for food facilities to donate food? Please consider donating your excess food/product to a local food bank, pantry, or soup kitchen. As a good faith food donor, you are protected from civil and criminal liability if the food product later causes harm to its recipient, unless the injury is a direct result of your gross negligence or intentional misconduct in the preparation or handling of the donated food. See Section 1714.25 of the Civil Code and Sections 114432 to 114434, inclusive, of the Health and Safety Code. For more information, please visit [ocfoodinfo.com](http://ocfoodinfo.com) or [aboundfoodcare.org](http://aboundfoodcare.org).

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>SPROUTS FARMERS MARKET</b>		FACILITY ADDRESS <b>225 E 17TH ST B, COSTA MESA, CA 92627</b>	
MAILING ADDRESS <b>5455 E HIGH ST STE 111 PHOENIX, AZ 85054</b>		IDENTIFIER <b>None</b>	
C/O - OWNER <b>LICENSING-HENRYS HOLDINGS LLC</b>		RESULT <b>PASS</b>	
FACILITY ID <b>FA0007591</b>	RELATED ID <b>PR0007591</b>	SERVICE: <b>A01 - ROUTINE INSPECTION</b>	INSPECTION DATE <b>1/12/2022</b>
PROGRAM DESCRIPTION <b>0231 - SATELLITE FOOD SERVICE – PREPACKAGED FOOD</b>		FOOD MANAGER CERTIFICATE / EXPIRATION DATE <b>M. KUNTZ 7/26/23</b>	REINSPECTION DATE: <b>NEXT ROUTINE</b>

Based on an inspection this day, the compliance status (IN, MAJ, MIN, N/A, N/O, OUT, COS) has been identified below. Violations noted as MAJ, MIN or OUT must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee. See the following page(s) for the California Health and Safety code sections and other applicable codes for the general requirements that correspond to the violation(s) noted below.

IN = In Compliance MAJ = Major MIN = Minor N/A = Not Applicable N/O = Not Observed OUT = Out of Compliance COS = Corrected on Site

### CRITICAL RISK FACTORS

IN	MAJ	MIN	N/A	N/O	EMPLOYEE KNOWLEDGE	COS
●					1. Demonstration of knowledge	
●					2. Food manager certification; food handler cards	
EMPLOYEE HEALTH & HYGIENIC PRACTICES						
●					3. Communicable disease; reporting, restrictions & exclusions	
●					4. No discharge from eyes, nose, and mouth	
●					5. Proper eating, tasting, drinking or tobacco use	
PREVENTING CONTAMINATION BY HANDS						
●					6. Hands clean and properly washed; gloves used properly	
●					7. Adequate handwashing facilities supplied & accessible	
TIME AND TEMPERATURE RELATIONSHIPS						
●					8. Proper hot and cold holding temperatures	
			●		9. Time as a public health control; procedures & records	
			●		10. Proper cooling methods	
			●		11. Proper cooking time & temperatures	
			●		12. Proper reheating procedures for hot holding	

IN	MAJ	MIN	N/A	N/O	PROTECTION FROM CONTAMINATION	COS
●					13. Returned and reserve of food	
●					14. Food in good condition, safe and unadulterated	
●					15. Food contact surfaces: clean and sanitized	
FOOD FROM APPROVED SOURCES						
●					16. Food obtained from approved source	
			●		17. Compliance with shell stock tags, condition, display	
			●		18. Compliance with Gulf Oyster Regulations	
ADDITIONAL CRITICAL RISK FACTORS						
			●		19. Compliance with variance, specialized process, & HACCP Plan	
			●		20. Consumer advisory provided for raw or undercooked foods	
			●		21. Licensed health care facilities/public & private schools: prohibited foods not offered	
●					22. Hot and cold water available	
●					23. Sewage and wastewater properly disposed	
●					24. No rodents, insects, birds, or animals	

### GOOD RETAIL PRACTICES

OUT	SUPERVISION	COS
	25. Person in charge present and performs duties	
	26. Personal cleanliness and hair restraints	
GENERAL FOOD SAFETY REQUIREMENTS		
	27. Approved thawing methods used, frozen food	
	28. Food separated and protected	
	29. Washing fruits and vegetables	
●	30. Toxic substances properly identified, stored, used	●
FOOD STORAGE/DISPLAY/SERVICE		
	31. Food storage; food storage containers identified	
	32. Consumer self-service	
	33. Food properly labeled & honestly presented	

OUT	EQUIPMENT/UTENSILS/LINENS	COS
●	34. Nonfood contact surfaces clean	
	35. Warewashing facilities: installed, maintained, used; test strips	
●	36. Equipment/Utensils approved; installed; good repair, capacity	
	37. Equipment, utensils and linens: storage and use	
	38. Adequate ventilation and lighting; designated areas, use	
	39. Thermometers provided and accurate	
	40. Wiping cloths: properly used and stored	
PHYSICAL FACILITIES		
●	41. Plumbing: proper backflow devices	
	42. Garbage and refuse properly disposed; facilities maintained	
	43. Toilet facilities: properly constructed, supplied, cleaned	
	44. Premises: personal/cleaning items; vermin-proofing	

OUT	PERMANENT FOOD FACILITIES	COS
	45. Floor, walls, ceilings: built, maintained, and clean	
	46. No unapproved private homes/living or sleeping quarters	
SIGNS/REQUIREMENTS		
	47. Signs posted; last inspection report available	
	48. Plan Review	
	49. Health Permit	
COMPLIANCE AND ENFORCEMENT		
	50. Permit Suspension - Imminent Health Hazard	
	51. Notice of Violation - Hearing	
	52. Permit Suspension	
	53. Voluntary Condemnation & Destruction (VC&D)	
	54. Impoundment	
	55. Sample Collected	

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME SPROUTS FARMERS MARKET	DATE 1/12/2022
LOCATION 225 E 17TH ST B, COSTA MESA, CA 92627	RELATED ID PR0007591

### OPENING COMMENTS

The purpose of this visit is to conduct a routine inspection.

### 30. TOXIC SUBSTANCES PROPERLY IDENTIFIED, STORED, USED - OUT OF COMPLIANCE

**Inspector Comments:**

A chemical spray bottle was noted missing a label identifying the contents. Working containers used for storing chemicals shall be clearly and individually identified with the common name of the material.

Violation Description: All poisonous substances, detergents, bleaches, and cleaning compounds shall be stored separate from food, utensils, packaging materials, and food-contact surfaces, and shall be used in an approved manner. (114254, 114254.1, 114254.2)

**Corrected on site**

### 34. NONFOOD-CONTACT SURFACES CLEAN - OUT OF COMPLIANCE

**Inspector Comments:**

Clean to remove the dust noted on the fans/fan guards in the produce walk-in cooler, preparation area, and packaged container storage room.

Violation Description: All nonfood-contact surfaces of utensils and equipment shall be clean. (114115 [c])

### 36. EQUIPMENT/UTENSILS - APPROVED; INSTALLED; GOOD REPAIR; CAPACITY - OUT OF COMPLIANCE

**Inspector Comments:**

1. Replace the cracked fan guards noted in the dairy cooler.
  2. Ice build-up was noted on the grocery freezer evaporator.
  3. Secure the detached paneling on the grocery freezer evaporator.
- Maintain equipment in good repair.

Violation Description: All utensils and equipment shall be fully operative and in good repair. All utensils and equipment shall be approved, installed properly, and meet applicable standards. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114130.6, 114132, 114133, 114137, 114139, 114153, 114155, 114163, 114165, 114167, 114169, 114175, 114177, 114180, 114182)

### 41. PLUMBING; PROPER BACKFLOW DEVICES - OUT OF COMPLIANCE

**Inspector Comments:**

Repair the leak noted on the produce rinse plumbing lines under the 3-compartment sink. Maintain all plumbing in good repair.

Violation Description: The potable water supply shall be protected with a backflow protection device, as required by applicable plumbing codes. All plumbing, plumbing fixtures, and grease interceptors shall be installed in compliance with local plumbing ordinances, shall be maintained so as to prevent any contamination, and shall be kept clean, fully operative, and in good repair. Any hose used for conveying potable water shall be of approved materials, labeled, properly stored, and used for no other purpose. (14171, 114189.1, 114190, 114192, 114193, 114193.1, 114199, 114201, 114269)

### SIGNATURE(S) OF ACKNOWLEDGEMENT

NAME:  
TITLE:

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME SPROUTS FARMERS MARKET	DATE 1/12/2022
LOCATION 225 E 17TH ST B, COSTA MESA, CA 92627	RELATED ID PR0007591

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

J VALDEZ  
ENVIRONMENTAL HEALTH SPEC II  
(714) 823-7732  
jvaldez@ochca.com

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## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>VONS GROCERY #2513</b>		FACILITY ADDRESS <b>185 E 17TH ST, COSTA MESA, CA 92627</b>	
MAILING ADDRESS <b>PO BOX 29096 PHOENIX, AZ 85038</b>		IDENTIFIER <b>GROCERY</b>	
C/O - OWNER <b>ROSE THARP-VONS/SAFEWAY INC</b>		RESULT <b>REINSPECTION DUE-PASS</b>	
FACILITY ID <b>FA0004594</b>	RELATED ID <b>PR0004594</b>	SERVICE: <b>A01 - ROUTINE INSPECTION</b>	INSPECTION DATE <b>1/12/2022</b>
PROGRAM DESCRIPTION <b>0307 - FOOD MARKET W/ 2+ PREP AREAS 6000-29999 SQ FT</b>		FOOD MANAGER CERTIFICATE / EXPIRATION DATE <b>D. GRAVES 10/27/26</b>	REINSPECTION DATE: <b>01/19/2022</b>

Based on an inspection this day, the compliance status (IN, MAJ, MIN, N/A, N/O, OUT, COS) has been identified below. Violations noted as MAJ, MIN or OUT must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee. See the following page(s) for the California Health and Safety code sections and other applicable codes for the general requirements that correspond to the violation(s) noted below.

IN = In Compliance MAJ = Major MIN = Minor N/A = Not Applicable N/O = Not Observed OUT = Out of Compliance COS = Corrected on Site

### CRITICAL RISK FACTORS

IN	MAJ	MIN	N/A	N/O	EMPLOYEE KNOWLEDGE	COS	IN	MAJ	MIN	N/A	N/O	PROTECTION FROM CONTAMINATION	COS
●					1. Demonstration of knowledge		●					13. Returned and reserve of food	
●					2. Food manager certification; food handler cards			●				14. Food in good condition, safe and unadulterated	●
					<b>EMPLOYEE HEALTH &amp; HYGIENIC PRACTICES</b>		●					15. Food contact surfaces: clean and sanitized	
●					3. Communicable disease; reporting, restrictions & exclusions							<b>FOOD FROM APPROVED SOURCES</b>	
●					4. No discharge from eyes, nose, and mouth		●					16. Food obtained from approved source	
●					5. Proper eating, tasting, drinking or tobacco use		●					17. Compliance with shell stock tags, condition, display	
					<b>PREVENTING CONTAMINATION BY HANDS</b>					●		18. Compliance with Gulf Oyster Regulations	
●					6. Hands clean and properly washed; gloves used properly							<b>ADDITIONAL CRITICAL RISK FACTORS</b>	
●					7. Adequate handwashing facilities supplied & accessible					●		19. Compliance with variance, specialized process, & HACCP Plan	
					<b>TIME AND TEMPERATURE RELATIONSHIPS</b>		●					20. Consumer advisory provided for raw or undercooked foods	
●			●		8. Proper hot and cold holding temperatures					●		21. Licensed health care facilities/public & private schools: prohibited foods not offered	
●					9. Time as a public health control; procedures & records		●					22. Hot and cold water available	
●					10. Proper cooling methods		●					23. Sewage and wastewater properly disposed	
				●	11. Proper cooking time & temperatures		●					24. No rodents, insects, birds, or animals	
					12. Proper reheating procedures for hot holding								

### GOOD RETAIL PRACTICES

OUT	SUPERVISION	COS	OUT	EQUIPMENT/UTENSILS/LINENS	COS	OUT	PERMANENT FOOD FACILITIES	COS
	25. Person in charge present and performs duties		●	34. Nonfood contact surfaces clean			45. Floor, walls, ceilings: built, maintained, and clean	
	26. Personal cleanliness and hair restraints			35. Warewashing facilities: installed, maintained, used; test strips			46. No unapproved private homes/living or sleeping quarters	
	<b>GENERAL FOOD SAFETY REQUIREMENTS</b>		●	36. Equipment/Utensils approved; installed; good repair, capacity			<b>SIGNS/REQUIREMENTS</b>	
	27. Approved thawing methods used, frozen food			37. Equipment, utensils and linens: storage and use			47. Signs posted; last inspection report available	
	28. Food separated and protected			38. Adequate ventilation and lighting; designated areas, use			48. Plan Review	
	29. Washing fruits and vegetables		●	39. Thermometers provided and accurate			49. Health Permit	
	30. Toxic substances properly identified, stored, used			40. Wiping cloths: properly used and stored			<b>COMPLIANCE AND ENFORCEMENT</b>	
	<b>FOOD STORAGE/DISPLAY/SERVICE</b>			<b>PHYSICAL FACILITIES</b>			50. Permit Suspension - Imminent Health Hazard	
	31. Food storage; food storage containers identified		●	41. Plumbing: proper backflow devices			51. Notice of Violation - Hearing	
	32. Consumer self-service			42. Garbage and refuse properly disposed; facilities maintained			52. Permit Suspension	
	33. Food properly labeled & honestly presented			43. Toilet facilities: properly constructed, supplied, cleaned		●	53. Voluntary Condemnation & Destruction (VC&D)	
			●	44. Premises: personal/cleaning items; vermin-proofing			54. Impoundment	
							55. Sample Collected	

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME VONS GROCERY #2513	DATE 1/12/2022
LOCATION 185 E 17TH ST, COSTA MESA, CA 92627	RELATED ID PR0004594

### OPENING COMMENTS

The purpose of this visit is to conduct a routine inspection. A follow-up inspection is scheduled to verify repairs to the meat/seafood department display cooler. See items 14 & 36.

#### 14. FOOD IN GOOD CONDITION, SAFE AND UNADULTERATED - MAJOR

##### Inspector Comments:

Condensation was noted dripping onto ready to eat foods from a drip pan at the seafood department display cooler.

Corrective action: The affected foods were voluntarily discarded by the Store Director. See item 53.

Violation Description: Any food is adulterated if it bears or contains an unapproved food or color additive or any poisonous or deleterious substance that may render it impure or injurious to health. No food containing artificial trans fat or partially-hydrogenated oils may be stored, distributed, served, or used in the preparation of any food within a food facility. Potentially hazardous foods in reduced oxygen packaging shall not exceed the "use by" date. Unpasteurized egg products are not to be used in foods such as Caesar salad dressing or hollandaise sauce. (113967, 113976, 113980, 113982, 113988, 113990, 114035, 114041, 114094.5, 114254.3)

Corrected on site

#### 30. TOXIC SUBSTANCES PROPERLY IDENTIFIED, STORED, USED - OUT OF COMPLIANCE

##### Inspector Comments:

Chemical spray bottles were noted missing a label identifying the contents in the produce preparation area.

Working containers used for storing chemicals shall be clearly and individually identified with the common name of the material.

Violation Description: All poisonous substances, detergents, bleaches, and cleaning compounds shall be stored separate from food, utensils, packaging materials, and food-contact surfaces, and shall be used in an approved manner. (114254, 114254.1, 114254.2)

#### 32. CONSUMER SELF-SERVICE - OUT OF COMPLIANCE

##### Inspector Comments:

French bread is displayed so that the bread extends beyond the open-end bag. Display bread in a manner that prevent contamination.

Violation Description: Unpackaged food shall be displayed and dispensed in a manner that protects the food from contamination; raw, nonprepackaged food of animal origin, such as beef, lamb, pork, poultry, and eviscerated fish, shall not be offered for consumer self-service. (114063, 114065, 114089.1)

#### 34. NONFOOD-CONTACT SURFACES CLEAN - OUT OF COMPLIANCE

##### Inspector Comments:

Clean to remove the accumulation of grime and/or old food and/or dust noted in the following areas:

- top section of the deli hot holding display case
- under the stainless steel shelf (below the cutting board) in the deli sandwich preparation station
- casters on the fryers
- handles on the deli walk-in cooler
- fan guards in the produce preparation cooler

Violation Description: All nonfood-contact surfaces of utensils and equipment shall be clean. (114115 [c])



## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME VONS GROCERY #2513	DATE 1/12/2022
LOCATION 185 E 17TH ST, COSTA MESA, CA 92627	RELATED ID PR0004594

### 36. EQUIPMENT/UTENSILS - APPROVED; INSTALLED; GOOD REPAIR; CAPACITY - OUT OF COMPLIANCE

Inspector Comments:

1. Condensation was noted overflowing from a drip tray above foods at the meat/seafood display cooler.
  2. Secure the loose gasket noted on top of the sliding door in the deli hot display case
  3. Replace the chipped/worn push plate on the bread slicer.
  4. The cabinet door under the bakery handwashing sink was noted off the hinges. Install the door under the bakery handwashing sink in an approved manner.
  5. Replace the cracked lids noted on the bulk containers at the bakery.
  6. Ice build-up was noted on the floor at the entrance to the bakery walk-in freezer.
  7. Replace the cracked gaskets noted on the bakery walk-in freezer door.
  8. Replace the cracked strainer noted in the produce preparation area.
- Maintain equipment in good repair.

Violation Description: All utensils and equipment shall be fully operative and in good repair. All utensils and equipment shall be approved, installed properly, and meet applicable standards. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114130.6, 114132, 114133, 114137, 114139, 114153, 114155, 114163, 114165, 114167, 114169, 114175, 114177, 114180, 114182)

### 38. ADEQUATE VENTILATION AND LIGHTING; DESIGNATED AREAS, USE - OUT OF COMPLIANCE

Inspector Comments:

Replace the non-operable bulbs noted in the following areas:

- deli hot holding case was noted non operable
- exhaust hood at the deli

Violation Description: Exhaust hoods shall be provided to remove toxic gases, heat, grease, vapors, and smoke and be approved by the local building department. Canopy-type hoods shall extend 6" beyond all cooking equipment. All areas shall have sufficient ventilation to facilitate proper food storage. Toilet rooms shall be vented to the outside air by a screened openable window, an air shaft, or a light-switch activated exhaust fan, consistent with local building codes. Adequate lighting shall be provided in all areas to facilitate cleaning and inspection. Light fixtures in areas where open food is stored, served, prepared, and where utensils are washed shall be of shatterproof construction or protected with light shields. (114149, 114149.1, 114149.2, 114149.3, 114252, 114252.1)

### 41. PLUMBING; PROPER BACKFLOW DEVICES - OUT OF COMPLIANCE

Inspector Comments:

Repair the leaks noted on the 3-compartment sink drain plug handles. Maintain equipment in good repair.

Violation Description: The potable water supply shall be protected with a backflow protection device, as required by applicable plumbing codes. All plumbing, plumbing fixtures, and grease interceptors shall be installed in compliance with local plumbing ordinances, shall be maintained so as to prevent any contamination, and shall be kept clean, fully operative, and in good repair. Any hose used for conveying potable water shall be of approved materials, labeled, properly stored, and used for no other purpose. (14171, 114189.1, 114190, 114192, 114193, 114193.1, 114199, 114201, 114269)

### 44. PREMISES: PERSONAL/CLEANING ITEMS; VERMIN-PROOFING - OUT OF COMPLIANCE

Inspector Comments:

Seal the gaps on the ceiling around the exhaust and plumbing lines above the bakery dish machine. Vermin-proof the facility in an approved manner.

Violation Description: The premises of each food facility shall be kept clean and free of litter and rubbish; non-food items shall be stored and displayed separate from food and food-contact surfaces; the facility shall be kept vermin proof; open-air barbecues shall be operated in an approved manner. (114067(j), 114123, 114143(a)&(b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282)

### 53. VOLUNTARY CONDEMNATION & DESTRUCTION (VC&D)

Inspector Comments:

- seafood salad - 8 lbs
- cooked shrimp - 8 lbs
- crab cakes - 2 lbs

Violation Description: Food, equipment, or utensils that are found to be unsanitary or in disrepair may be Voluntarily Condemned and Destroyed by the person in charge. (111890, 111895)

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME VONS GROCERY #2513	DATE 1/12/2022
LOCATION 185 E 17TH ST, COSTA MESA, CA 92627	RELATED ID PR0004594

### SIGNATURE(S) OF ACKNOWLEDGEMENT

NAME:  
TITLE:

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

J VALDEZ  
ENVIRONMENTAL HEALTH SPEC II  
(714) 823-7732  
jvaldez@ochca.com

Did you know that effective January 1, 2018, the California Health and Safety Code was amended to make it easier for food facilities to donate food? Please consider donating your excess food/product to a local food bank, pantry, or soup kitchen. As a good faith food donor, you are protected from civil and criminal liability if the food product later causes harm to its recipient, unless the injury is a direct result of your gross negligence or intentional misconduct in the preparation or handling of the donated food. See Section 1714.25 of the Civil Code and Sections 114432 to 114434, inclusive, of the Health and Safety Code. For more information, please visit [ocfoodinfo.com](http://ocfoodinfo.com) or [aboundfoodcare.org](http://aboundfoodcare.org).

#### REINSPECTION FEES:

Fees are assessed for second or greater reinspections and Notices of Violations. The purpose of these fees is to shift costs away from compliant operators and impose fees on those facilities that fail to readily comply with the applicable laws and regulations. The amount of the fee is to cover all of the cost associated with the service. For the most current fees, please refer to <http://ochealthinfo.com/eh/home/fees> or call (714) 433-6000.

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>ACE SUSHI</b>		FACILITY ADDRESS <b>185 E 17TH ST, COSTA MESA, CA 92627</b>	
MAILING ADDRESS <b>22771 S WESTERN AVE TORRANCE, CA 90501</b>		IDENTIFIER <b>ACE SUSHI INSIDE VONS #2513</b>	
C/O - OWNER <b>ASIANA MANAGEMENT GROUP INC</b>		RESULT <b>NOT APPLICABLE</b>	
FACILITY ID <b>FA0081326</b>	RELATED ID <b>PR0118027</b>	SERVICE: <b>A10 - ON-SITE INSPECTION ACTIVITY</b>	INSPECTION DATE <b>1/12/2022</b>
PROGRAM DESCRIPTION <b>0131 - RESTAURANT UNDER 31 PERSONS - COMPLEX</b>		FOOD MANAGER CERTIFICATE / EXPIRATION DATE <b>None on File</b>	REINSPECTION DATE: <b>NEXT ROUTINE</b>

**Items noted below were observed during the course of this inspection. Any violations observed must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee.**

### OPENING COMMENTS

This is an on-site inspection due to observations noted during the grocery store inspection. See report for details.

### 27. APPROVED THAWING METHODS USED, FROZEN FOOD - OUT OF COMPLIANCE

**Inspector Comments:**

Frozen salmon in reduced oxygen packaging was noted thawing under refrigeration. Thaw reduced oxygen packaged foods in an approved manner (per manufacture instruction).

Violation Description: Food shall be thawed under refrigeration; completely submerged under cold running water of sufficient velocity to flush loose particles; in a microwave oven; during the cooking process. (114018, 114020)

### 33. FOOD PROPERLY LABELED & HONESTLY PRESENTED - OUT OF COMPLIANCE

**Inspector Comments:**

The dating information on prepackaged sushi products was noted concealed with "Sale" stickers. Discontinue concealing and/or altering the food facility's or manufacturer's dating information on food. Maintain the food facility or manufacturer's original dating information legible on the food.

Violation Description: Any food is misbranded if its labeling is false or misleading, if it is offered for sale under the name of another food, or if it is an imitation of another food for which a definition and standard of identity has been established by regulation. Consumer notification shall be provided for unpackaged confectionary food containing alcohol in excess of one-half of 1 percent by weight. Infant formula or baby food must not be offered for sale after the "use by" date. A restaurant that sells a children's meal shall make the default beverage offered with the meal water, sparkling water, flavored water, unflavored milk, or a nondairy milk alternative with no more than 130 calories. (114087, 114089, 114089.1(a, b), 114090, 114093.1, 114094, 114094.5, 114365.2, 114379, 114379.1, 114379.2, 114379.3; Sherman Food, Drug and Cosmetic Law)

### NOTES

Observations were discussed with the Store Director, D. Graves.

### SIGNATURE(S) OF ACKNOWLEDGEMENT

It was agreed that a copy of this report will be sent to the e-mail address provided. The person in charge was directed to call this office if the report is not received within 2 business days. Additional information can be found at <http://www.ocalhealthinfo.com/eh/>.

NAME:  
TITLE:

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>ACE SUSHI</b>	DATE <b>1/12/2022</b>
LOCATION <b>185 E 17TH ST, COSTA MESA, CA 92627</b>	RELATED ID <b>PR0118027</b>

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

J VALDEZ  
ENVIRONMENTAL HEALTH SPEC II  
(714) 823-7732  
jvaldez@ochca.com

Did you know that effective January 1, 2018, the California Health and Safety Code was amended to make it easier for food facilities to donate food? Please consider donating your excess food/product to a local food bank, pantry, or soup kitchen. As a good faith food donor, you are protected from civil and criminal liability if the food product later causes harm to its recipient, unless the injury is a direct result of your gross negligence or intentional misconduct in the preparation or handling of the donated food. See Section 1714.25 of the Civil Code and Sections 114432 to 114434, inclusive, of the Health and Safety Code. For more information, please visit [ocfoodinfo.com](http://ocfoodinfo.com) or [aboundfoodcare.org](http://aboundfoodcare.org).

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>CHAMPAGNE BAKERY</b>		FACILITY ADDRESS <b>9200 BOLSA AVE 116, WESTMINSTER, CA 92683</b>	
MAILING ADDRESS <b>998 S SAN GABRIEL BLVD PASADENA, CA 91107</b>		IDENTIFIER <b>None</b>	
C/O - OWNER <b>CHAMPAGNE BAKERY LLC</b>		RESULT <b>CLOSED</b>	
FACILITY ID <b>FA0001523</b>	RELATED ID <b>PR0001523</b>	SERVICE: <b>A01 - ROUTINE INSPECTION</b>	INSPECTION DATE <b>1/11/2022</b>
PROGRAM DESCRIPTION <b>0131 - RESTAURANT UNDER 31 PERSONS - COMPLEX</b>		FOOD MANAGER CERTIFICATE / EXPIRATION DATE <b>Y. LEE 8/20/24</b>	REINSPECTION DATE: <b>N/A</b>

Based on an inspection this day, the compliance status (IN, MAJ, MIN, N/A, N/O, OUT, COS) has been identified below. Violations noted as MAJ, MIN or OUT must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee. See the following page(s) for the California Health and Safety code sections and other applicable codes for the general requirements that correspond to the violation(s) noted below.

IN = In Compliance MAJ = Major MIN = Minor N/A = Not Applicable N/O = Not Observed OUT = Out of Compliance COS = Corrected on Site

### CRITICAL RISK FACTORS

IN	MAJ	MIN	N/A	N/O	EMPLOYEE KNOWLEDGE	COS	IN	MAJ	MIN	N/A	N/O	PROTECTION FROM CONTAMINATION	COS
		●			1. Demonstration of knowledge		●					13. Returned and reserve of food	
●					2. Food manager certification; food handler cards			●				14. Food in good condition, safe and unadulterated	●
								●				15. Food contact surfaces: clean and sanitized	●
					EMPLOYEE HEALTH & HYGIENIC PRACTICES							FOOD FROM APPROVED SOURCES	
●					3. Communicable disease; reporting, restrictions & exclusions		●					16. Food obtained from approved source	
●					4. No discharge from eyes, nose, and mouth					●		17. Compliance with shell stock tags, condition, display	
●					5. Proper eating, tasting, drinking or tobacco use					●		18. Compliance with Gulf Oyster Regulations	
					PREVENTING CONTAMINATION BY HANDS							ADDITIONAL CRITICAL RISK FACTORS	
	●				6. Hands clean and properly washed; gloves used properly	●					●	19. Compliance with variance, specialized process, & HACCP Plan	
●					7. Adequate handwashing facilities supplied & accessible						●	20. Consumer advisory provided for raw or undercooked foods	
					TIME AND TEMPERATURE RELATIONSHIPS							21. Licensed health care facilities/public & private schools: prohibited foods not offered	
●					8. Proper hot and cold holding temperatures						●	22. Hot and cold water available	
	●				9. Time as a public health control; procedures & records	●						23. Sewage and wastewater properly disposed	
●					10. Proper cooling methods							24. No rodents, insects, birds, or animals	
●					11. Proper cooking time & temperatures								
●					12. Proper reheating procedures for hot holding			●					

### GOOD RETAIL PRACTICES

OUT	SUPERVISION	COS	OUT	EQUIPMENT/UTENSILS/LINENS	COS	OUT	PERMANENT FOOD FACILITIES	COS
	25. Person in charge present and performs duties		●	34. Nonfood contact surfaces clean		●	45. Floor, walls, ceilings: built, maintained, and clean	
	26. Personal cleanliness and hair restraints			35. Warewashing facilities: installed, maintained, used; test strips			46. No unapproved private homes/living or sleeping quarters	
	GENERAL FOOD SAFETY REQUIREMENTS						SIGNS/REQUIREMENTS	
	27. Approved thawing methods used, frozen food		●	36. Equipment/Utensils approved; installed; good repair, capacity			47. Signs posted; last inspection report available	
●	28. Food separated and protected			37. Equipment, utensils and linens: storage and use			48. Plan Review	
	29. Washing fruits and vegetables		●	38. Adequate ventilation and lighting; designated areas, use			49. Health Permit	
●	30. Toxic substances properly identified, stored, used		●	39. Thermometers provided and accurate			COMPLIANCE AND ENFORCEMENT	
	FOOD STORAGE/DISPLAY/SERVICE			40. Wiping cloths: properly used and stored		●	50. Permit Suspension - Imminent Health Hazard	
	31. Food storage; food storage containers identified			PHYSICAL FACILITIES			51. Notice of Violation - Hearing	
	32. Consumer self-service			41. Plumbing: proper backflow devices			52. Permit Suspension	
	33. Food properly labeled & honestly presented			42. Garbage and refuse properly disposed; facilities maintained		●	53. Voluntary Condemnation & Destruction (VC&D)	
				43. Toilet facilities: properly constructed, supplied, cleaned			54. Impoundment	
				●	44. Premises; personal/cleaning items; vermin-proofing		55. Sample Collected	

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>CHAMPAGNE BAKERY</b>	DATE <b>1/11/2022</b>
LOCATION <b>9200 BOLSA AVE 116, WESTMINSTER, CA 92683</b>	RELATED ID <b>PR0001523</b>

### OPENING COMMENTS

The purpose for today's visit is to conduct a routine inspection. On this date, the health permit has been suspended due to a rodent infestation.

#### IMMEDIATE HEALTH PERMIT SUSPENSION AND CLOSURE

Cease all food handling, close and remain closed until all conditions warranting the closure are corrected and your permit has been reinstated by a representative of Environmental Health.

Prior to calling for a reinspection the following must be corrected:

- 1) Eliminate all rodent activity using approved pest control methods (refer to #24).
- 2) Remove all excess clutter and cardboard from the facility, as well as personal belongings, to allow for effective pest control service and to prevent future harborage of rodent.
- 3) Clean and sanitize all equipment surfaces, food containers, shelves and floors to eliminate all contamination particularly all areas where rodent droppings were observed including, but not limited to, those areas listed in #24.
- 4) Properly eliminate/seal all cracks and crevices to prevent vermin harborage including but not limited to those listed in 44.
- 5) Whenever professional pest control services are used, you must have the pest control receipt available for review by the Environmental Health Specialist responding to your request for reinspection. Without proof that it is safe for the Specialist to enter your facility the reinspection will not occur. Enter your facility only after it is safe to do so.

All violations stated on the routine inspection must also be corrected prior to calling for a reinspection.

#### 1. DEMONSTRATION OF KNOWLEDGE - MINOR

Inspector Comments: Employees were unable to demonstrate knowledge regarding the following:

- proper handwashing
- proper warewashing
- how to properly disassemble equipment to sanitize

Education was provided.

Violation Description: All food employees, including the person in charge, shall have adequate knowledge of and be trained in food safety as it relates to their assigned duties. (113947)

#### 6. HANDS CLEAN AND PROPERLY WASHED; GLOVES USED PROPERLY - MAJOR

Inspector Comments: Observed an employee improperly wash their hands after handling money. All food and utensil handlers shall wash their hands and arms thoroughly by vigorously rubbing them using a cleanser and warm running water for at least 10 - 15 seconds after committing an unsanitary act.

Corrective Action Taken: The employee properly sanitized her hands with soap and warm water.

Violation Description: Employees are required to wash their hands with soap and warm water for a minimum of 10 seconds: before beginning work; before handling food / equipment / utensils; as often as necessary, during food preparation, to remove soil and contamination; when switching from working with raw to ready-to-eat foods, after touching body parts; after using toilet room; or any time when contamination may occur. Food employees shall minimize contact with exposed, ready-to-eat food with their bare hands and shall use suitable utensils, gloves, or dispensing equipment. Food employees shall keep their fingernails clean. Gloves shall be worn if a food employee has artificial nails, nail polish, rings, or orthopedic support devices. (113952, 113953.3, 113953.4, 113961, 113968, 113973 [b-f])

**Corrected on site**

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME CHAMPAGNE BAKERY	DATE 1/11/2022
LOCATION 9200 BOLSA AVE 116, WESTMINSTER, CA 92683	RELATED ID PR0001523

### 9. TIME AS A PUBLIC HEALTH CONTROL; PROCEDURES & RECORDS - MAJOR

Inspector Comments: 1. Observed the discard time of pork filled bread and other bean filled pastries on a time as a public health control plan to be exceeded.

Corrective Action Taken: An employee discarded the food items.

2. Observed all of the pork and bean filled pastries on time as a public health control, to be incorrectly marked for the date and discard time. The person in charge stated the food had been out of temperature control for less than 4 hours.

Education about time as a public health control was provided.

Violation Description: When time only, rather than time and temperature is used as a public health control, records and documentation must be maintained. (114000)

**Corrected on site**

### 14. FOOD IN GOOD CONDITION, SAFE AND UNADULTERATED - MAJOR

Inspector Comments: Observed the grime accumulation on the interior surfaces of the ice machine to contaminate the edible ice.

Corrective Action Taken: The ice machine was turned off to be properly sanitized.

Violation Description: Any food is adulterated if it bears or contains an unapproved food or color additive or any poisonous or deleterious substance that may render it impure or injurious to health. No food containing artificial trans fat or partially-hydrogenated oils may be stored, distributed, served, or used in the preparation of any food within a food facility. Potentially hazardous foods in reduced oxygen packaging shall not exceed the "use by" date. Unpasteurized egg products are not to be used in foods such as Caesar salad dressing or hollandaise sauce. (113967, 113976, 113980, 113982, 113988, 113990, 114035, 114041, 114094.5, 114254.3)

**Corrected on site**

### 15. FOOD CONTACT SURFACES: CLEAN AND SANITIZED - MAJOR

Inspector Comments: 1. Observed an accumulation of grime and old food debris for the bread slicer machine in the front food prep area. Clean and sanitize food contact surfaces on equipment and utensils throughout the day and at least every 4 hours when in use.

2. Observed the baking trays located under the food prep counters to have an accumulation of rodent droppings. Eliminate all evidence of the rodent droppings and thoroughly sanitize all affected surfaces.

\*This violation was not corrected at the time of the inspection. Override the automated response of "Corrected on site listed below".

Violation Description: All food contact surfaces of utensils and equipment shall be clean and sanitized. (113984(d), 114097, 114099.1, 114099.4, 114099.6, 114101(b-d), 114105, 114109, 114111, 114113, 114115(a, b, d), 114117, 114125(b), 114141)

**Corrected on site**

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>CHAMPAGNE BAKERY</b>	DATE <b>1/11/2022</b>
LOCATION <b>9200 BOLSA AVE 116, WESTMINSTER, CA 92683</b>	RELATED ID <b>PR0001523</b>

### 24. NO RODENTS, INSECTS, BIRDS, OR ANIMALS - MAJOR

Inspector Comments: 1. Observed rodent droppings in the following areas, but not limited to:

- on the rack of the single door cooler unit
- on top of the bags of coconut powder
- on top of the Hoisin can in the dry food storage
- inside the frames of the baking trays stored below the main food prep counters in the middle of the kitchen
- on the floor behind the non operable "True" reach in cooler
- on the floor under the 5 tier storage rack
- under the speed rack located adjacent to the cooler units
- under all of the upright cooler units
- under the stove units
- under the 5 tier storage rack under by the back door
- on the floor behind the bread machine slicer
- on top of the not in-use bread machine
- on the floor in all 4 corners and walls throughout the dry food storage room
- on the floor in all 4 corners throughout the chemical storage room
- on the floor behind the hobart mixers
- on the floor below the proofers
- on the baking tray where metal bread molds are stored adjacent to the restroom

Eliminate the infestation/activity of rodents from the food facility by using only approved methods. Remove all evidence of the infestation and thoroughly clean and sanitize all affected surfaces. Construct, equip, maintain and operate the food facility so as to prevent the entrance and harborage of animals, birds and vermin including, but not limited to, rodents and insects.

\* The food items in the single door cooler unit were voluntarily condemned and discarded. Refer to FM53.

2. Observed fruit flies by the mop sink. Eliminate the flies by approved methods.

Violation Description: Each food facility shall be kept free of insects, birds, animals, or vermin: rodents (rats, mice), cockroaches, flies. (114259, 114259.1, 114259.4, 114259.5)

### 28. FOOD SEPARATED AND PROTECTED - OUT OF COMPLIANCE

Inspector Comments: 1. Observed a mouse trap located directly next to bread molds on the 5 tier rack by the back door. Discontinue storing any vermin traps by food items or cooking equipment.

2. Observed raw eggs to be stored on top of containers of beans. Store ready-to-eat foods above or separately from raw animal products.

3. Observed containers of food to be missing lids in the upright cooler unit. Provide sanitary, non-absorbent and approved coverings on all open food containers except when in use.

Violation Description: All food shall be separated and protected from contamination. (113980, 113984, 113986, 114060, 114067, 114077, 114073, 114143)

### 30. TOXIC SUBSTANCES PROPERLY IDENTIFIED, STORED, USED - OUT OF COMPLIANCE

Inspector Comments: Observed Hot Shot and RAID to be stored in the chemical room. Only those insecticides, rodenticides, and other pesticides that are necessary and specifically approved for use in a food facility may be used. The use shall be in accordance with the manufacturer's instructions.

Violation Description: All poisonous substances, detergents, bleaches, and cleaning compounds shall be stored separate from food, utensils, packaging materials, and food-contact surfaces, and shall be used in an approved manner. (114254, 114254.1, 114254.2)



## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME CHAMPAGNE BAKERY	DATE 1/11/2022
LOCATION 9200 BOLSA AVE 116, WESTMINSTER, CA 92683	RELATED ID PR0001523

### 34. NONFOOD-CONTACT SURFACES CLEAN - OUT OF COMPLIANCE

Inspector Comments: Clean to remove the accumulation of grime, grease, old debris and all evidence of vermin from the following areas:

- all areas listed in FM24
- surfaces of the 3 compartment sink
- lids of the bulk food containers
- all surfaces of the proofers
- all surfaces of the cooler units
- all surfaces of the bread machine
- all surfaces of the food prep counters and the underside
- all surfaces of the speed racks
- sliding door frame of the display cooler unit

Violation Description: All nonfood-contact surfaces of utensils and equipment shall be clean. (114115 [c])

### 36. EQUIPMENT/UTENSILS - APPROVED; INSTALLED; GOOD REPAIR; CAPACITY - OUT OF COMPLIANCE

Inspector Comments: 1. Observed rice cookers used in the bottom of two non-operable proofers to create steam. Discontinue this practice. Repair or replace the proofer and maintain them in good condition.

2. Observed duct tape used on the broken gaskets in the upright cooler. Repair/ replace the gasket in an approved manner.

3. Observed the reach-in TRUE cooler to be in disrepair. No potentially hazardous food items were stored inside. Per the person in charge, the cooler unit will be discarded.

4. Observed the re-use of containers to store bulk food spices. Discontinue re-using unapproved containers, (i.e. single-use cans, styrofoam cups, crates, cardboard boxes, plastic grocery bags). After the food product has been opened, transfer the product into durable, washable, and cleanable working containers with lids.

5. Observed bread molds to be in poor and un-repairable condition. Discontinue use of these molds.

Violation Description: All utensils and equipment shall be fully operative and in good repair. All utensils and equipment shall be approved, installed properly, and meet applicable standards. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114130.6, 114132, 114133, 114137, 114139, 114153, 114155, 114163, 114165, 114167, 114169, 114175, 114177, 114180, 114182)

### 38. ADEQUATE VENTILATION AND LIGHTING; DESIGNATED AREAS, USE - OUT OF COMPLIANCE

Inspector Comments: Observed the ventilation hood in the back of the kitchen to be missing lighting. Provide light so that the employees can properly sanitize the area and eliminate all evidence of vermin.

Violation Description: Exhaust hoods shall be provided to remove toxic gases, heat, grease, vapors, and smoke and be approved by the local building department. Canopy-type hoods shall extend 6" beyond all cooking equipment. All areas shall have sufficient ventilation to facilitate proper food storage. Toilet rooms shall be vented to the outside air by a screened openable window, an air shaft, or a light-switch activated exhaust fan, consistent with local building codes. Adequate lighting shall be provided in all areas to facilitate cleaning and inspection. Light fixtures in areas where open food is stored, served, prepared, and where utensils are washed shall be of shatterproof construction or protected with light shields. (114149, 114149.1, 114149.2, 114149.3, 114252, 114252.1)

### 39. THERMOMETERS PROVIDED AND ACCURATE - OUT OF COMPLIANCE

Inspector Comments: Observed the display thermometers in the cooler units to be inoperable. Provide operable thermometers for all cooler units.

Violation Description: An accurate, easily readable metal probe thermometer suitable for measuring temperature of food shall be available. A thermometer +/- 2°F shall be provided for each hot and cold holding unit of potentially hazardous foods and high temperature warewashing machines. (114157, 114159)

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME CHAMPAGNE BAKERY	DATE 1/11/2022
LOCATION 9200 BOLSA AVE 116, WESTMINSTER, CA 92683	RELATED ID PR0001523

### 44. PREMISES: PERSONAL/CLEANING ITEMS; VERMIN-PROOFING - OUT OF COMPLIANCE

Inspector Comments: Personal Items

1. Observed employee's food items to be commingled with consumer goods in the upright cooler units.

Maintain employee clothing and personal effects in a room, enclosure, lockers, or other designated area or designated area separated from toilets, food storage, food preparation areas and utensil washing areas.

Vermin Proof:

1. Observed gaps in the ceiling panels throughout the entire kitchen and within the dry storage room and chemical room. Properly rodent proof the interior/exterior of the premises. Seal all gaps that are greater than a 1/4 inch.

2. Observed a large garbage bag at the top tier of the storage rack in the chemical storage room to have gnaw marks. The bag contains misc. items. Remove the bag to prevent harborage sites for rodents.

3. This facility is not fully enclosed (i.e. open door/window, missing screen). Maintain the food facility fully enclosed to prevent the entrance and harborage of animals and insects at all times except during immediate passage.

Violation Description: The premises of each food facility shall be kept clean and free of litter and rubbish; non-food items shall be stored and displayed separate from food and food-contact surfaces; the facility shall be kept vermin proof; open-air barbecues shall be operated in an approved manner. (114067(j), 114123, 114143(a)&(b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282)

### 45. FLOORS, WALLS AND CEILINGS: BUILT, MAINTAINED, AND CLEAN - OUT OF COMPLIANCE

Inspector Comments: 1. Clean to remove the accumulation of grime, grease, old debris and all evidence of vermin from the following areas:

- all areas listed in FM24

- all floors and wall throughout the entire facility

Violation Description: The walls / ceilings shall have durable, smooth, nonabsorbent, light-colored, and washable surfaces. All floor surfaces, other than the customer service areas, shall be approved, smooth, durable, and made of nonabsorbent material that is easily cleanable. Approved base coving shall be provided in all areas, except customer service areas and where food is stored in original unopened containers. Food facilities shall be fully enclosed. All food facilities shall be kept clean and in good repair. (114143(d), 114266, 114268, 114268.1, 114271, 114272)

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>CHAMPAGNE BAKERY</b>	DATE <b>1/11/2022</b>
LOCATION <b>9200 BOLSA AVE 116, WESTMINSTER, CA 92683</b>	RELATED ID <b>PR0001523</b>

### 50. PERMIT SUSPENSION - IMMINENT HEALTH HAZARD

Inspector Comments: IMMEDIATE HEALTH PERMIT SUSPENSION AND CLOSURE

The permit to operate the above named food facility is hereby temporarily suspended, and the facility is ordered immediately closed under the authority of Sections 114405 and 114409 of Division 104, Part 7, Chapter 13, Article 3 of the California Health and Safety Code. The attached Inspection Report specifies the conditions that warrant this closure and the Sections of the law that are being violated.

Any food facility for which the permit has been temporarily suspended shall cease all food handling, close and remain closed until all conditions warranting the closure are corrected and your permit has been reinstated by a representative of Environmental Health.

You are hereby notified that you have the right to request a hearing, within 15 calendar days after service of this Notice to show cause why the permit suspension is not warranted. Your failure to request a hearing within 15 calendar days shall be deemed a waiver of your right to a hearing.

An owner, manager or operator who fails to comply with this Closure Notice may be found guilty of a misdemeanor, with a possible fine of \$1,000.00 and/or imprisonment for not more than six months for each offense.

This Health Permit Suspension and Closure Notice is issued to you under the authority of the California Health and Safety Code, Division 104, Part 7, Chapter 13, Article 3. Copies of the Code Sections referred to herein may be reviewed at most public libraries, the Internet, or at Environmental Health.

Contact this office at the number noted on this report, during normal days of business to request a re-inspection, or if you have any questions.

If you are calling after 5:00 pm or on weekends, leave a message at (714) 433-6419 and an inspector/on call staff will call you back at their earliest convenience. Please make after hour request calls before 8:00 pm. The afterhours overtime rate through June 30, 2021 is \$45.75 per quarter hour, or fraction thereof; time charged includes all travel time.

The CLOSED notification seal was issued this date.

REASON FOR CLOSURE: Rodent Infestation

Violation Description: If an imminent health hazard is found, an enforcement officer may temporarily suspend the permit and order the food facility immediately closed. (114409)

### 53. VOLUNTARY CONDEMNATION & DESTRUCTION (VC&D)

Inspector Comments: The following food items were voluntarily condemned and discarded:

- taro bread, 5 lbs
- chicken, 8 lbs
- pork, 5 lbs
- egg yolks, 3 lbs
- chicken and mung beans, 3 lbs
- eggs and milk mixture, 5 lbs
- coconut and durian, 40 lbs
- 45 pork filled pastries
- 5 cooked taro bread
- 12 custard buns

Violation Description: Food, equipment, or utensils that are found to be unsanitary or in disrepair may be Voluntarily Condemned and Destroyed by the person in charge. (111890, 111895)

## NOTES

Sanitation Manual was Provided.

## SIGNATURE(S) OF ACKNOWLEDGEMENT

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>CHAMPAGNE BAKERY</b>	DATE <b>1/11/2022</b>
LOCATION <b>9200 BOLSA AVE 116, WESTMINSTER, CA 92683</b>	RELATED ID <b>PR0001523</b>

It was agreed that a copy of this report will be sent to the e-mail address provided. The person in charge was directed to call this office if the report is not received within 2 business days. Additional information can be found at <http://www.ochealthinfo.com/eh/>.



NAME: O. Flores  
TITLE: Person in Charge

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

E PANG  
ENVIRONMENTAL HEALTH SPEC I  
(714) 955-1106  
EPANG@OCHCA.COM

Did you know that effective January 1, 2018, the California Health and Safety Code was amended to make it easier for food facilities to donate food? Please consider donating your excess food/product to a local food bank, pantry, or soup kitchen. As a good faith food donor, you are protected from civil and criminal liability if the food product later causes harm to its recipient, unless the injury is a direct result of your gross negligence or intentional misconduct in the preparation or handling of the donated food. See Section 1714.25 of the Civil Code and Sections 114432 to 114434, inclusive, of the Health and Safety Code. For more information, please visit [ocfoodinfo.com](http://ocfoodinfo.com) or [aboundfoodcare.org](http://aboundfoodcare.org).

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>CHO TAM BIEN</b>		FACILITY ADDRESS <b>9550 BOLSA AVE 115E, WESTMINSTER, CA 92683</b>	
MAILING ADDRESS <b>9550 BOLSA AVE #115E WESTMINSTER, CA 92683</b>		IDENTIFIER <b>None</b>	
C/O - OWNER <b>TAM BIEN FOOD CORP</b>		RESULT <b>REINSPECTION DUE-PASS</b>	
FACILITY ID <b>FA0052480</b>	RELATED ID <b>PR0062650</b>	SERVICE: <b>A10 - ON-SITE INSPECTION ACTIVITY</b>	INSPECTION DATE <b>1/11/2022</b>
PROGRAM DESCRIPTION <b>0131 - RESTAURANT UNDER 31 PERSONS - COMPLEX</b>		FOOD MANAGER CERTIFICATE / EXPIRATION DATE <b>T. NGUYEN 3/25/24</b>	REINSPECTION DATE: <b>01/27/2022</b>

**Items noted below were observed during the course of this inspection. Any violations observed must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee.**

### OPENING COMMENTS

The purpose for today's visit is to conduct an on-site activity. On this date, pallets of frozen meat were observed to be stored outside the back of the facility. The pallets of raw meat were relocated inside the facility within 2 hours. Per the owner, the food items will be relocated to another permitted facility. At the routine inspection dated 1-4-22, the facility was observed to have 1,954 pounds of frozen pork meat stored outside the back of the facility. The owner and employees were educated at the routine inspection that storing food outside the enclosed walls of the facility is not an approved location for food storage. Cease and desist this operation. Progressive enforcement is pending.

### SIGNATURE(S) OF ACKNOWLEDGEMENT

It was agreed that a copy of this report will be sent to the e-mail address provided. The person in charge was directed to call this office if the report is not received within 2 business days. Additional information can be found at <http://www.ocalthinfo.com/eh/>.



NAME: T. Nguyen  
TITLE: Owner

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

E PANG  
ENVIRONMENTAL HEALTH SPEC I  
(714) 955-1106  
EPANG@OCHCA.COM

Did you know that effective January 1, 2018, the California Health and Safety Code was amended to make it easier for food facilities to donate food? Please consider donating your excess food/product to a local food bank, pantry, or soup kitchen. As a good faith food donor, you are protected from civil and criminal liability if the food product later causes harm to its recipient, unless the injury is a direct result of your gross negligence or intentional misconduct in the preparation or handling of the donated food. See Section 1714.25 of the Civil Code and Sections 114432 to 114434, inclusive, of the Health and Safety Code. For more information, please visit [ocalthinfo.com](http://ocalthinfo.com) or [aboundfoodcare.org](http://aboundfoodcare.org).

### REINSPECTION FEES:

Fees are assessed for second or greater reinspections and Notices of Violations. The purpose of these fees is to shift costs away from compliant operators and impose fees on those facilities that fail to readily comply with the applicable laws and regulations. The amount of the fee is to cover all of the cost associated with the service. For the most current fees, please refer to <http://ocalthinfo.com/eh/home/fees> or call (714) 433-6000.

## INSPECTION REPORT

FACILITY NAME <b>FIESTA GOURMET</b>		FACILITY ADDRESS <b>1500 E CERRITOS AVE, ANAHEIM, CA 92805</b>	
MAILING ADDRESS <b>207 S WESTERN AVE #5 ANAHEIM, CA 92804</b>		IDENTIFIER <b>64683P2</b>	
C/O - OWNER <b>RUBEN ANGUIANO RODRIGUEZ</b>		RESULT <b>NOT APPLICABLE</b>	
FACILITY ID <b>FA0078294</b>	RELATED ID <b>PR0113930</b>	SERVICE: <b>A01 - ROUTINE INSPECTION</b>	INSPECTION DATE <b>1/13/2022</b>
PROGRAM DESCRIPTION <b>1571 - MFF TYPE 7</b>		REINSPECTION DATE: <b>NEXT ROUTINE</b>	

Items noted below were observed during the course of this inspection. Any violations observed must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee.

### OPENING COMMENTS

The purpose of this visit was to conduct a routine inspection at Royal Catering in Anaheim. A joint inspection was conducted with D. Coto, REHS.

Hot water was measured at 120F at the 3-compartment sink. Warm water was measured at 100F at the handwashing sink. The truck currently parks at Royal Catering Commissary.

The owner states he works in the City of Anaheim & Orange.

Note: Provide more liquid soap in the soap dispenser at the handwashing station.

The report will be emailed.

### VIOLATIONS OBSERVED

**MF35 - Warewashing facilities; installed, maintained, accessible, used; test strips When nonprepackaged food is cooked, blended, or otherwise prepared on a mobile food facility provide an approved warewashing sink with at least three compartments with two integral metal drainboards. (114313, 114314)**

Obtain appropriate test strips for chlorine sanitizer to verify proper sanitizer concentration.

### SIGNATURE(S) OF ACKNOWLEDGEMENT



NAME: R. Anguiano  
TITLE: Owner

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

B TORRICO  
ENVIRONMENTAL HEALTH SPEC III  
(657) 600-7270  
BTorrico@ochca.com

## INSPECTION REPORT

FACILITY NAME <b>LA HABRA BAKERY</b>		FACILITY ADDRESS <b>850 S CYPRESS ST, LA HABRA, CA 90631</b>	
MAILING ADDRESS <b>850 S CYPRESS ST LA HABRA, CA 90631</b>		IDENTIFIER <b>WHOLESALE FACILITY</b>	
C/O - OWNER <b>THE KROGER CO</b>		RESULT <b>NOT APPLICABLE</b>	
FACILITY ID <b>FA0023008</b>	RELATED ID <b>PR0023008</b>	SERVICE: <b>A01 - ROUTINE INSPECTION</b>	INSPECTION DATE <b>1/13/2022</b>
PROGRAM DESCRIPTION <b>0524 - WHOLESALE BAKERY 30000+ SQ FT</b>		REINSPECTION DATE: <b>NEXT ROUTINE</b>	

Items noted below were observed during the course of this inspection. Any violations observed must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee.

### OPENING COMMENTS

A routine inspection of the facility was conducted on this date. The inspector was accompanied by Linda Nilsen (QA / Sanitation Manager).

The below noted violation(s) represent violation(s) of the Food Sanitation Act (FSA) or County Ordinance as adopted by the City

#### WW07 - IMPROPERLY CLEANED/NOT MAINTAINED CLEAN (FSA)

Clean the accumulation of flour dust observed on the overhead conduit next to the dough mixer so as not to facilitate the formation of grain beetles or moths.

#### WW07 - IMPROPERLY CLEANED/NOT MAINTAINED CLEAN (FSA)

Flour was observed leaking from the conveyance line and collecting on the ground underneath the flour silos. Clean the flour from the ground and repair the leak in the conveyance line. Also cover the existing container of swept up flour so as not to become a nuisance for pests.

#### WW09 - UNAPPROVED TYPE/IMPROPER USE/IMPROPER INSTALLATION (FSA, GMP)

Several bridges crossing over open food lines were observed to be inadequately protected against possible debris strewn from employee shoes as they cross over the bridge. Increase the height of the side partitions to be at least 12 to 18 inches in height so as to provide adequate protection against contamination strewn from shoes.

#### WW33 - EATING/DRINKING/SMOKING IN FOOD STORAGE/PREPARATION AREAS OR UNAPPROVED AREAS (GMP)

Two hydration stations were observed located amongst the production lines. It is recommended that the hydration stations be re-located next to hand wash stations due to the hand to mouth motion that may contaminate the employee's hands. Employee are required to wash their hands after consuming a beverage.

#### WW50 - WALLS, CEILING, FLOORS UNSANITARY/IN DISREPAIR (INCLUDING PROCESSING ROOM DOOR) (FSA)

The ceiling surface inside the fermentation room was observed to be stained with splotchy marks possibly from former mold growth. It is recommended that the ceiling be cleaned, sanitized and then sealed with an approved concrete sealant so as to be smooth and easily cleanable.

#### WW55 - PLUMBING/PLUMBING FIXTURES IN DISREPAIR/MISSING/INACCESSIBLE/NOT CLEAN

Standing water was observed inside the floor drain inside the scaling room. Clean, repair and/or unclog the line so as not accumulate standing water.

#### WW55 - PLUMBING/PLUMBING FIXTURES IN DISREPAIR/MISSING/INACCESSIBLE/NOT CLEAN

A condensate waste water drain line was observed terminating inside the designated hand wash sink outside the fermentation room. The condensate line is required to be plumbed to an approved floor sink.

#### WW56 - IMPROPER DISPOSAL OF LIQUID WASTE DRAIN LINE

Condensate waste water was observed overflowing the sides of the collection pan underneath the overhead fan, and puddling on the floor inside the walk-in refrigerator. Clear the drain line so that the waste water does not overflow the side of the collection pan.

#### WW57 - CROSS CONNECTION (FSA)

Replace the broken vacuum breaker for the hand wash sink faucet located at the donut line.

#### WW58 - REFUSE/OUTSIDE PREMISES

Clean the accumulation of debris underneath the trash compactor and remove any moisture so as not to facilitate the

## INSPECTION REPORT

FACILITY NAME LA HABRA BAKERY	DATE 1/13/2022
LOCATION 850 S CYPRESS ST, LA HABRA, CA 90631	RELATED ID PR0023008

formation of flies or other vermin.

### WW79 - ENDING NOTES

Hot water: Reached 100 degrees at all hand wash sinks checked

Pest Control: No evidence of vermin; Control measures observed in use; points of entry were sufficiently protected

Restrooms: Soap, towels, toilet paper present

Sanitizer: Peracetic acid

PLEASE IMMEDIATELY INFORM YOUR ENVIRONMENTAL HEALTH SPECIALIST, NOTED ON THIS REPORT IF:

- \* You are planning a remodel or adding equipment. All such changes must receive prior approval.
- \* You are planning to sell or transfer ownership; otherwise you may be improperly invoiced.
- \* You are not the owner noted on the top of this report.

## SIGNATURE(S) OF ACKNOWLEDGEMENT



NAME: Linda Nilsen

TITLE: QA / Sanitation Manager

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

K DUGAN, REHS  
ENVIRONMENTAL HEALTH SPEC II  
(714) 720-1468  
KDugan@ochca.com



## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>REAL TACOS</b>		FACILITY ADDRESS <b>22260 LA PALMA AVE, YORBA LINDA, CA 92887</b>	
MAILING ADDRESS <b>22260 LA PALMA AVE YORBA LINDA, CA 92887</b>		IDENTIFIER <b>None</b>	
C/O - OWNER <b>REAL TACOS INC</b>		RESULT <b>REINSPECTION DUE-PASS</b>	
FACILITY ID <b>FA0012890</b>	RELATED ID <b>PR0012890</b>	SERVICE: <b>A01 - ROUTINE INSPECTION</b>	INSPECTION DATE <b>1/10/2022</b>
PROGRAM DESCRIPTION <b>0131 - RESTAURANT UNDER 31 PERSONS - COMPLEX</b>		FOOD MANAGER CERTIFICATE / EXPIRATION DATE <b>See Violation 02</b>	REINSPECTION DATE: <b>01/13/2022</b>

Based on an inspection this day, the compliance status (IN, MAJ, MIN, N/A, N/O, OUT, COS) has been identified below. Violations noted as MAJ, MIN or OUT must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee. See the following page(s) for the California Health and Safety code sections and other applicable codes for the general requirements that correspond to the violation(s) noted below.

IN = In Compliance MAJ = Major MIN = Minor N/A = Not Applicable N/O = Not Observed OUT = Out of Compliance COS = Corrected on Site

### CRITICAL RISK FACTORS

IN	MAJ	MIN	N/A	N/O	EMPLOYEE KNOWLEDGE	COS
●					1. Demonstration of knowledge	
		●			2. Food manager certification; food handler cards	
EMPLOYEE HEALTH & HYGIENIC PRACTICES						
●					3. Communicable disease; reporting, restrictions & exclusions	
●					4. No discharge from eyes, nose, and mouth	
●					5. Proper eating, tasting, drinking or tobacco use	
PREVENTING CONTAMINATION BY HANDS						
●					6. Hands clean and properly washed; gloves used properly	
●					7. Adequate handwashing facilities supplied & accessible	
TIME AND TEMPERATURE RELATIONSHIPS						
	●				8. Proper hot and cold holding temperatures	●
			●		9. Time as a public health control; procedures & records	
				●	10. Proper cooling methods	
				●	11. Proper cooking time & temperatures	
●					12. Proper reheating procedures for hot holding	

IN	MAJ	MIN	N/A	N/O	PROTECTION FROM CONTAMINATION	COS
●					13. Returned and reserve of food	
●					14. Food in good condition, safe and unadulterated	
		●			15. Food contact surfaces: clean and sanitized	
FOOD FROM APPROVED SOURCES						
●					16. Food obtained from approved source	
			●		17. Compliance with shell stock tags, condition, display	
			●		18. Compliance with Gulf Oyster Regulations	
ADDITIONAL CRITICAL RISK FACTORS						
			●		19. Compliance with variance, specialized process, & HACCP Plan	
			●		20. Consumer advisory provided for raw or undercooked foods	
			●		21. Licensed health care facilities/public & private schools: prohibited foods not offered	
●					22. Hot and cold water available	
●					23. Sewage and wastewater properly disposed	
●					24. No rodents, insects, birds, or animals	

### GOOD RETAIL PRACTICES

OUT	SUPERVISION	COS
	25. Person in charge present and performs duties	
	26. Personal cleanliness and hair restraints	
GENERAL FOOD SAFETY REQUIREMENTS		
	27. Approved thawing methods used, frozen food	
●	28. Food separated and protected	
	29. Washing fruits and vegetables	
●	30. Toxic substances properly identified, stored, used	
FOOD STORAGE/DISPLAY/SERVICE		
●	31. Food storage; food storage containers identified	
	32. Consumer self-service	
	33. Food properly labeled & honestly presented	

OUT	EQUIPMENT/UTENSILS/LINENS	COS
●	34. Nonfood contact surfaces clean	
●	35. Warewashing facilities: installed, maintained, used; test strips	
●	36. Equipment/Utensils approved; installed; good repair, capacity	
●	37. Equipment, utensils and linens: storage and use	
	38. Adequate ventilation and lighting; designated areas, use	
	39. Thermometers provided and accurate	
	40. Wiping cloths: properly used and stored	
PHYSICAL FACILITIES		
●	41. Plumbing: proper backflow devices	
	42. Garbage and refuse properly disposed; facilities maintained	
	43. Toilet facilities: properly constructed, supplied, cleaned	
●	44. Premises; personal/cleaning items; vermin-proofing	

OUT	PERMANENT FOOD FACILITIES	COS
●	45. Floor, walls, ceilings: built, maintained, and clean	
	46. No unapproved private homes/living or sleeping quarters	
SIGNS/REQUIREMENTS		
	47. Signs posted; last inspection report available	
	48. Plan Review	
	49. Health Permit	
COMPLIANCE AND ENFORCEMENT		
	50. Permit Suspension - Imminent Health Hazard	
	51. Notice of Violation - Hearing	
	52. Permit Suspension	
	53. Voluntary Condemnation & Destruction (VC&D)	
	54. Impoundment	
	55. Sample Collected	

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>REAL TACOS</b>	DATE <b>1/10/2022</b>
LOCATION <b>22260 LA PALMA AVE, YORBA LINDA, CA 92887</b>	RELATED ID <b>PR0012890</b>

### 2. FOOD MANAGER CERTIFICATION; FOOD HANDLER CARDS - MINOR

Inspector Comments: A valid Food Manager Certificate and Food Handler Cards were not available for review at the time of the inspection.

Violation Description: There shall be an individual that possesses a current Food Safety Certificate for each food facility that prepares, handles, or serves nonprepackaged potentially hazardous food. Any individual who is involved in the preparation, storage, or service of food in a food facility shall obtain a food handler card within 30 days after the date of hire. (113947.1-113947.5, 113948)

### 8. PROPER HOT AND COLD HOLDING TEMPERATURES - MAJOR

Inspector Comments: The following foods were measured at the respective temperatures:

Cheese, guacamole, salsa measured between 50F inside of the reach-in cooler at the cook's line

The person in charge stated that the food had been held for 2 hours.

The violation was corrected by an employee providing ice baths for a few of the containers and relocated the remaining containers to the walk-in cooler.

Violation Description: Potentially hazardous foods shall be held at or below 41°F or at or above 135°F. (113996, 113998, 114037)

**Corrected on site**

### 15. FOOD CONTACT SURFACES: CLEAN AND SANITIZED - MINOR

Inspector Comments: Observed old food residue on the blade/ exterior of the meat slicer.

Hand wash multi-service utensils in the following manner:

- clean in hot water and cleanser
- rinse in clear water
- immerse in a warm final sanitizing solution of 100 ppm chlorine for 30 seconds, 200 ppm quaternary ammonium for 1 minute, 25 ppm iodine for 1 minute or by immersion for at least 30 seconds where the water temperature is maintained at 171 degrees Fahrenheit or above,
- allow utensils to air dry before use

Violation Description: All food contact surfaces of utensils and equipment shall be clean and sanitized. (113984(d), 114097, 114099.1, 114099.4, 114099.6, 114101(b-d), 114105, 114109, 114111, 114113, 114115(a, b, d), 114117, 114125(b), 114141)

### 28. FOOD SEPARATED AND PROTECTED - OUT OF COMPLIANCE

Inspector Comments: Observed several containers of food to be uncovered in the walk-in cooler.

Provide sanitary, non-absorbent and approved coverings on all open food containers except when in use.

Violation Description: All food shall be separated and protected from contamination. (113980, 113984, 113986, 114060, 114067, 114077, 114073, 114143)

### 30. TOXIC SUBSTANCES PROPERLY IDENTIFIED, STORED, USED - OUT OF COMPLIANCE

Inspector Comments: Observed a container to be used as a sanitizer bucket without proper labeling at the cook's line.

Working containers used for storing chemicals such as cleaners and sanitizers taken from bulk supplies shall be clearly and individually identified with the common name of the material.

Violation Description: All poisonous substances, detergents, bleaches, and cleaning compounds shall be stored separate from food, utensils, packaging materials, and food-contact surfaces, and shall be used in an approved manner. (114254, 114254.1, 114254.2)

### 31. FOOD STORAGE; FOOD STORAGE CONTAINERS IDENTIFIED - OUT OF COMPLIANCE

Inspector Comments: Observed crates of orange juice to be stored inside of the restroom. Discontinue storing any food/drinks in the restroom.

Violation Description: Food shall be stored in approved containers and labeled as to its contents. Food shall be stored at least 6" above the floor on approved shelving and in an approved area. (114047, 114049, 114051, 114053, 114055, 114067(h), 114069 [b])

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME REAL TACOS	DATE 1/10/2022
LOCATION 22260 LA PALMA AVE, YORBA LINDA, CA 92887	RELATED ID PR0012890

### 34. NONFOOD-CONTACT SURFACES CLEAN - OUT OF COMPLIANCE

Inspector Comments: 1. Remove the residue build up on the vent of the walk-in cooler.

2. Observed a build up of residue on the interior side of the ice machine.

Violation Description: All nonfood-contact surfaces of utensils and equipment shall be clean. (114115 [c])

### 35. WAREWASHING FACILITIES: INSTALLED, MAINTAINED, USED; TEST STRIPS - OUT OF COMPLIANCE

Inspector Comments: Quat. Sanitizer test strips were not available for use during the time of inspection. Maintain testing equipment and materials in the facility and available for use at all times for the purpose of adequately measuring the types of sanitization methods used in this facility.

Violation Description: Food facilities that prepare food shall be equipped with warewashing facilities. Testing equipment and materials shall be provided to measure the applicable sanitization method. (114067(f,g), 114099, 114099.3, 114099.5, 114101(a), 114101.1, 114101.2, 114103, 114107, 114125)

### 36. EQUIPMENT/UTENSILS - APPROVED; INSTALLED; GOOD REPAIR; CAPACITY - OUT OF COMPLIANCE

Inspector Comments: Repair/Adjust the refrigeration unit at the cook's line so that the potentially hazardous foods are maintained at or below 41F.

Violation Description: All utensils and equipment shall be fully operative and in good repair. All utensils and equipment shall be approved, installed properly, and meet applicable standards. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114130.6, 114132, 114133, 114137, 114139, 114153, 114155, 114163, 114165, 114167, 114169, 114175, 114177, 114180, 114182)

### 37. EQUIPMENT, UTENSILS AND LINENS: STORAGE AND USE - OUT OF COMPLIANCE

Inspector Comments: 1. A towel was observed lining the bottom of a cutting board. Discontinue this practice. Use approved liners that are non-absorbent, durable, and easily cleanable such as a rubber mat.

2. All pressurized cylinders shall be securely fastened to a rigid structure.

3. Observed food use equipment to be stored inside of the restroom. Discontinue storing food equipment in the restroom.

4. Observed a scoop to be stored with the handle directly touching chips.

Store the scoop in a sanitary, cleanable container or inside the machine in a manner that does not allow the handle to come into contact with the food. Clean the scoop regularly.

Violation Description: All clean and soiled linen shall be properly stored; non-food items shall be stored and displayed separate from food and food-contact surfaces. Utensils and equipment shall be handled and stored so as to be protected from contamination. A full service restaurant is to only provide a single-use plastic straw to a consumer when requested. (114074, 114081, 114119, 114121, 114161, 114178, 114179, 114083, 114185, 114185.2, 114185.3, 114185.4, 114185.5)

### 41. PLUMBING; PROPER BACKFLOW DEVICES - OUT OF COMPLIANCE

Inspector Comments: Observed waste water piping to not fully reach the floor sink at the ice machine. Provide an air gap of at least 1 in between the piping and the top of the floor sink.

Violation Description: The potable water supply shall be protected with a backflow protection device, as required by applicable plumbing codes. All plumbing, plumbing fixtures, and grease interceptors shall be installed in compliance with local plumbing ordinances, shall be maintained so as to prevent any contamination, and shall be kept clean, fully operative, and in good repair. Any hose used for conveying potable water shall be of approved materials, labeled, properly stored, and used for no other purpose. (14171, 114189.1, 114190, 114192, 114193, 114193.1, 114199, 114201, 114269)

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME REAL TACOS	DATE 1/10/2022
LOCATION 22260 LA PALMA AVE, YORBA LINDA, CA 92887	RELATED ID PR0012890

### 44. PREMISES: PERSONAL/CLEANING ITEMS; VERMIN-PROOFING - OUT OF COMPLIANCE

Inspector Comments: 1. Observed an uncovered personal drink to be stored on the ledge above the soda syrup boxes. Discontinue storing employee beverages and/or food in food prep and storage areas. Closed beverages may be stored in an approved manner to prevent contamination. Instruct employees to only eat and drink in designated areas away from food and utensils, and to wash their hands thoroughly before returning to work.

2. Observed an employee jacket to be stored on top of the meat slicer. Maintain employee clothing and personal effects in a room, enclosure, lockers, or other designated area or designated area separated from toilets, food storage, food preparation areas and utensil washing areas.

Violation Description: The premises of each food facility shall be kept clean and free of litter and rubbish; non-food items shall be stored and displayed separate from food and food-contact surfaces; the facility shall be kept vermin proof; open-air barbecues shall be operated in an approved manner. (114067(j), 114123, 114143(a)&(b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282)

### 45. FLOORS, WALLS AND CEILINGS: BUILT, MAINTAINED, AND CLEAN - OUT OF COMPLIANCE

Inspector Comments: 1. Thoroughly clean and maintain the floors (including the floor sinks and drains), walls, and ceilings in a clean and sanitary manner.

Location:

Floor under the stove at the cook's line.

2. Seal the gap in the wall around the electrical cords above the water heater.

Violation Description: The walls / ceilings shall have durable, smooth, nonabsorbent, light-colored, and washable surfaces. All floor surfaces, other than the customer service areas, shall be approved, smooth, durable, and made of nonabsorbent material that is easily cleanable. Approved base coving shall be provided in all areas, except customer service areas and where food is stored in original unopened containers. Food facilities shall be fully enclosed. All food facilities shall be kept clean and in good repair. (114143(d), 114266, 114268, 114268.1, 114271, 114272)

## SIGNATURE(S) OF ACKNOWLEDGEMENT

It was agreed that a copy of this report will be sent to the e-mail address provided. The person in charge was directed to call this office if the report is not received within 2 business days. Additional information can be found at <http://www.ochcahealthinfo.com/eh/>.



NAME: L. Salvidar  
TITLE: PIC

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

S BEACHLER, REHS  
ENVIRONMENTAL HEALTH SPEC III  
(714) 673-0354  
SBeachler@ochca.com

Did you know that effective January 1, 2018, the California Health and Safety Code was amended to make it easier for food facilities to donate food? Please consider donating your excess food/product to a local food bank, pantry, or soup kitchen. As a good faith food donor, you are protected from civil and criminal liability if the food product later causes harm to its recipient, unless the injury is a direct result of your gross negligence or intentional misconduct in the preparation or handling of the donated food. See Section 1714.25 of the Civil Code and Sections 114432 to 114434, inclusive, of the Health and Safety Code. For more information, please visit [ocfoodinfo.com](http://ocfoodinfo.com) or [aboundfoodcare.org](http://aboundfoodcare.org).

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME REAL TACOS	DATE 1/10/2022
LOCATION 22260 LA PALMA AVE, YORBA LINDA, CA 92887	RELATED ID PR0012890

### REINSPECTION FEES:

Fees are assessed for second or greater reinspections and Notices of Violations. The purpose of these fees is to shift costs away from compliant operators and impose fees on those facilities that fail to readily comply with the applicable laws and regulations. The amount of the fee is to cover all of the cost associated with the service. For the most current fees, please refer to <http://ochealthinfo.com/eh/home/fees> or call (714) 433-6000.

## INSPECTION REPORT

FACILITY NAME ROYAL CATERING		FACILITY ADDRESS 1500 E CERRITOS AVE, ANAHEIM, CA 92805	
MAILING ADDRESS 2617 STINGLE AVE ROSEMEAD, CA 91770			IDENTIFIER WASHDOWN PAD RQD: (86 SPACES)
C/O - OWNER ROYAL CATERING CO			RESULT NOT APPLICABLE
FACILITY ID FA0002410	RELATED ID PR0002410	SERVICE: A01 - ROUTINE INSPECTION	INSPECTION DATE 1/13/2022
PROGRAM DESCRIPTION 0453 - PACKAGED FOOD COMM 6000-29999 SQ FT			REINSPECTION DATE: NEXT ROUTINE

**Items noted below were observed during the course of this inspection. Any violations observed must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee.**

## INSPECTION REPORT

FACILITY NAME ROYAL CATERING	DATE 1/13/2022
LOCATION 1500 E CERRITOS AVE, ANAHEIM, CA 92805	RELATED ID PR0002410

### OPENING COMMENTS

The purpose of this visit is to conduct a routine inspection. A joint inspection was conducted with D. Coto, REHS. The walk-in cooler and walk-in freezer were measured at 41F. Hot water at the three 3-compartment sink and janitorial sink were measured at 120F. Bleach sanitizer was observed at the 3-compartment sink. Warm water at the restroom handwashing sink was measured at 100F. No vermin activity was observed. Orkin Pest Control last serviced the facility on 12/27/21.

### VIOLATIONS OBSERVED

**MF27 - Food separated & protected** Separate all food in an approved manner to protect it from contamination. (113980, 113984 (b), 113986, 114060, 114077, 114143, 114303 (a-c), 114319 (c))

Observed a few dented cans in the customer aisle of the packaged commissary. Ensure the food in good condition, safe and unadulterated.

**MF32 - Food properly labeled & honestly presented** Properly label all food. Any food is misbranded if its labeling is false or misleading. Consumer notification shall be provided when required. Food should not contain artificial trans-fat. Infant formula or baby food must not be offered for sale after the "use by" date. (114087, 114089, 114089.1 (a- b), 114090, 114093, 114094, 114094.5, 114377, 114365.2 (e); Sherman Food, Drug and Cosmetic Law)

Observed unlabeled bottles of agua fresca syrup and unlabeled bags of potatoes/french fries in the display cooler.

Provide approved labels for all food. The labels are to be in English and must contain the following:

- the common name of the product
- a declaration of the ingredients used, in descending order of predominance by weight
- the name and place of business of the manufacturer, packer or distributor
- the net weight of the product
- nutritional labeling , unless exempted in the Federal Food, Drug, and Cosmetic Act

**MF36 - Equipment/Utensils approved; installed; good repair** Maintain all utensils and equipment fully operative and in good repair. All equipment is to be approved for sanitation by an American National Standards Institute (ANSI) accredited agency. Adequate counter space is required adjacent to all cooking equipment. All liquefied petroleum equipment must be installed to meet the fire authority standards. All gas fire appliances must be properly insulated. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114130.6, 114132, 114133, 114137, 114139, 114153, 114163, 114167, 114175, 114177, 114182, 114301 (b3 & g), 114305 (b), 114323 (d&g))

Observed ice build up on the condensing pan in the walk-in freezer. Maintain all equipment, utensils and facilities clean, fully operative and in good repair.

**MF48 - Floor, walls, ceilings; built, maintained, and clean** Construct and maintain all floors, walls, and ceilings of all enclosed food preparation areas so that the surfaces are impervious, smooth, and easily cleanable. Floor surfaces shall provide employee safety from slipping. The juncture of the floor and wall shall be coved with a 3/8 inch minimum radius coving, with the floor surface extending up the wall at least four inches. (114301 (h- i))

Observed a crack in the restroom floor. Repair/replace the damaged floor and maintain it in good repair.

**MF52 - Approved restrooms accessible** A food facility shall be operated within 200 feet travel distance of an approved and readily available toilet and handwashing facility, or as otherwise approved by the enforcement agency, to ensure that restroom facilities are available to facility employees whenever the mobile food facility is stopped to conduct business for more than a one-hour period. (114315)

Observed the restroom vents to be inoperable in the restroom. Toilet rooms shall be vented to the outside air by means of an openable, screened window, an air shaft, or a light-switch-activated exhaust fan, consistent with the requirements of local building codes.

### SIGNATURE(S) OF ACKNOWLEDGEMENT

## INSPECTION REPORT

FACILITY NAME ROYAL CATERING	DATE 1/13/2022
LOCATION 1500 E CERRITOS AVE, ANAHEIM, CA 92805	RELATED ID PR0002410

Sasha M

NAME: S. Montenegro  
TITLE: Manager

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

B TORRICO  
ENVIRONMENTAL HEALTH SPEC III  
(657) 600-7270  
BTorrico@ochca.com



## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>SUBWAY</b>		FACILITY ADDRESS <b>20355 YORBA LINDA BLVD D, YORBA LINDA, CA 92886</b>	
MAILING ADDRESS <b>420 APOLLO STREET UNIT C BREA, CA 92821</b>		IDENTIFIER <b>None</b>	
C/O - OWNER <b>ROLLINO GROUP, INC.</b>		RESULT <b>PASS</b>	
FACILITY ID <b>FA0001888</b>	RELATED ID <b>PR0001888</b>	SERVICE: <b>A01 - ROUTINE INSPECTION</b>	INSPECTION DATE <b>1/10/2022</b>
PROGRAM DESCRIPTION <b>0131 - RESTAURANT UNDER 31 PERSONS - COMPLEX</b>		FOOD MANAGER CERTIFICATE / EXPIRATION DATE <b>E. Cruz 12/12/25</b>	REINSPECTION DATE: <b>NEXT ROUTINE</b>

Based on an inspection this day, the compliance status (IN, MAJ, MIN, N/A, N/O, OUT, COS) has been identified below. Violations noted as MAJ, MIN or OUT must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee. See the following page(s) for the California Health and Safety code sections and other applicable codes for the general requirements that correspond to the violation(s) noted below.

IN = In Compliance MAJ = Major MIN = Minor N/A = Not Applicable N/O = Not Observed OUT = Out of Compliance COS = Corrected on Site

### CRITICAL RISK FACTORS

IN	MAJ	MIN	N/A	N/O	EMPLOYEE KNOWLEDGE	COS
●					1. Demonstration of knowledge	
●					2. Food manager certification; food handler cards	
EMPLOYEE HEALTH & HYGIENIC PRACTICES						
●					3. Communicable disease; reporting, restrictions & exclusions	
●					4. No discharge from eyes, nose, and mouth	
●					5. Proper eating, tasting, drinking or tobacco use	
PREVENTING CONTAMINATION BY HANDS						
●					6. Hands clean and properly washed; gloves used properly	
●					7. Adequate handwashing facilities supplied & accessible	
TIME AND TEMPERATURE RELATIONSHIPS						
		●			8. Proper hot and cold holding temperatures	●
			●		9. Time as a public health control; procedures & records	
				●	10. Proper cooling methods	
			●		11. Proper cooking time & temperatures	
				●	12. Proper reheating procedures for hot holding	

IN	MAJ	MIN	N/A	N/O	PROTECTION FROM CONTAMINATION	COS
●					13. Returned and reserve of food	
●					14. Food in good condition, safe and unadulterated	
		●			15. Food contact surfaces: clean and sanitized	
FOOD FROM APPROVED SOURCES						
●					16. Food obtained from approved source	
			●		17. Compliance with shell stock tags, condition, display	
			●		18. Compliance with Gulf Oyster Regulations	
ADDITIONAL CRITICAL RISK FACTORS						
			●		19. Compliance with variance, specialized process, & HACCP Plan	
			●		20. Consumer advisory provided for raw or undercooked foods	
			●		21. Licensed health care facilities/public & private schools: prohibited foods not offered	
●					22. Hot and cold water available	
●					23. Sewage and wastewater properly disposed	
●					24. No rodents, insects, birds, or animals	

### GOOD RETAIL PRACTICES

OUT	SUPERVISION	COS
	25. Person in charge present and performs duties	
	26. Personal cleanliness and hair restraints	
GENERAL FOOD SAFETY REQUIREMENTS		
	27. Approved thawing methods used, frozen food	
	28. Food separated and protected	
	29. Washing fruits and vegetables	
●	30. Toxic substances properly identified, stored, used	
FOOD STORAGE/DISPLAY/SERVICE		
	31. Food storage; food storage containers identified	
	32. Consumer self-service	
	33. Food properly labeled & honestly presented	

OUT	EQUIPMENT/UTENSILS/LINENS	COS
●	34. Nonfood contact surfaces clean	
	35. Warewashing facilities: installed, maintained, used; test strips	
	36. Equipment/Utensils approved; installed; good repair, capacity	
	37. Equipment, utensils and linens: storage and use	
	38. Adequate ventilation and lighting; designated areas, use	
	39. Thermometers provided and accurate	
	40. Wiping cloths: properly used and stored	
PHYSICAL FACILITIES		
	41. Plumbing: proper backflow devices	
	42. Garbage and refuse properly disposed; facilities maintained	
	43. Toilet facilities: properly constructed, supplied, cleaned	
●	44. Premises; personal/cleaning items; vermin-proofing	

OUT	PERMANENT FOOD FACILITIES	COS
●	45. Floor, walls, ceilings: built, maintained, and clean	
	46. No unapproved private homes/living or sleeping quarters	
SIGNS/REQUIREMENTS		
	47. Signs posted; last inspection report available	
	48. Plan Review	
	49. Health Permit	
COMPLIANCE AND ENFORCEMENT		
	50. Permit Suspension - Imminent Health Hazard	
	51. Notice of Violation - Hearing	
	52. Permit Suspension	
	53. Voluntary Condemnation & Destruction (VC&D)	
	54. Impoundment	
	55. Sample Collected	

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME SUBWAY	DATE 1/10/2022
LOCATION 20355 YORBA LINDA BLVD D, YORBA LINDA, CA 92886	RELATED ID PR0001888

### 8. PROPER HOT AND COLD HOLDING TEMPERATURES - MINOR

Inspector Comments: The following foods were measured at the respective temperatures:

Roast beef and oven roasted chicken between 46-48F inside of overfilled containers.

The person in charge stated that the food had been held for less than 1 hour.

The violation was corrected by an employee relocating the excess food back into a nearby cooler.

Violation Description: Potentially hazardous foods shall be held at or below 41°F or at or above 135°F. (113996, 113998, 114037)

**Corrected on site**

### 15. FOOD CONTACT SURFACES: CLEAN AND SANITIZED - MINOR

Inspector Comments: Observed residue on the ice dispenser of the soda machine in the customer area. Remove this residue.

Violation Description: All food contact surfaces of utensils and equipment shall be clean and sanitized. (113984(d), 114097, 114099.1, 114099.4, 114099.6, 114101(b-d), 114105, 114109, 114111, 114113, 114115(a, b, d), 114117, 114125(b), 114141)

### 30. TOXIC SUBSTANCES PROPERLY IDENTIFIED, STORED, USED - OUT OF COMPLIANCE

Inspector Comments: Observed an unlabeled chemical spray bottle underneath the handwash sink.

Working containers used for storing chemicals such as cleaners and sanitizers taken from bulk supplies shall be clearly and individually identified with the common name of the material.

Violation Description: All poisonous substances, detergents, bleaches, and cleaning compounds shall be stored separate from food, utensils, packaging materials, and food-contact surfaces, and shall be used in an approved manner. (114254, 114254.1, 114254.2)

### 34. NONFOOD-CONTACT SURFACES CLEAN - OUT OF COMPLIANCE

Inspector Comments: Remove the residue from the following locations:

Behind the motor compartment of the vegetable cold-top cooler.

Inside of the soda machine cabinet in the customer area.

Violation Description: All nonfood-contact surfaces of utensils and equipment shall be clean. (114115 [c])

### 44. PREMISES: PERSONAL/CLEANING ITEMS; VERMIN-PROOFING - OUT OF COMPLIANCE

Inspector Comments: VERMIN PROOFING:

Seal the gaps in the basecoving along and behind the front service area.

Violation Description: The premises of each food facility shall be kept clean and free of litter and rubbish; non-food items shall be stored and displayed separate from food and food-contact surfaces; the facility shall be kept vermin proof; open-air barbecues shall be operated in an approved manner. (114067(j), 114123, 114143(a)&(b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282)

### 45. FLOORS, WALLS AND CEILINGS: BUILT, MAINTAINED, AND CLEAN - OUT OF COMPLIANCE

Inspector Comments: 1. Thoroughly clean and maintain the floors (including the floor sinks and drains), walls, and ceilings in a clean and sanitary manner.

Location:

Floors throughout the facility, including under storage racks.

2. Observed a loose wall panel behind the walk-in cooler. Secure this wall panel.

Violation Description: The walls / ceilings shall have durable, smooth, nonabsorbent, light-colored, and washable surfaces. All floor surfaces, other than the customer service areas, shall be approved, smooth, durable, and made of nonabsorbent material that is easily cleanable. Approved base coving shall be provided in all areas, except customer service areas and where food is stored in original unopened containers. Food facilities shall be fully enclosed. All food facilities shall be kept clean and in good repair. (114143(d), 114266, 114268, 114268.1, 114271, 114272)

## SIGNATURE(S) OF ACKNOWLEDGEMENT

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>SUBWAY</b>	DATE <b>1/10/2022</b>
LOCATION <b>20355 YORBA LINDA BLVD D, YORBA LINDA, CA 92886</b>	RELATED ID <b>PR0001888</b>

It was agreed that a copy of this report will be sent to the e-mail address provided. The person in charge was directed to call this office if the report is not received within 2 business days. Additional information can be found at <http://www.ochhealthinfo.com/eh/>.



NAME: E. Cruz  
TITLE: PIC

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

S BEACHLER, REHS  
ENVIRONMENTAL HEALTH SPEC III  
(714) 673-0354  
SBeachler@ochca.com

Did you know that effective January 1, 2018, the California Health and Safety Code was amended to make it easier for food facilities to donate food? Please consider donating your excess food/product to a local food bank, pantry, or soup kitchen. As a good faith food donor, you are protected from civil and criminal liability if the food product later causes harm to its recipient, unless the injury is a direct result of your gross negligence or intentional misconduct in the preparation or handling of the donated food. See Section 1714.25 of the Civil Code and Sections 114432 to 114434, inclusive, of the Health and Safety Code. For more information, please visit [ocfoodinfo.com](http://ocfoodinfo.com) or [aboundfoodcare.org](http://aboundfoodcare.org).

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>TOP BAGUETTE</b>		FACILITY ADDRESS <b>9016 BOLSA AVE, WESTMINSTER, CA 92683</b>	
MAILING ADDRESS <b>9016 BOLSA AVE WESTMINSTER, CA 92683</b>		IDENTIFIER <b>None</b>	
C/O - OWNER <b>PHIL TRAN</b>		RESULT <b>REINSPECTION DUE-PASS</b>	
FACILITY ID <b>FA0009750</b>	RELATED ID <b>PR0009750</b>	SERVICE: <b>A01 - ROUTINE INSPECTION</b>	INSPECTION DATE <b>1/11/2022</b>
PROGRAM DESCRIPTION <b>0131 - RESTAURANT UNDER 31 PERSONS - COMPLEX</b>		FOOD MANAGER CERTIFICATE / EXPIRATION DATE <b>P. TRAN 6/27/22</b>	REINSPECTION DATE: <b>01/25/2022</b>

Based on an inspection this day, the compliance status (IN, MAJ, MIN, N/A, N/O, OUT, COS) has been identified below. Violations noted as MAJ, MIN or OUT must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee. See the following page(s) for the California Health and Safety code sections and other applicable codes for the general requirements that correspond to the violation(s) noted below.

IN = In Compliance MAJ = Major MIN = Minor N/A = Not Applicable N/O = Not Observed OUT = Out of Compliance COS = Corrected on Site

### CRITICAL RISK FACTORS

IN	MAJ	MIN	N/A	N/O	EMPLOYEE KNOWLEDGE	COS
		●			1. Demonstration of knowledge	
●					2. Food manager certification; food handler cards	
EMPLOYEE HEALTH & HYGIENIC PRACTICES						
●					3. Communicable disease; reporting, restrictions & exclusions	
●					4. No discharge from eyes, nose, and mouth	
●					5. Proper eating, tasting, drinking or tobacco use	
PREVENTING CONTAMINATION BY HANDS						
	●				6. Hands clean and properly washed; gloves used properly	●
		●			7. Adequate handwashing facilities supplied & accessible	●
TIME AND TEMPERATURE RELATIONSHIPS						
●					8. Proper hot and cold holding temperatures	
●					9. Time as a public health control; procedures & records	
		●			10. Proper cooling methods	●
●					11. Proper cooking time & temperatures	
				●	12. Proper reheating procedures for hot holding	

IN	MAJ	MIN	N/A	N/O	PROTECTION FROM CONTAMINATION	COS
●					13. Returned and reservice of food	
●					14. Food in good condition, safe and unadulterated	
●					15. Food contact surfaces: clean and sanitized	
FOOD FROM APPROVED SOURCES						
●					16. Food obtained from approved source	
			●		17. Compliance with shell stock tags, condition, display	
			●		18. Compliance with Gulf Oyster Regulations	
ADDITIONAL CRITICAL RISK FACTORS						
			●		19. Compliance with variance, specialized process, & HACCP Plan	
			●		20. Consumer advisory provided for raw or undercooked foods	
			●		21. Licensed health care facilities/public & private schools: prohibited foods not offered	
		●			22. Hot and cold water available	
●					23. Sewage and wastewater properly disposed	
		●			24. No rodents, insects, birds, or animals	●

### GOOD RETAIL PRACTICES

OUT	SUPERVISION	COS
	25. Person in charge present and performs duties	
	26. Personal cleanliness and hair restraints	
GENERAL FOOD SAFETY REQUIREMENTS		
	27. Approved thawing methods used, frozen food	
●	28. Food separated and protected	
	29. Washing fruits and vegetables	
●	30. Toxic substances properly identified, stored, used	
FOOD STORAGE/DISPLAY/SERVICE		
●	31. Food storage; food storage containers identified	
	32. Consumer self-service	
●	33. Food properly labeled & honestly presented	

OUT	EQUIPMENT/UTENSILS/LINENS	COS
●	34. Nonfood contact surfaces clean	
●	35. Warewashing facilities: installed, maintained, used; test strips	
●	36. Equipment/Utensils approved; installed; good repair, capacity	
●	37. Equipment, utensils and linens: storage and use	
	38. Adequate ventilation and lighting; designated areas, use	
	39. Thermometers provided and accurate	
●	40. Wiping cloths: properly used and stored	
PHYSICAL FACILITIES		
	41. Plumbing: proper backflow devices	
	42. Garbage and refuse properly disposed; facilities maintained	
	43. Toilet facilities: properly constructed, supplied, cleaned	
●	44. Premises: personal/cleaning items; vermin-proofing	

OUT	PERMANENT FOOD FACILITIES	COS
●	45. Floor, walls, ceilings: built, maintained, and clean	
	46. No unapproved private homes/living or sleeping quarters	
SIGNS/REQUIREMENTS		
	47. Signs posted; last inspection report available	
	48. Plan Review	
	49. Health Permit	
COMPLIANCE AND ENFORCEMENT		
	50. Permit Suspension - Imminent Health Hazard	
	51. Notice of Violation - Hearing	
	52. Permit Suspension	
	53. Voluntary Condemnation & Destruction (VC&D)	
	54. Impoundment	
	55. Sample Collected	

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME TOP BAGUETTE	DATE 1/11/2022
LOCATION 9016 BOLSA AVE, WESTMINSTER, CA 92683	RELATED ID PR0009750

### OPENING COMMENTS

This purpose for today's visit is to conduct a routine inspection.

#### 1. DEMONSTRATION OF KNOWLEDGE - MINOR

Inspector Comments: Employees were unable to demonstrate knowledge about proper warewashing. Education was provided.

Violation Description: All food employees, including the person in charge, shall have adequate knowledge of and be trained in food safety as it relates to their assigned duties. (113947)

#### 6. HANDS CLEAN AND PROPERLY WASHED; GLOVES USED PROPERLY - MAJOR

Inspector Comments: Observed an employee change tasks from rinsing food contact surfaces to handling food items without washing their hands. All food and utensil handlers shall wash their hands and arms thoroughly by vigorously rubbing them using a cleanser and warm running water for at least 10 - 15 seconds after committing an unsanitary act.

Corrective Action Taken: The employee washed their hands with soap and warm water prior to resuming tasks.

Violation Description: Employees are required to wash their hands with soap and warm water for a minimum of 10 seconds: before beginning work; before handling food / equipment / utensils; as often as necessary, during food preparation, to remove soil and contamination; when switching from working with raw to ready-to-eat foods, after touching body parts; after using toilet room; or any time when contamination may occur. Food employees shall minimize contact with exposed, ready-to-eat food with their bare hands and shall use suitable utensils, gloves, or dispensing equipment. Food employees shall keep their fingernails clean. Gloves shall be worn if a food employee has artificial nails, nail polish, rings, or orthopedic support devices. (113952, 113953.3, 113953.4, 113961, 113968, 113973 [b-f])

Corrected on site

#### 7. ADEQUATE HANDWASHING FACILITIES SUPPLIED & ACCESSIBLE - MINOR

Inspector Comments: Observed an empty Hoisn can to be in the basin of the handwash sink at the station located inside the kitchen.

Violation Description: Handwashing facilities must be provided. Handwashing soap and single-use towels or drying device shall be provided in dispensers; dispensers shall be maintained in good repair. Handwashing facilities shall be clean, unobstructed, and accessible. (113953, 113953.1, 113953.2, 114067)

Corrected on site

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME TOP BAGUETTE	DATE 1/11/2022
LOCATION 9016 BOLSA AVE, WESTMINSTER, CA 92683	RELATED ID PR0009750

### 10. PROPER COOLING METHODS - MINOR

Inspector Comments: Observed a covered container of cooked pork in the single-door display cooler to be cooling at 87F. Per the person in charge, the food item has been cooling for 1 hour.

After heating/cooking or hot holding, potentially hazardous food shall be cooled rapidly from 135°F to 41°F or below within six hours. During this time, the decrease in temperature from 135°F to 70°F shall occur within two hours. Utilize one or more of the following methods.

Rapid cooling methods:

- a) placing the food in shallow, heat-conducting pans
- b) separating the food into smaller or thinner portions
- c) using rapid cooling equipment
- d) using containers that facilitate heat transfer
- e) adding ice as an ingredient
- f) using ice paddles
- g) inserting appropriately designed containers in an ice bath and stirring frequently
- h) utilizing other effective means that have been approved by the enforcement agency

When placed in cooling or cold holding equipment, food containers shall be arranged in the equipment to provide maximum heat transfer through the container walls, loosely covered, or uncovered if protected from overhead contamination during the cooling period. Liquid or semi-liquid foods shall be stirred as necessary in order to evenly cool.

Corrective Action Taken: The employee removed the lid to properly cool the item. Proper cooling methods were discussed.

Violation Description: All potentially hazardous foods shall be RAPIDLY cooled from 135°F to 41°F within 6 hours. During this time, the food shall decrease from 135°F to 70°F within 2 hours. Cooling shall be accomplished by using one or more of the following methods: placing in shallow pans, separating into smaller portions, using rapid cooling equipment, using ice, or other approved methods. (114002, 114002.1)

**Corrected on site**

### 22. HOT AND COLD WATER AVAILABLE - MINOR

Inspector Comments: Observed cold water to not be available at the handwash station in the kitchen. Provide warm water to the handwash sink. If the temperature of water provided to a handwashing sink is not readily adjustable at the faucet, the temperature of the water shall be at least 100°F, but not greater than 108°F.

Violation Description: An adequate, protected, pressurized, potable supply of hot water and cold water shall be provided at all times. (113941, 113953c, 114099.2b, 114163, 114189, 114192, 114192.1, 114195)

### 24. NO RODENTS, INSECTS, BIRDS, OR ANIMALS - MINOR

Inspector Comments: Observed dead cockroaches in the upright 3 door cooler unit.

A thorough inspection for vermin activity was conducted. No further evidence was observed.

Eliminate the infestation/activity of cockroaches from the food facility by using only approved methods. Remove all evidence of the infestation and thoroughly clean and sanitize all affected surfaces. Construct, equip, maintain and operate the food facility so as to prevent the entrance and harborage of animals, birds and vermin including, but not limited to, rodents and insects.

Corrective Action Taken: An employee eliminated evidence of all vermin and sanitized the affected surfaces. All the prepackaged food items in the cooler were sanitized and relocated.

Violation Description: Each food facility shall be kept free of insects, birds, animals, or vermin: rodents (rats, mice), cockroaches, flies. (114259, 114259.1, 114259.4, 114259.5)

**Corrected on site**

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME TOP BAGUETTE	DATE 1/11/2022
LOCATION 9016 BOLSA AVE, WESTMINSTER, CA 92683	RELATED ID PR0009750

### 28. FOOD SEPARATED AND PROTECTED - OUT OF COMPLIANCE

Inspector Comments: Observed a black garbage bag used for covering a large container of picked vegetables in the walk-in cooler unit. Discontinue using unapproved materials for covering food items. Provide sanitary, non-absorbent and approved coverings on all open food containers except when in use.

Corrective Action Taken: An employee removed the garbage bag. Education about potential leech of chemicals onto the food item was provided.

Violation Description: All food shall be separated and protected from contamination. (113980, 113984, 113986, 114060, 114067, 114077, 114073, 114143)

### 30. TOXIC SUBSTANCES PROPERLY IDENTIFIED, STORED, USED - OUT OF COMPLIANCE

Inspector Comments: 1. Observed a bottle of " Hot Shot" pesticide to be stored by the water heater. Only those insecticides, rodenticides, and other pesticides that are necessary and specifically approved for use in a food facility may be used. The use shall be in accordance with the manufacturer's instructions.

2. Observed a chemical spray bottle to be missing a label. Working containers used for storing chemicals such as cleaners and sanitizers taken from bulk supplies shall be clearly and individually identified with the common name of the material.

Violation Description: All poisonous substances, detergents, bleaches, and cleaning compounds shall be stored separate from food, utensils, packaging materials, and food-contact surfaces, and shall be used in an approved manner. (114254, 114254.1, 114254.2)

### 31. FOOD STORAGE; FOOD STORAGE CONTAINERS IDENTIFIED - OUT OF COMPLIANCE

Inspector Comments: Observed containers to be stored on the floor in the following areas:

- walk-in freezer unit
- under the food prep counter adjacent to the walk-in cooler unit

All food items shall be stored at least 6 inches above the floor and on approved shelving.

Violation Description: Food shall be stored in approved containers and labeled as to its contents. Food shall be stored at least 6" above the floor on approved shelving and in an approved area. (114047, 114049, 114051, 114053, 114055, 114067(h), 114069 [b])

### 33. FOOD PROPERLY LABELED & HONESTLY PRESENTED - OUT OF COMPLIANCE

Inspector Comments: Observed prepackaged food items in the customer self-service area to be missing proper labels.

Provide labels for all customer self-service prepackaged foods. The labels are to be in English and must contain the following:

- the common name of the product
- a declaration of the ingredients used, in descending order of predominance by weight
- the name and place of business of the manufacturer, packer or distributor
- the net weight of the product

Violation Description: Any food is misbranded if its labeling is false or misleading, if it is offered for sale under the name of another food, or if it is an imitation of another food for which a definition and standard of identity has been established by regulation. Consumer notification shall be provided for unpackaged confectionary food containing alcohol in excess of one-half of 1 percent by weight. Infant formula or baby food must not be offered for sale after the "use by" date. A restaurant that sells a children's meal shall make the default beverage offered with the meal water, sparkling water, flavored water, unflavored milk, or a nondairy milk alternative with no more than 130 calories. (114087, 114089, 114089.1(a, b), 114090, 114093.1, 114094, 114094.5, 114365.2, 114379, 114379.1, 114379.2, 114379.3; Sherman Food, Drug and Cosmetic Law)

### 34. NONFOOD-CONTACT SURFACES CLEAN - OUT OF COMPLIANCE

Inspector Comments: Clean to remove the accumulation of grime, grease, old food debris and/or dust from the following:

- lids and exterior surfaces of the bulk food containers
- drainboard of the 3 compartment sink
- gaskets of the upright cooler units
- covers of the speed racks

Violation Description: All nonfood-contact surfaces of utensils and equipment shall be clean. (114115 [c])



## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME TOP BAGUETTE	DATE 1/11/2022
LOCATION 9016 BOLSA AVE, WESTMINSTER, CA 92683	RELATED ID PR0009750

### 35. WAREWASHING FACILITIES: INSTALLED, MAINTAINED, USED; TEST STRIPS - OUT OF COMPLIANCE

Inspector Comments: Observed drain stops to be missing from the facility. Provide functional drain stops to achieve proper warewashing.

Violation Description: Food facilities that prepare food shall be equipped with warewashing facilities. Testing equipment and materials shall be provided to measure the applicable sanitization method. (114067(f,g), 114099, 114099.3, 114099.5, 114101(a), 114101.1, 114101.2, 114103, 114107, 114125)

### 36. EQUIPMENT/UTENSILS - APPROVED; INSTALLED; GOOD REPAIR; CAPACITY - OUT OF COMPLIANCE

Inspector Comments: 1. Observed lychee containers to be re-used for storing bulk spices. Discontinue re-using unapproved containers, (i.e. single-use cans, styrofoam cups, crates, cardboard boxes, plastic grocery bags). After the food product has been opened, transfer the product into durable, washable, and cleanable working containers with lids.

2. Observed strainers (cooking equipment) to be crack and laced together with a rope. Equipment surfaces must be smooth, non-absorbent, durable, and easily cleanable. (i.e. raw wood, surfaces with gaps or crevices, etc.) The owner was advised to discard the non-NSF and in disrepair cooking equipment.

3. Observed the gaskets to be in disrepair at the upright cooler Repair the gaskets in an approved manner.

4. Observed the caulking at the 3 compartment sink to be deteriorated. Replace the caulking.

5. Observed a leak in the drain pipe of the 3 compartment sink. Repair the leak in an approved.

6. Observed the knob of the handwash station to be in disrepair. Repair the knob in an approved manner.

Violation Description: All utensils and equipment shall be fully operative and in good repair. All utensils and equipment shall be approved, installed properly, and meet applicable standards. (114130, 114130.1, 114130.2, 114130.3, 114130.4, 114130.5, 114130.6, 114132, 114133, 114137, 114139, 114153, 114155, 114163, 114165, 114167, 114169, 114175, 114177, 114180, 114182)

### 37. EQUIPMENT, UTENSILS AND LINENS: STORAGE AND USE - OUT OF COMPLIANCE

Inspector Comments: 1. Observed several cooking equipment to be on the floor of the facility. All cooking items are to be stored 6 inches above the floor and on approved shelving.

2. Observed several not in-use equipment ( fryer unit and baguette machine) to be wrapped in plastic wrap to have an accumulation of debris. All equipment in the facility shall be maintained in good condition. Remove all items from the facility which are unnecessary to the operation or maintenance of the facility. Educaiton was provided.

Violation Description: All clean and soiled linen shall be properly stored; non-food items shall be stored and displayed separate from food and food-contact surfaces. Utensils and equipment shall be handled and stored so as to be protected from contamination. A full service restaurant is to only provide a single-use plastic straw to a consumer when requested. (114074, 114081, 114119, 114121, 114161, 114178, 114179, 114083, 114185, 114185.2, 114185.3, 114185.4, 114185.5)

### 40. WIPING CLOTHS: PROPERLY USED AND STORED - OUT OF COMPLIANCE

Inspector Comments: Although sanitizer buckets were set up, multi-use wiping cloths were observed stored outside of the bucket. Discontinue holding multi-use wiping cloths outside of the sanitizer solution between uses. Store wiping cloths in an approved sanitizer solution (e.g., 100 ppm chlorine, 200 ppm quaternary ammonium or 25 ppm iodine) between uses, or provide a clean cloth for each use.

Violation Description: Wiping cloths used to wipe service counters, scales, or other surfaces that may come into contact with food shall be used only once unless kept in clean water with sanitizer; separate sanitizing containers shall be provided for wiping cloths used with raw animal foods. (114135, 114185.1 114185.3 [d-e])



## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME TOP BAGUETTE	DATE 1/11/2022
LOCATION 9016 BOLSA AVE, WESTMINSTER, CA 92683	RELATED ID PR0009750

### 44. PREMISES: PERSONAL/CLEANING ITEMS; VERMIN-PROOFING - OUT OF COMPLIANCE

Inspector Comments: Personal Items:

1. Observed employee's drink and cell phone to be stored at food preparation counters. Maintain employee clothing and personal effects in a room, enclosure, lockers, or other designated area or designated area separated from toilets, food storage, food preparation areas and utensil washing areas.

Vermin Proofing:

1. Observed gaps/ holes in the the following areas:

- on the wall by the bread slicing machine
- on the ceiling panel above the meat slicer
- on the piece of wall above the mop sink
- between the bottom of the back door and the floor

Properly rodent proof the interior/exterior of the premises. Seal all gaps that are greater than a 1/4 inch.

2. This facility is not fully enclosed (i.e. open door/window, missing screen). Maintain the food facility fully enclosed to prevent the entrance and harborage of animals and insects at all times except during immediate passage.

Violation Description: The premises of each food facility shall be kept clean and free of litter and rubbish; non-food items shall be stored and displayed separate from food and food-contact surfaces; the facility shall be kept vermin proof; open-air barbecues shall be operated in an approved manner. (114067(j), 114123, 114143(a)&(b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282)

### 45. FLOORS, WALLS AND CEILINGS: BUILT, MAINTAINED, AND CLEAN - OUT OF COMPLIANCE

Inspector Comments: 1. Clean to remove the accumulation of grime, grease, old food debris from the following:

- walls by the food prep sink
- walls by the baguette machine

2. Observed broken floor tiles by the steam table and by the back door. Repair the floor in order to provide a surface that is smooth, durable, non-absorbent and easily cleanable. If flooring is to be replaced, submit a sample to this office prior to installation.

Violation Description: The walls / ceilings shall have durable, smooth, nonabsorbent, light-colored, and washable surfaces. All floor surfaces, other than the customer service areas, shall be approved, smooth, durable, and made of nonabsorbent material that is easily cleanable. Approved base coving shall be provided in all areas, except customer service areas and where food is stored in original unopened containers. Food facilities shall be fully enclosed. All food facilities shall be kept clean and in good repair. (114143(d), 114266, 114268, 114268.1, 114271, 114272)

## SIGNATURE(S) OF ACKNOWLEDGEMENT

It was agreed that a copy of this report will be sent to the e-mail address provided. The person in charge was directed to call this office if the report is not received within 2 business days. Additional information can be found at <http://www.ocalthinfo.com/eh/>.



NAME: P. Tran  
TITLE: Owner

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

E PANG  
ENVIRONMENTAL HEALTH SPEC I  
(714) 955-1106  
EPANG@OCHCA.COM

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME TOP BAGUETTE	DATE 1/11/2022
LOCATION 9016 BOLSA AVE, WESTMINSTER, CA 92683	RELATED ID PR0009750

Did you know that effective January 1, 2018, the California Health and Safety Code was amended to make it easier for food facilities to donate food? Please consider donating your excess food/product to a local food bank, pantry, or soup kitchen. As a good faith food donor, you are protected from civil and criminal liability if the food product later causes harm to its recipient, unless the injury is a direct result of your gross negligence or intentional misconduct in the preparation or handling of the donated food. See Section 1714.25 of the Civil Code and Sections 114432 to 114434, inclusive, of the Health and Safety Code. For more information, please visit [ocfoodinfo.com](http://ocfoodinfo.com) or [aboundfoodcare.org](http://aboundfoodcare.org).

### REINSPECTION FEES:

Fees are assessed for second or greater reinspections and Notices of Violations. The purpose of these fees is to shift costs away from compliant operators and impose fees on those facilities that fail to readily comply with the applicable laws and regulations. The amount of the fee is to cover all of the cost associated with the service. For the most current fees, please refer to <http://ochealthinfo.com/eh/home/fees> or call (714) 433-6000.

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME <b>WOODYS DINER</b>		FACILITY ADDRESS <b>21450 YORBA LINDA BLVD, YORBA LINDA, CA 92887</b>	
MAILING ADDRESS <b>3130 W HARVARD ST SANTA ANA, CA 92704</b>		IDENTIFIER <b>None</b>	
C/O - OWNER <b>WOODYS DINER INC</b>		RESULT <b>PASS</b>	
FACILITY ID <b>FA0012350</b>	RELATED ID <b>PR0012350</b>	SERVICE: <b>A01 - ROUTINE INSPECTION</b>	INSPECTION DATE <b>1/10/2022</b>
PROGRAM DESCRIPTION <b>0134 - RESTAURANT 101-150 PERSONS - COMPLEX</b>		FOOD MANAGER CERTIFICATE / EXPIRATION DATE <b>See Violation 02</b>	REINSPECTION DATE: <b>NEXT ROUTINE</b>

Based on an inspection this day, the compliance status (IN, MAJ, MIN, N/A, N/O, OUT, COS) has been identified below. Violations noted as MAJ, MIN or OUT must be corrected. Failure to correct the listed violation(s) prior to the designated compliance date may necessitate a reinspection at an additional fee. See the following page(s) for the California Health and Safety code sections and other applicable codes for the general requirements that correspond to the violation(s) noted below.

IN = In Compliance MAJ = Major MIN = Minor N/A = Not Applicable N/O = Not Observed OUT = Out of Compliance COS = Corrected on Site

### CRITICAL RISK FACTORS

IN	MAJ	MIN	N/A	N/O	EMPLOYEE KNOWLEDGE	COS
●					1. Demonstration of knowledge	
		●			2. Food manager certification; food handler cards	
EMPLOYEE HEALTH & HYGIENIC PRACTICES						
●					3. Communicable disease; reporting, restrictions & exclusions	
●					4. No discharge from eyes, nose, and mouth	
●					5. Proper eating, tasting, drinking or tobacco use	
PREVENTING CONTAMINATION BY HANDS						
●					6. Hands clean and properly washed; gloves used properly	
		●			7. Adequate handwashing facilities supplied & accessible	
TIME AND TEMPERATURE RELATIONSHIPS						
		●			8. Proper hot and cold holding temperatures	●
			●		9. Time as a public health control; procedures & records	
				●	10. Proper cooling methods	
●					11. Proper cooking time & temperatures	
●					12. Proper reheating procedures for hot holding	

IN	MAJ	MIN	N/A	N/O	PROTECTION FROM CONTAMINATION	COS
●					13. Returned and reserve of food	
●					14. Food in good condition, safe and unadulterated	
		●			15. Food contact surfaces: clean and sanitized	
FOOD FROM APPROVED SOURCES						
●					16. Food obtained from approved source	
			●		17. Compliance with shell stock tags, condition, display	
			●		18. Compliance with Gulf Oyster Regulations	
ADDITIONAL CRITICAL RISK FACTORS						
			●		19. Compliance with variance, specialized process, & HACCP Plan	
		●			20. Consumer advisory provided for raw or undercooked foods	
			●		21. Licensed health care facilities/public & private schools: prohibited foods not offered	
●					22. Hot and cold water available	
●					23. Sewage and wastewater properly disposed	
		●			24. No rodents, insects, birds, or animals	

### GOOD RETAIL PRACTICES

OUT	SUPERVISION	COS
	25. Person in charge present and performs duties	
	26. Personal cleanliness and hair restraints	
GENERAL FOOD SAFETY REQUIREMENTS		
●	27. Approved thawing methods used, frozen food	●
●	28. Food separated and protected	
	29. Washing fruits and vegetables	
●	30. Toxic substances properly identified, stored, used	
FOOD STORAGE/DISPLAY/SERVICE		
	31. Food storage; food storage containers identified	
	32. Consumer self-service	
	33. Food properly labeled & honestly presented	

OUT	EQUIPMENT/UTENSILS/LINENS	COS
●	34. Nonfood contact surfaces clean	
	35. Warewashing facilities: installed, maintained, used; test strips	
	36. Equipment/Utensils approved; installed; good repair, capacity	
●	37. Equipment, utensils and linens: storage and use	
	38. Adequate ventilation and lighting; designated areas, use	
●	39. Thermometers provided and accurate	
●	40. Wiping cloths: properly used and stored	●
PHYSICAL FACILITIES		
	41. Plumbing: proper backflow devices	
	42. Garbage and refuse properly disposed; facilities maintained	
	43. Toilet facilities: properly constructed, supplied, cleaned	
●	44. Premises; personal/cleaning items; vermin-proofing	

OUT	PERMANENT FOOD FACILITIES	COS
●	45. Floor, walls, ceilings: built, maintained, and clean	
	46. No unapproved private homes/living or sleeping quarters	
SIGNS/REQUIREMENTS		
	47. Signs posted; last inspection report available	
	48. Plan Review	
	49. Health Permit	
COMPLIANCE AND ENFORCEMENT		
	50. Permit Suspension - Imminent Health Hazard	
	51. Notice of Violation - Hearing	
	52. Permit Suspension	
	53. Voluntary Condemnation & Destruction (VC&D)	
	54. Impoundment	
	55. Sample Collected	

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME WOODYS DINER	DATE 1/10/2022
LOCATION 21450 YORBA LINDA BLVD, YORBA LINDA, CA 92887	RELATED ID PR0012350

### 2. FOOD MANAGER CERTIFICATION; FOOD HANDLER CARDS - MINOR

Inspector Comments: Food Safety Certificate was not observed at the time of inspection. Provide Food Safety Certificate within 14 days. A reinspection is scheduled for 1/24/21. To avoid a reinspection fee or additional administrative action, email a copy of your current Food Safety Certificate or proof of enrollment to SBeachler@ochca.com.

Violation Description: There shall be an individual that possesses a current Food Safety Certificate for each food facility that prepares, handles, or serves nonprepackaged potentially hazardous food. Any individual who is involved in the preparation, storage, or service of food in a food facility shall obtain a food handler card within 30 days after the date of hire. (113947.1-113947.5, 113948)

### 7. ADEQUATE HANDWASHING FACILITIES SUPPLIED & ACCESSIBLE - MINOR

Inspector Comments: No paper towels were located directly next to the bar's handwash sink.

Provide and maintain handwashing soap and single-use sanitary towels in dispensers (or hot air blowers) at, or adjacent to, all handwashing facilities.

Violation Description: Handwashing facilities must be provided. Handwashing soap and single-use towels or drying device shall be provided in dispensers; dispensers shall be maintained in good repair. Handwashing facilities shall be clean, unobstructed, and accessible. (113953, 113953.1, 113953.2, 114067)

### 8. PROPER HOT AND COLD HOLDING TEMPERATURES - MINOR

Inspector Comments: The following foods were measured at the respective temperatures:

A double stacked container of cooked chicken measured at 125F in the warmer at the cook's line.

The person in charge stated that the food had been held for 1 hour.

This violation was corrected by directing the staff to immediately reheat the food product to at least 165°F and then to increase the temperature of the hot holding warmer unit so that food is held at or above 135F.

Violation Description: Potentially hazardous foods shall be held at or below 41°F or at or above 135°F. (113996, 113998, 114037)

**Corrected on site**

### 15. FOOD CONTACT SURFACES: CLEAN AND SANITIZED - MINOR

Inspector Comments: Observed an accumulation of old food residue on the following equipment:

Meat slicer in the back section of the kitchen.

Ice cream blenders in the front service area.

Clean and sanitize food contact surfaces on equipment and utensils throughout the day and at least every 4 hours when in use.

Violation Description: All food contact surfaces of utensils and equipment shall be clean and sanitized. (113984(d), 114097, 114099.1, 114099.4, 114099.6, 114101(b-d), 114105, 114109, 114111, 114113, 114115(a, b, d), 114117, 114125(b), 114141)

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME WOODYS DINER	DATE 1/10/2022
LOCATION 21450 YORBA LINDA BLVD, YORBA LINDA, CA 92887	RELATED ID PR0012350

### 20. CONSUMER ADVISORY PROVIDED FOR RAW OR UNDERCOOKED FOODS - MINOR

Inspector Comments: Facility failed to inform consumer regarding undercooked foods and the significantly increased risk of consuming those foods by a way of a disclosure and reminder using brochures, deli case or menu advisories, label statements, table tents, placards, or other effective written means.

The facility shall inform consumers of the increased risk of consuming raw or undercooked foods with a disclosure and reminder on the menu, menu board, a brochure, on the deli case menu, a label statement, table tent, placards, or other effective written means.

Disclosure statement:

The disclosure statement is a written statement that clearly includes either a description of the animal-derived foods, such as "oysters on the half shell (raw oysters)," "raw-egg Caesar salad," and "hamburgers (can be cooked to order)" or by identifying the food marked by an asterisk to a footnote that states that the items are served raw or undercooked, or contain or may contain raw or undercooked ingredients. The disclosure statement must inform the consumer that the food will not receive adequate heat treatment and that consuming creates a risk because the food may contain bacteria or other disease causing organisms that have been known to cause foodborne disease. The notification of the risk must be achieved by using a meaningful message in a manner that is likely to affect behavior and must be communicated so the consumer can consider the risks based on their health status and the food being consumed.

Reminder statement:

The reminder is denoted by an asterisk (\*) next to raw or under cooked animal-derived menu item, to a footnote that includes either of the following disclosure statements:

(1) Written information regarding the safety of these food items is available upon request; or

(2) Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.

Violation Description: Ready-to-eat food containing undercooked food or raw egg may be served if the facility notifies the consumer by disclosure and reminder. (114012, 114093)

### 24. NO RODENTS, INSECTS, BIRDS, OR ANIMALS - MINOR

Inspector Comments: A few fruit flies were observed in the following locations:

Cook's line.

Mop sink.

Bar.

Construct, equip, maintain and operate the food facility so as to prevent the entrance and harborage of animals, birds and vermin including, but not limited to, rodents and insects.

Violation Description: Each food facility shall be kept free of insects, birds, animals, or vermin: rodents (rats, mice), cockroaches, flies. (114259, 114259.1, 114259.4, 114259.5)

### 27. APPROVED THAWING METHODS USED, FROZEN FOOD - OUT OF COMPLIANCE

Inspector Comments: THAWING

Observed a container of raw chicken wings inside of a container of still water in the prep sink to be thawing.

Observed a box of frozen chicken to be stored on one of the drain boards to the prep sink.

Discontinue improperly thawing potentially hazardous foods. Thaw all frozen potentially hazardous foods by one or more of the following methods:

- in refrigeration units
- in a microwave oven if immediately followed by immediate preparation
- as part of the cooking process
- completely submerged under potable running water for a period not to exceed two hours at a water temperature of 70 F or below and with sufficient water velocity to agitate and flush off loose particles into the sink drain.

Plan ahead as different methods of thawing could take additional time and effort.

The violation was corrected by an employee relocating the box of frozen chicken and by turning on the water to the prep sink so that the chicken wings can thaw under cool running water.

Violation Description: Food shall be thawed under refrigeration; completely submerged under cold running water of sufficient velocity to flush loose particles; in a microwave oven; during the cooking process. (114018, 114020)

**Corrected on site**

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME WOODYS DINER	DATE 1/10/2022
LOCATION 21450 YORBA LINDA BLVD, YORBA LINDA, CA 92887	RELATED ID PR0012350

### 28. FOOD SEPARATED AND PROTECTED - OUT OF COMPLIANCE

Inspector Comments: 1. Observed several containers of food in the walk-in cooler to be uncovered.  
Provide sanitary, non-absorbent and approved coverings on all open food containers except when in use.

2. Observed sealed raw hamburger patties to be stored directly next to ready-to-eat food in the walk-in cooler.  
Store ready-to-eat foods above or separately from raw animal products.

Violation Description: All food shall be separated and protected from contamination. (113980, 113984, 113986, 114060, 114067, 114077, 114073, 114143)

### 30. TOXIC SUBSTANCES PROPERLY IDENTIFIED, STORED, USED - OUT OF COMPLIANCE

Inspector Comments: 1. Observed an unlabeled chemical spray bottle stored in the warewashing area.  
Working containers used for storing chemicals such as cleaners and sanitizers taken from bulk supplies shall be clearly and individually identified with the common name of the material.

2. Observed a spray can of stainless steel cleaner to be stored near food by the ice cream scoop area in the front service area.  
Store and use all chemical substances, detergents, bleach, cleaning compounds, and all other injurious or poisonous materials in a manner that is not likely to cause contamination or adulteration of food.

Corrective Action Taken:

The violation was corrected by an employee relocating the spray can.

Violation Description: All poisonous substances, detergents, bleaches, and cleaning compounds shall be stored separate from food, utensils, packaging materials, and food-contact surfaces, and shall be used in an approved manner. (114254, 114254.1, 114254.2)

### 34. NONFOOD-CONTACT SURFACES CLEAN - OUT OF COMPLIANCE

Inspector Comments: Observed a residue accumulation inside of the ice machine and on the deflecting panel. Remove this residue accumulation. Ensure edible ice is protected from contamination at all times.

Violation Description: All nonfood-contact surfaces of utensils and equipment shall be clean. (114115 [c])

### 37. EQUIPMENT, UTENSILS AND LINENS: STORAGE AND USE - OUT OF COMPLIANCE

Inspector Comments: 1. Observed in-use utensils at the cook's line to be stored in a container of water at room temperature.  
Store in-use utensils that are used with potentially hazardous food in a sanitary container and clean the utensils at least every four hours, or in a container of water if the water is maintained at a temperature of at least 135F, or in running water of sufficient velocity to flush particulates to the drain if used with moist food such as ice cream or mashed potatoes.

2. Observed several scoops inside of bulk food containers to be stored with the handles directly touching the food product.  
Store the scoop in a sanitary, cleanable container or inside the machine in a manner that does not allow the handle to come into contact with the food. Clean the scoop regularly.

Violation Description: All clean and soiled linen shall be properly stored; non-food items shall be stored and displayed separate from food and food-contact surfaces. Utensils and equipment shall be handled and stored so as to be protected from contamination. A full service restaurant is to only provide a single-use plastic straw to a consumer when requested. (114074, 114081, 114119, 114121, 114161, 114178, 114179, 114083, 114185, 114185.2, 114185.3, 114185.4, 114185.5)

### 39. THERMOMETERS PROVIDED AND ACCURATE - OUT OF COMPLIANCE

Inspector Comments: Observed a display thermometer to be missing from one of the refrigerators at the cook's line.  
Provide an accurate display thermometer in all refrigeration units that is affixed to be readily visible and to indicate the air temperature in the warmest part of the unit.

Violation Description: An accurate, easily readable metal probe thermometer suitable for measuring temperature of food shall be available. A thermometer +/- 2°F shall be provided for each hot and cold holding unit of potentially hazardous foods and high temperature warewashing machines. (114157, 114159)

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME WOODYS DINER	DATE 1/10/2022
LOCATION 21450 YORBA LINDA BLVD, YORBA LINDA, CA 92887	RELATED ID PR0012350

### 40. WIPING CLOTHS: PROPERLY USED AND STORED - OUT OF COMPLIANCE

Inspector Comments: Measured the sanitizer concentration in the wiping cloth container to be non-compliant (Exceeding 200ppm chlorine). Store wiping cloths in an approved sanitizer solution (e.g., 100 ppm chlorine, 200 ppm quaternary ammonium or 25 ppm iodine) between uses, or provide a clean cloth for each use.

The violation was corrected by an employee adding more water to the bucket to dilute the solution to 100ppm chlorine.

Violation Description: Wiping cloths used to wipe service counters, scales, or other surfaces that may come into contact with food shall be used only once unless kept in clean water with sanitizer; separate sanitizing containers shall be provided for wiping cloths used with raw animal foods. (114135, 114185.1 114185.3 [d-e])

**Corrected on site**

### 44. PREMISES: PERSONAL/CLEANING ITEMS; VERMIN-PROOFING - OUT OF COMPLIANCE

Inspector Comments: 1. Observed several personal employee items including a jacket and purse to be stored next to food prep areas or next to food storage in the front storage area.

Maintain employee clothing and personal effects in a room, enclosure, lockers, or other designated area or designated area separated from toilets, food storage, food preparation areas and utensil washing areas.

The personal items were relocated during the inspection.

2. Observed personal beverages to be stored in food prep areas in the front service area and back prep table.

Discontinue storing employee beverages and/or food in food prep and storage areas. Closed beverages may be stored in an approved manner to prevent contamination. Instruct employees to only eat and drink in designated areas away from food and utensils, and to wash their hands thoroughly before returning to work.

Violation Description: The premises of each food facility shall be kept clean and free of litter and rubbish; non-food items shall be stored and displayed separate from food and food-contact surfaces; the facility shall be kept vermin proof; open-air barbecues shall be operated in an approved manner. (114067(j), 114123, 114143(a)&(b), 114256, 114256.1, 114256.2, 114256.4, 114257, 114257.1, 114259, 114259.2, 114259.3, 114279, 114281, 114282)

### 45. FLOORS, WALLS AND CEILINGS: BUILT, MAINTAINED, AND CLEAN - OUT OF COMPLIANCE

Inspector Comments: Thoroughly clean and maintain the floors (including the floor sinks and drains), walls, and ceilings in a clean and sanitary manner.

Location:

Floor under the cook's line.

Violation Description: The walls / ceilings shall have durable, smooth, nonabsorbent, light-colored, and washable surfaces. All floor surfaces, other than the customer service areas, shall be approved, smooth, durable, and made of nonabsorbent material that is easily cleanable. Approved base coving shall be provided in all areas, except customer service areas and where food is stored in original unopened containers. Food facilities shall be fully enclosed. All food facilities shall be kept clean and in good repair. (114143(d), 114266, 114268, 114268.1, 114271, 114272)

## SIGNATURE(S) OF ACKNOWLEDGEMENT

It was agreed that a copy of this report will be sent to the e-mail address provided. The person in charge was directed to call this office if the report is not received within 2 business days. Additional information can be found at <http://www.ocalthinfo.com/eh/>.



NAME: R. Pietsch  
TITLE: Lead

## RETAIL FOOD FACILITY INSPECTION REPORT

FACILITY NAME WOODYS DINER	DATE 1/10/2022
LOCATION 21450 YORBA LINDA BLVD, YORBA LINDA, CA 92887	RELATED ID PR0012350

Signing for the receipt of the above report is not an admission of the facts of the violations set forth herein.

INSPECTOR:

S BEACHLER, REHS  
ENVIRONMENTAL HEALTH SPEC III  
(714) 673-0354  
SBeachler@ochca.com

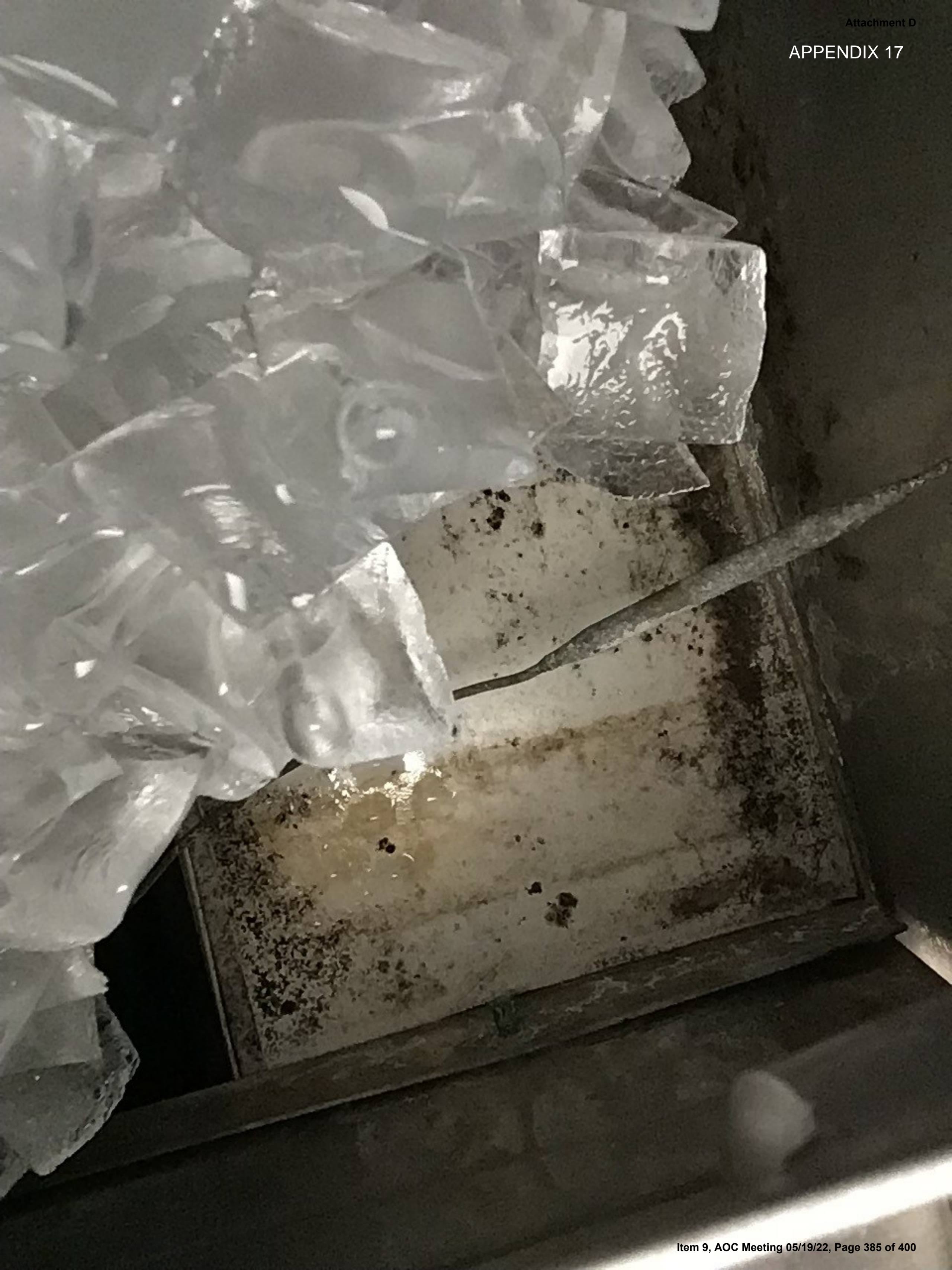
Did you know that effective January 1, 2018, the California Health and Safety Code was amended to make it easier for food facilities to donate food? Please consider donating your excess food/product to a local food bank, pantry, or soup kitchen. As a good faith food donor, you are protected from civil and criminal liability if the food product later causes harm to its recipient, unless the injury is a direct result of your gross negligence or intentional misconduct in the preparation or handling of the donated food. See Section 1714.25 of the Civil Code and Sections 114432 to 114434, inclusive, of the Health and Safety Code. For more information, please visit [ocfoodinfo.com](http://ocfoodinfo.com) or [aboundfoodcare.org](http://aboundfoodcare.org).







APPENDIX 17

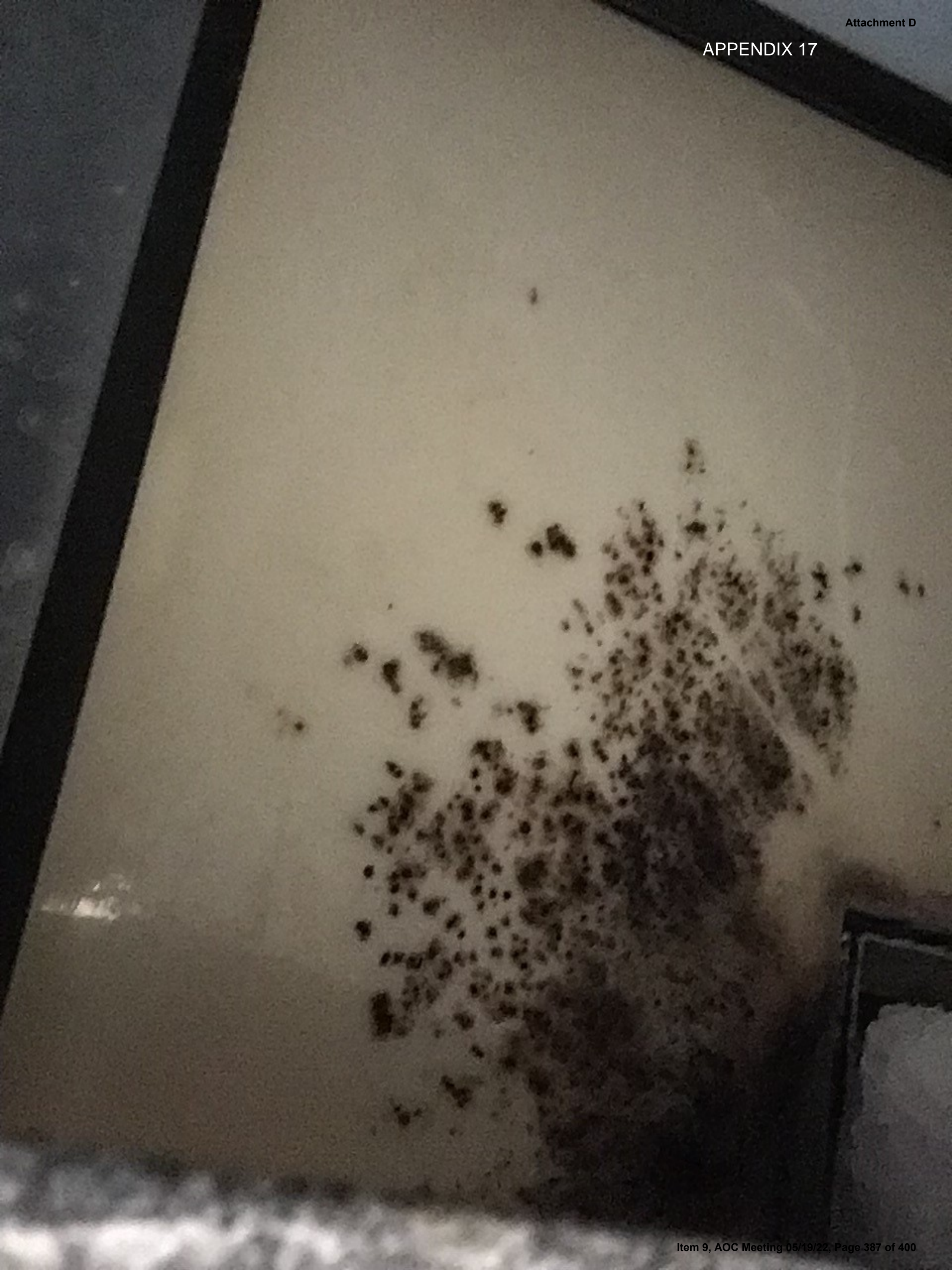








APPENDIX 17

























RESEARCH BRIEF | OCTOBER 2021

# STAFFING UP

## Workforce Levels Needed to Provide Basic Public Health Services for All Americans



**State and local governmental public health departments need an 80% increase in their workforce to provide a minimum set of public health services to the nation.**

Despite the critical role that state and local governmental public health departments play in ensuring the safety, security, and prosperity of local communities, they have been consistently underfunded.

Budget and staffing cuts have weakened the nation's collective health and increased its vulnerability to emerging infectious disease and unchecked chronic disease. In the past decade, state and local health departments lost 15 percent of their essential staff. These cuts have limited the ability of health departments to plan for and respond to emergencies like the COVID-19 pandemic and to meet the daily needs of their communities.

Americans count on public health departments to prevent disease outbreaks and injury, monitor health status, provide scientific expertise, and respond to crises of increasing magnitude and frequency, and they deserve a public health system that is sufficiently resourced to protect and promote the health of all Americans. Even though funds have been allocated for the response to the pandemic, this short-term investment does not sufficiently address our weakened infrastructure. To advance a thoughtful reinvestment in public health, the de Beaumont Foundation and the Public Health National Center for Innovations conducted a first-of-its-kind analysis to estimate the number of state and local public health department staff needed to deliver basic, everyday services adequately and equitably.

Based on this analysis, state and local health departments need to hire a minimum of 80,000 more full-time equivalent positions (FTEs) — an increase of nearly 80% — to provide adequate infrastructure and a minimum package of public health services. (See Figure 1.) This increase in staffing would provide the infrastructure needed upon which additional staff could be added to provide more comprehensive services to respond to emergencies.

Based on existing shortages, approximately 54,000 of these additional FTEs should be deployed to local health departments and 26,000 to state health departments. (See Figures 2 and 3.)

While all state and local departments need additional FTEs, the most acute needs are in local health departments that serve fewer than 100,000 people.

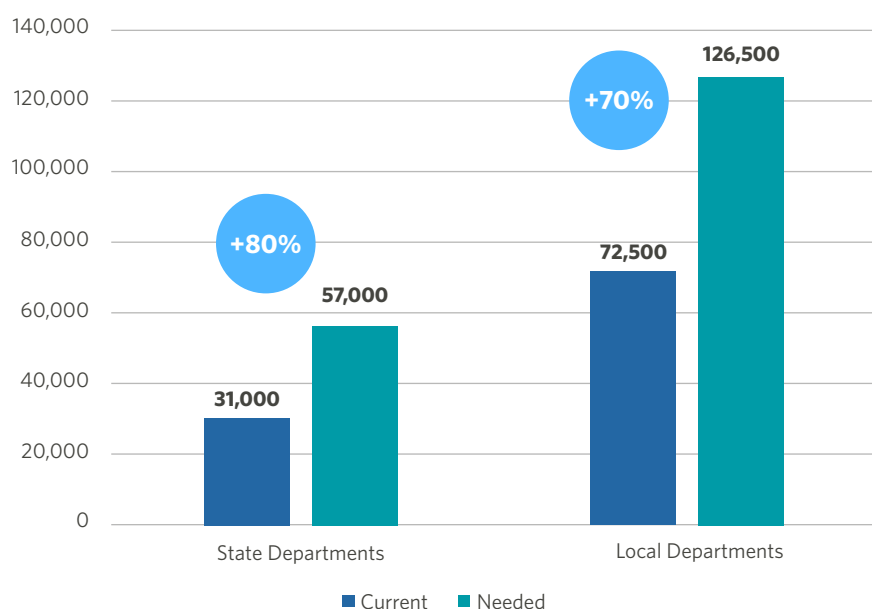
Note: The estimates presented in this brief encompass only the minimum number of FTEs needed for the development of infrastructure and provision of minimum services. They do not account for additional FTEs that may be temporarily required to respond to the extensive needs of pandemics or other new challenges.

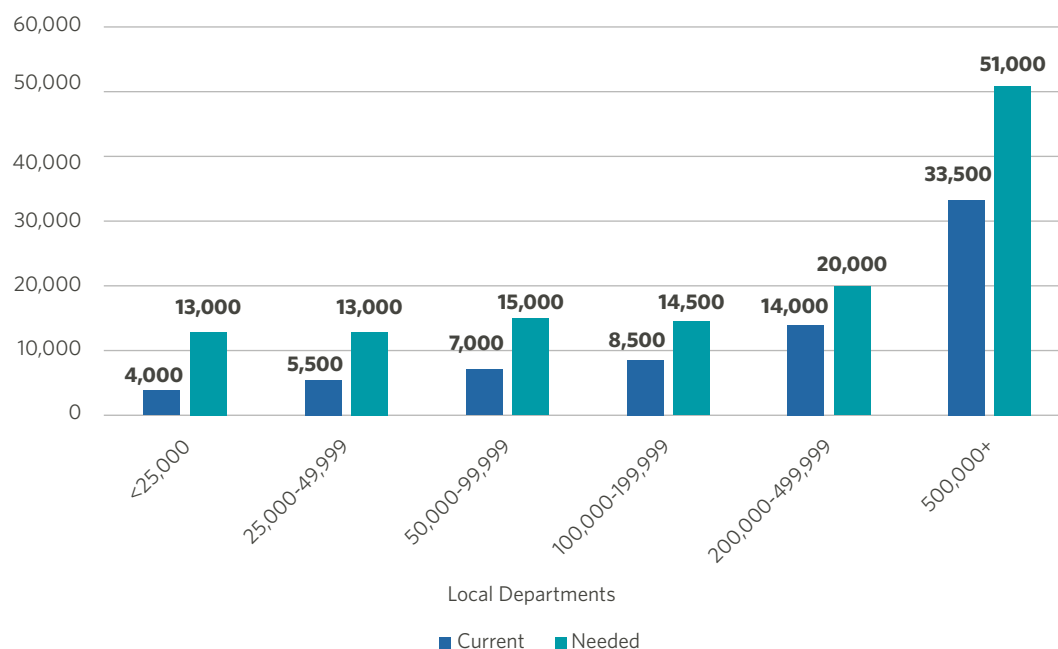
**Figure 1: New FTEs Needed by Population Served**

	Current FTEs for basic foundational public health services	Total FTEs needed for full implementation	Additional FTEs needed for full implementation	Percentage change needed
<25,000	4,000	13,000	+9,000	230%
25,000-49,999	5,500	13,000	+7,500	140%
50,000-99,999	7,000	15,000	+8,000	110%
100,000-199,999	8,500	14,500	+6,000	70%
200,000-499,999	14,000	20,000	+6,000	40%
500,000+	33,500	51,000	+17,500	50%
Local Health Departments	72,500	126,500	+54,000	70%
State Health Departments	31,000	57,000	+26,000	80%
<b>Total</b>	<b>103,500</b>	<b>183,500</b>	<b>+80,000</b>	<b>80%</b>

Note: Estimates are rounded to the nearest 500 FTEs and the nearest 10% change.

**Figure 2: Current and Needed FTEs for State and Local Health Departments**



**Figure 3: Number of Foundational FTEs (Current vs. Needed)**

The 80,000 FTEs would need to represent differing levels and types of expertise. Of those positions dedicated to infrastructure, one quarter of the needed FTEs should be dedicated to assessment. Among foundational areas, chronic disease and injury prevention are in greatest need of additional FTEs. (See Figure 4.)

**Figure 4: New FTEs Needed by Category**

	Local	State	Total
<b>Infrastructure</b>			
Assessment	4,500	4,500	9,000
All Hazards	3,000	2,000	5,000
Other Foundational Capabilities	17,500	8,000	25,500
<b>Foundational Areas</b>			
Chronic Disease and Injury	8,000	5,000	13,000
Communicable Disease	4,500	1,500	6,000
Environmental Health	7,500	2,000	9,500
Maternal and Child Health	5,500	1,000	6,500
Access/Linkage to Care	3,500	1,000	4,500
<b>Total</b>	<b>54,000</b>	<b>26,000</b>	<b>80,000</b>

## PROCESS AND METHODS

The de Beaumont Foundation and the Public Health National Center for Innovations at the Public Health Accreditation Board conducted this analysis, guided by a team of experts in methodology and the public health workforce, a Research Advisory Committee of public health scholars and data experts, and a Steering Committee composed of national leaders in public health policy and practice.

The national estimates were generated from data collected from nearly 170 local health departments in four states (Colorado, Ohio, Oregon, and Washington) and three state health departments. These states underwent extensive exercises to cost out their current implementation of baseline services, understand what full implementation would cost, and identify the gap (i.e., the dollars and staff needed to move from current to full implementation). As a result, these states provided the best available data about what infrastructure health departments need to serve communities.

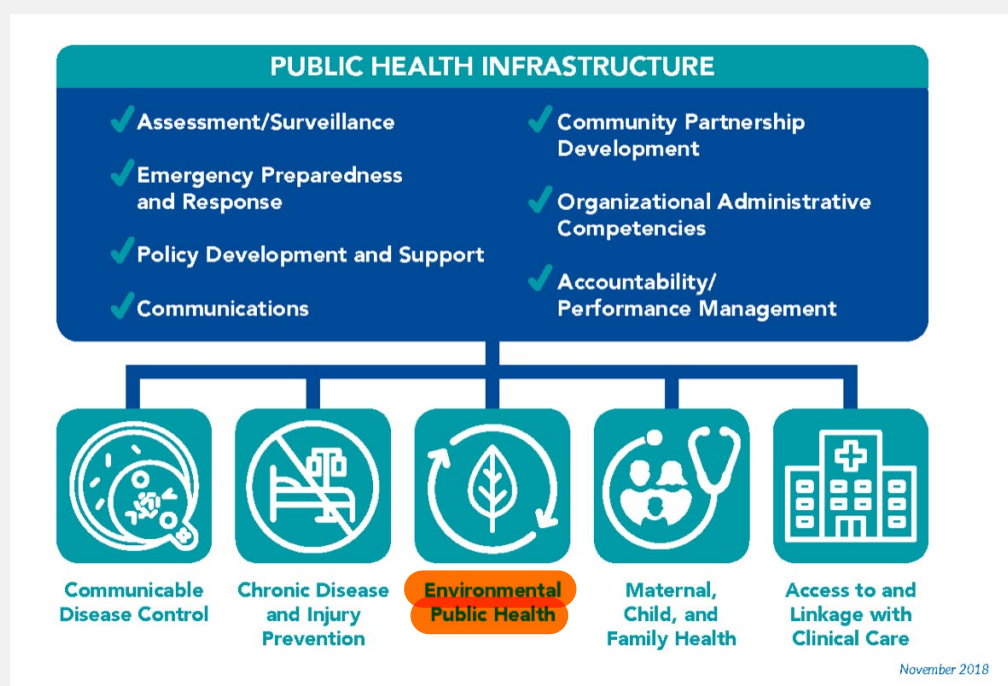
Researchers extrapolated findings from these 173 health departments to the nation's 2,450 local health departments by creating models for the key activities that all health departments should be able to implement, based primarily on population size.

These estimates are calculated based on data from state and local health departments prior to COVID-19. They are also not representative of workforce needs for U.S. territories and freely associated states or Tribal Nations. To better ascertain workforce needs for these entities, collaboration with them should be undertaken, and data should be collected relevant to their needs and desires around public health service provision.

The estimates represent the minimum number of FTEs needed by state and local health departments to provide basic foundational public health services to all communities represented by the Foundational Public Health Services. As shown in Figure 5, the Foundational Public Health Services consist of:

- Seven “foundational capabilities,” which are the cross-cutting skills and capacities needed to support basic public health protections and other programs; and
- Five “foundational areas,” which are topic-specific programs aimed at improving the health of the community affected by certain diseases or public health threats.

**Figure 5: The Foundational Capabilities and Areas of Public Health**



The full methodological report is available at [www.staffingup.org](http://www.staffingup.org)



## STEERING COMMITTEE ORGANIZATIONS

### Members

American Public Health Association  
 Association of Public Health Laboratories  
 Association of Schools and Programs of Public Health  
 Association of State and Territorial Health Officials  
 Big Cities Health Coalition  
 Black Hawk County Public Health  
 City of Longview Environmental Health Department  
 Colorado School of Public Health, Anschutz Medical Campus  
 Columbus Public Health  
 Council of State and Territorial Epidemiologists  
 de Beaumont Foundation  
 Eastern Band of Cherokee Indians  
 Los Angeles County Department of Public Health  
 Louisiana Department of Health  
 Minnesota Department of Health  
 National Association of Community Health Workers  
 National Association of County and City Health Officials  
 National Board of Public Health Examiners  
 National Indian Health Board  
 Public Health Accreditation Board  
 Richard M. Fairbanks School of Public Health  
 Society for Public Health Education  
 Trust for America's Health  
 University of Washington, School of Medicine  
 Washington State Department of Health

### Ex-Officio Members

Center for State, Tribal, Local, and Territorial Support  
 Centers for Disease Control and Prevention  
 Division of Scientific Education and Professional  
 Development, Center for Surveillance, Epidemiology,  
 and Laboratory Services, Centers for Disease Control  
 and Prevention

### Liaison Member

Office of Strategy, Programs, and Partnerships,  
 Bureau of Health Workforce Health Resources  
 and Services Administration

## RESEARCH ADVISORY COMMITTEE MEMBERS

Angela Beck, University of Michigan School of Public Health  
 Betty Bekemeier, University of Washington School of Nursing  
 Paul Erwin, University of Alabama at Birmingham School of  
 Public Health  
 Bianca Frogner, University of Washington, School of Medicine  
 Glen Mays, Colorado School of Public Health, Anschutz  
 Medical Campus  
 Mike Meit, NORC at the University of Chicago  
 Jean Moore, State University of New York at Albany School  
 of Public Health  
 Jessica Owens-Young, American University  
 Beth Resnick, Johns Hopkins Bloomberg School  
 of Public Health  
 Gulzar Shah, Georgia Southern University





[debeaumont.org](http://debeaumont.org) | [phnci.org](http://phnci.org)



**PUBLIC HEALTH SERVICES  
ENVIRONMENTAL HEALTH DIVISION**

**DATE:** April 14, 2022

**TO:** Lilly Simmering, Deputy County Executive Officer

**FROM:** Christine Lane, REHS, Director of Environmental Health 

**SUBJECT: Performance Audit of the Environmental Health Food Safety Program**

---

Attached you will find the Environmental Health Division's responses to the recommendations from the performance audit of the Environmental Health (EH) Food Safety Program by EHA Consulting Group, Inc. on their report dated February 18, 2022.

We appreciate the comments made in the report especially concluding that the Orange County Environmental Health Food Safety Program "has one of, if not the best operated Food Safety program in the country."

Please contact me if you have any questions.

CL

cc: Dr. Clayton Chau, MD, PHD, MASL, Agency Director  
Dr. Bredehoft, DrPH, Chief of Public Health Services/County Public Health  
Director Lala Oca Ragen, CEO Performance Management and Policy Director  
Liz Guillen-Merchant, CEO Performance Management and Policy Director

## Performance Audit of EH Food Safety Program Responses to Recommendations

### I. Purpose Achievement

#### **Recommendation:**

*Food Safety should consider developing its own vision, mission, and core values as part of a strategic plan based on the recommendations in this audit and with input from the Board of Supervisors and ensure that there is an evaluation plan for continuous monitoring/adjustment.*

#### **Response: Environmental Health (EH) partially concurs with the recommendation.**

In lieu of a Vision, Mission and Values statement specifically for the Food Safety Program, EH as a Division has a Vision, Mission and Values statement (attached) covering all programs. Since many of our business operators are in multiple EH programs (e.g. gas station operators have programs in food safety, hazardous materials and water quality at one location), a Division-wide Vision, Mission and Values statement is better suited to cover all EH programs.

### II. Food Industry Engagement

#### **Recommendations:**

*(1) Review all documents and forms on the website and ensure that they are written in a way that is plain and easy to understand for an individual that doesn't have a background in governmental public health/food safety. Measure them against Culturally and Linguistically Appropriate Services.*

*(2) Utilize the Voluntary National Retail Food Program Standards to regularly assess Food Safety performance and maintain a written evaluation plan against the standards.*

#### **Response: EH concurs with the recommendations.**

(1) EH is currently in the process of updating outreach material in Orange County's 6 major threshold languages to ensure they are easy to understand and will continue to review the Culturally and Linguistically Appropriate Services. Additionally, bilingual staff will attend meetings where information is presented to businesses or the public. For example, at Temporary Food Facility event meetings EH staff members will attend to present information in the identified language (e.g., Vietnamese for Tet Festival event).

- (2) EH will review the Voluntary National Retail Food Program Standards to determine which standards are applicable to the Food Safety Program.

### III. Compliance, Quantity & Efficiency

#### **Recommendations:**

- (1) Food Safety should develop its own annual report and highlight its accomplishments and outline future quality improvement initiatives.*
- (2) Initiate a program to canvas the county for unpermitted food establishments and require that they be permitted.*
- (3) Establish a program to recruit Registered Sanitarians (current college students as well as currently employed) to work for Orange County in order to bring staffing numbers up to the required amount.*
- (4) Establish an employee retention program that focuses on workforce development and promoting from within.*

#### **Response: EH concurs with the recommendations.**

- (1) EH currently provides much of this information to HCA annually; however, EH will explore ways that our new database system provides the capacity to generate annual information.
- (2) EH inspectors do find unapproved food operations during normal field activities., More time can be allocated toward surveillance to detect unpermitted facilities; however, additional staff would be required. In addition, EH is currently developing a proposal for a new program specifically related to unlawful (unpermitted) street vending, but the program is not yet established; the unlawful street vending program proposal is forthcoming.
- (3) EH has established a collaborative strategy with Cal State University Fullerton's Public Health Department, Environmental Health program to hire interns on a routine basis. This collaboration is targeted to begin this year and will continue year-round.
- (4) EH agrees that a retention program is helpful to develop our workforce and to promote from within when staff are eligible and qualified. The CEO's office is aware of this challenge and has begun dialogue with EH to address the issue.

#### IV. Quality

**Recommendation:**

*Food Safety should implement a systematic process for assessing customer satisfaction. Results and actions taken based on customer feedback should be documented (perhaps in the previously recommended annual report).*

**Response: EH concurs with the recommendation**

EH agrees that a customer satisfaction process can be implemented post-inspection and will work with IT to develop strategies and procedures for a survey. Survey results will be shared with HCA leadership, as well as the CEO and BOS as necessary.

Quality Assurance practices are in place, with random audits from Supervisors of facilities that were recently inspected by staff. An auditing form is used; deficiencies will trigger training, and Coaching and Feedback will be provided if deficiencies persist. Staff also receive feedback during annual performance evaluations. The queue management system in reception issues a customer service survey when the visit is complete, allowing for rating and feedback of the experience.

#### V. Readiness – No Recommendation Offered

#### VI. Information Technology

**Recommendations:**

*The following components should be part of a new data management system: Optimized routing for inspectors*

- *Customized dashboards for inspectors to monitor productivity*
- *Routing of tasks between users in the system*
- *Allowing an inspector to conduct a consolidated inspection at an establishment with multiple permits, and issue a combined report (rather than launching each permit as a separate inspection)*
- *Allowing a client to schedule an appointment with an inspector/staff member online*
- *Allowing a client to make edits to their own information by field type*
- *Preventing dual data entry of applications received online and storing as a record*
- *Geocoding and address validation of online submissions*
- *Versioning of documents and integration of comments with respect to plan markups*

**Response: EH concurs with the recommendations.**

The items listed are either planned to be incorporated later in the implementation process or are on the “wish list” for future integration. The client facing portal will be integrated in a multi-phased approach when other services/options are added. For example, clients will be able to create an account when HealthSpace is live, but may not be able to access all features, such as reprinting a health permit, until later in the implementation schedule. A contract modification and additional cost may be needed if the wish list is approved for implementation.

The priority with HealthSpace implementation is inspections, investigations and basic Environmental Health functions.

**VII. Inspectional Evaluations**

**Recommendations:**

- (1) To address inspectional gaps observed during field observations, Department-wide training is recommended to highlight the two areas identified. This should be accomplished via presentation and practical demonstration with equipment to maximize the training session. **NOTE: Above-described training was performed by EHA Consulting Group, Inc. on February 2, 2022.***
- (2) The plan review process was evaluated, including a final site inspection. Initial reviews operate under a mandate of 20 business days for completion. If not approved, a mandate timeline does not exist for review of the revised plans. For continuity of review and understanding of history, typically the same plan reviewer examines the plans to completion. The primary objective of the plan review department is to comply with the initial review mandate which is met. This requires a substantial amount of departmental resources prolonging revision reviews and final inspections. To adequately handle and process the current volume of initial and revised plan reviews, additional staff is necessary to meet the needs of Orange County residents.*
- (3) The foodservice establishment closure process was directly observed during the project. Based on interviews with inspectors, re-opening inspections commonly fail due to lack of compliance with re-opening requirements which are clearly communicated in the inspection report. Currently, there is no mandatory minimum time of closure to permit for corrective action. Commonly, foodservice operators do not take the adequate time to address critical operational hazards which are in part, or in whole, responsible for the closure leading to prolonged closures. To promote compliance and success of reopening, a mandatory minimum closure time 24-48 hours should be established to permit for adequate corrective action by the foodservice operator.*

**Response: EH concurs with the recommendations.**

- (1) Training is provided for ice machines and food processing equipment, following the California Retail Food Code requirements, including Clean-In-Place processes. As noted in the audit, supplementary training was provided to address this recommendation. The training was recorded and has been made accessible on the Eureka training platform.
- (2) EH agrees that additional staff members are needed to address the increasing plan review workload and approval time frame, and EH leadership has presented analysis regarding workload and staff resources, including potential staffing scenarios. With four additional staff dedicated to the Plan Check section, the threshold of 20 business days could be reduced to 10-15 business days. Another option for consideration is to add a fee for an expedited review of five business days, if there are staff members available. EH and the CEO's office is already working to address the recruitment strategy for EH to help it meets its targets.
- (3) EH agrees there should be a mandatory closure period for facilities and language has been drafted to update the existing (outdated) county ordinance for Environmental Health.



**Vision:**

To serve the public by partnering with our businesses and community to promote a safe environment.

**Mission:**

Protect public health and the environment through our commitment to educate and serve Orange County residents, visitors, and businesses.

# Environmental Health Values

## *Teamwork*

*Builds relationships, unity, and aligns us towards our mission.*

## *Service*

*Service is the heart of what we do daily.*

## *Integrity*

*Upholding a commitment to ethical and professional standards everyday.*

## *Respect*


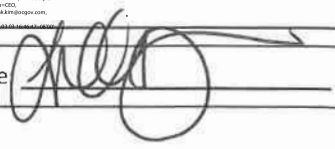
*Valuing everyone's contributions.*





## County of Orange

### County Policy

<b>Subject:</b>	Performance Audits
<b>Authority:</b>	County Executive Office: Signature:  <small>Digitally signed by Frank Kim DN: cn=Frank Kim, ou=County of Orange, ou=CA, email=frank.kim@orange.ca.gov, c=US</small>
<b>Policy Owner:</b>	CEO/Deputy County Executive Officer: Signature: 
<b>Approval Date:</b>	10/7/2020
<b>Last Revision Date:</b>	2/28/2022
<b>Version No.:</b>	2.0

#### A. Policy

The performance audit program shall be administered by the County Executive Office (CEO) with annual audit plans approved by the Board of Supervisors (Board) and oversight provided by the Audit Oversight Committee (AOC).

#### B. Purpose

To establish procedures for the development, review and approval of annual performance audit plans, reports, and status updates that will:

- Provide timely presentation of the annual performance audit plans for Board consideration and approval with the final budget adoption
- Assist in obtaining and expediting contracted services for conducting performance audits
- Ensure that departments adequately and timely address findings and recommendations from performance audits
- Provide performance audit status updates to the Board and the AOC

#### C. Authority

On June 26, 2018, item #85, the Board directed the CEO to delete the Performance Audit Department positions and use approved appropriations for future contracted performance audit services.

Article 7 of the AOC Bylaws, Responsibilities and Duties, paragraphs 2.4b and 7.5c indicate:

The AOC shall review performance audit reports and determine if the audited functions are effective, efficient, economical, equitable, compliant with Federal and State laws, ethical and are based on reliable data.



## County of Orange

# County Policy

The AOC shall review and receive reports on whether management's action plans have been implemented and whether the actions taken have been effective.

### D. Procedure

1. Annual audit plans shall be developed by the CEO. The proposed audits shall be presented to the Board Chair and Vice Chair for review and approval prior to submittal to the County Budget Office for inclusion in the Final Budget agenda item for consideration and approval by the full Board.
  - a. The CEO shall provide the AOC with a copy of the Board-approved annual audit plan through its regularly scheduled quarterly meeting.
2. After Board approval of the audit plan, the County Procurement Office will conduct Request for Proposals (RFP) to obtain consultant services for performance of the Board-approved audits. The Scopes of Work for the audits shall be developed by the CEO, reviewed by the department being audited, and approved by the Board Chair and Vice Chair prior to inclusion in the RFP.
  - a. Solicitations for performance audit consultant services shall, as a minimum requirement, specify that such audits will be conducted in accordance with Generally Accepted Government Auditing Standards (GAGAS, commonly referred to as the Yellow Book) promulgated by the U.S. Government Accountability Office (GAO). Respondents to solicitations shall attest to their capability to meet GAGAS requirements, and the provision shall also be included in the awarded contract. Exceptions to this requirement shall be approved by the CEO.
3. Staff from the departments being audited shall not participate in the selection of the consultant to perform the audit of their department.
4. Consultants shall provide draft performance audit reports to the CEO and department being audited for review and feedback.
5. Consultants shall provide final performance audit reports to the CEO and department being audited.
6. The department being audited shall provide a response to any findings and recommendations to the CEO within three weeks of officially receiving the audit findings and recommendations.
7. The CEO shall provide a copy of the final report and department response to the Board and AOC. The copy to the Board shall be provided via email. The copy to the AOC shall be provided through its regularly scheduled quarterly meeting.
  - a. The CEO will post Performance audit final reports and department responses at the Performance Auditor Reports website:  
<https://ocgov.com/about-county/openoc/performance-audit-reports>



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*County of Orange***County Policy**

8. The CEO will follow up with departments to ensure any necessary changes as a result of the findings and recommendations are implemented in a timely manner.
9. Following a Department Head's exit from the County, a performance audit of that department's operations and functions will be conducted. The scope of the performance audit may include but not be limited to the following:
  - a. Determination of the effectiveness, efficiency and accountability of the department's functions and programs
  - b. Assessment of whether the department's functions and programs are achieving their objectives and accomplishing desired outcomes
  - c. Identification of opportunities for improvement



# Memorandum

Mary 19, 2022

**AOC Agenda Item No. 10**

TO: Audit Oversight Committee Members

Recommended Action:

Receive Update on Treasurer-Tax Collector Performance Audit Subcommittee

---

Receive Update on Treasurer-Tax Collector Performance Audit Subcommittee, as stated in the recommended action.



# Memorandum

May 19, 2022

**AOC Agenda Item No. 11**

TO: Audit Oversight Committee Members

Recommended Action:

Receive Update on Revised Reporting Process for Restricted Reports

---

Receive Update on Revised Reporting Process for Restricted Reports, as stated in the recommended action.



# Memorandum

May 19, 2022

**AOC Agenda Item No. 12**

TO: Audit Oversight Committee Members

Recommended Action:

Receive Report and Approve Revisions to the AOC Bylaws to Conform to the Bylaws Template for Use by County Boards, Commissions, and Committees

---

Receive Report and Approve Revisions to the AOC Bylaws to Conform to the Bylaws Template for Use by County Boards, Commissions, and Committees, as stated in the recommended action.

ATTACHMENT(S):

Attachment A – Audit Oversight Committee Bylaws with Revisions - Clean

Attachment B – Audit Oversight Committee Bylaws with Revisions - Redline

Attachment C – County Policy: Boards, Commissions, Committees under the Jurisdiction of the Board of Supervisors

## County of Orange Audit Oversight Committee Bylaws

### ARTICLE 1 ESTABLISHMENT

The Audit Oversight Committee (AOC) was originally established in 1995 by Board of Supervisors' Resolution No. 95-271 to provide oversight over the County's internal audit functions. This resolution was superseded by Resolution No. 2016-014, which affirmed and amended the duties and responsibilities of the AOC in light of the creation of the position of Performance Audit Director and the transfer of the internal audit responsibilities to the Auditor-Controller's office. In 2018, the Board of Supervisors adopted Resolution 18-068, establishing an Internal Audit Department independent from the Auditor-Controller and reporting directly to the Board of Supervisors.

### ARTICLE 2 PURPOSE

The purpose of the AOC is to serve as an advisory committee to the Board of Supervisors on issues related to the County's internal audit function and the County's external audit coverage including the financial statements (e.g. ACFR, Single Audit Report and Management Letter) and federal and state audits. The AOC assists the Board of Supervisors in fulfilling their oversight responsibilities with respect to financial, operational, and compliance audit activities including, but not limited to: (i) external audit; (ii) internal audit; (iii) performance audit; and (iv) mandated audits. The AOC is responsible for ensuring the independence of the internal audit function, reviewing and recommending approval of the Internal Audit Department's and the County Executive Office's Annual Audit Plans, reviewing audit reports, and ensuring that corrective action is taken on audit findings.

### ARTICLE 3 MEMBERSHIP

- 3.1 The membership of the AOC shall consist of the following: the Chairperson and Vice-Chairperson of the Board of Supervisors, the County Executive Officer (CEO), and five public members from the private sector appointed by the Board of Supervisors. All public members shall serve a term of office that is coterminous with the term of the member of the Board of Supervisors that nominated such public member, not to exceed four (4) years. Members selected to fill a vacancy for reasons other than the regular expiration of a term shall serve only for the remainder of that term. The public members may be reappointed or removed by the Board of Supervisors.
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- 3.2 Each member of the Board of Supervisors may nominate one public member for appointment by the Board of Supervisors. Public members shall possess sufficient knowledge and experience in finance, business, and accounting to discharge the AOC's duties with an emphasis on prior audit experience (*i.e.*, financial and internal controls).
  - 3.2.1 The AOC may recommend individuals to the Board of Supervisors as potential nominees to fill vacant public member seats.
  - 3.2.2 Except where the Board of Supervisors finds it is in the best interest of the County to waive voter and residency requirements, all public members of the AOC shall be: (i) registered voters in the County; and, (ii) reside in the district of the nominating member of the Board of Supervisors, unless the Supervisor representing the district where the nominee resides provides written consent for the nomination.

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### Audit Oversight Committee Bylaws

- 3.3 In the event that a public member chooses to resign from the AOC, such member should notify the Chair of the AOC, in writing. Within 10 days of learning of such resignation, the Chair of the AOC will provide written notification to the Board of Supervisors, the AOC, and the Clerk of the Board. Upon notification, the CEO will then solicit nominations from the appropriate Board of Supervisors office that is responsible for nominating a public member for appointment by the Board of Supervisors to fill the vacancy.
- 3.4 Members are expected to consistently attend all meetings. If a public member is unable to attend a meeting, absent extenuating circumstances, the public member shall notify the AOC Chair of his or her anticipated absence, by 5:00 p.m. of the day before a regularly scheduled meeting. Any absence without prior notification to the AOC Chair, shall be deemed an unnoticed absence. If a public member has two unnoticed absences out of five (5) meetings, the public member shall be notified of their pending removal from the AOC. The public member shall then have thirty (30) days to appeal the matter by written letter to the AOC, which if timely received, shall be agendaized for the next regularly scheduled AOC meeting. If the matter is not appealed, the seat shall be deemed vacant. If the matter is appealed, the remaining AOC members shall vote on whether the seat shall be vacated. If vacated, the vacancy shall be filled pursuant to Sections 3.3 and 3.5 as applicable.
- 3.5 In the event that a public member's seat remains vacant for one hundred eighty-three (183) days or more, the AOC Chair may, upon prior notification to the Board of Supervisors, select an interim public member to fill the vacancy. The interim public member shall serve only until the Board of Supervisors selects a public member to fill the vacancy.
- 3.6 The Director of Internal Audit, Auditor-Controller, and Treasurer-Tax Collector or their authorized designees, shall attend all AOC meetings. The Director of Internal Audit, Auditor-Controller, and Treasurer-Tax Collector shall not be voting members of the AOC.

#### **ARTICLE 4 CHAIR AND VICE CHAIR - POWERS AND DUTIES**

- 4.1 The Chair and Vice-Chair shall be elected for a one-year term extending from January 1<sup>st</sup> to December 31<sup>st</sup>, which may be extended for one additional year by a majority vote of the AOC members. The election of Chair and Vice-Chair shall be held annually during the last AOC meeting of the calendar year by majority vote, a quorum being present.
- 4.2 The Chair's duties include presiding over all AOC meetings, establishing subcommittees, responding to members' requests for information, signing communications on behalf of the AOC and representing the AOC before the Board of Supervisors and other governmental and quasi-governmental bodies, subject to the approval of the other AOC members.
- 4.3 The Chair and Vice-Chair may review drafts of the Annual Comprehensive Financial Report upon request to the extent that the exemption for the production of such record can be preserved. The Chair and Vice-Chair shall maintain the confidentiality of such draft records and shall not retain copies of such drafts upon the completion of their review.



## County of Orange

### Audit Oversight Committee Bylaws

- 4.4 In the absence or inability of the Chair to preside over the meetings, the Vice-Chair will perform such duties. If neither the Chair nor Vice-Chair is able to preside, the AOC shall select one of the members to act as Chair for the meeting, and who shall have all the powers and duties of the Chair during the meeting.
- 4.5 The Chair and Vice-Chair may only be selected from the public members of the AOC. The Chair cannot serve as Vice-Chair in the year immediately following his or her service as Chair. No person, except a member of the Board of Supervisors, may serve simultaneously as Chair for two or more County Boards, Commissions, or Committees.
- 4.6 The Chair shall author a brief report to the Board of Supervisors, no later than thirty (30) days after each meeting, noting member attendance and any significant matters to come before the committee.

#### ARTICLE 5 MEETINGS

- 5.1 The AOC shall meet at least quarterly, with authority to convene additional meetings as circumstances require. All meetings shall be subject to the Ralph M. Brown Act, California Government Code section 54950 et seq., as amended and held at a location within Orange County, California that satisfies the access requirements of the Americans with Disabilities Act.
- 5.2 An agenda shall be prepared for each meeting by IAD staff and approved for distribution by the AOC Chair. The agenda shall contain a brief general description of each item of business to be transacted or discussed at the meeting of the AOC or as required by the Brown Act. The agenda shall include any item of business that is carried forward from a prior regular meeting at the request of the AOC. The agenda shall be posted within the time and in the manner required by the Brown Act. Additional items may be added to the agenda after it is posted only in accordance with the Brown Act.
- 5.3 Special meetings of the AOC may be called by the Chair, or at the request of the Board of Supervisors or two public members. Notice of special meetings shall: (i) be delivered to members personally, by mail or electronically, and must be received no later than 24 hours in advance of the meeting; and, (ii) state the business to be considered and whether alternative technological means may be used such as telephone or video conferencing, as technological resource availability permits and as permissible by the Brown Act.
- 5.4 The quorum for a meeting shall be a majority of the voting members, and decisions made by a majority vote of the voting members present shall be regarded as acts of the AOC. Members choosing to abstain from voting on specific actions will not affect majority requirements. Abstentions are considered a “non-vote” – neither a vote in the affirmative nor in the negative. However, in order for an action to be passed, a majority of the quorum casting votes must be in the affirmative.
- 5.5 All AOC members will have an equal voice in the decision-making process. Due to the scope of the AOC's assignment, and the value of each member's input, consistent attendance by all members is expected; however, the Chair and Vice-Chair of the Board of Supervisors and the County Executive Officer (CEO) may designate a substitute to attend an AOC meeting on their behalf by submitting the member's signed proxy to the Chair of the AOC at the start of the meeting.

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### Audit Oversight Committee Bylaws

- 5.6 The Chair may, as necessary, ask authorized representatives of the performance auditor, the Internal Audit Department (IAD), and Auditor-Controller to attend AOC meetings to discuss plans, findings and other matters of mutual concern.
- 5.7 IAD will keep minutes of each meeting and offer them for AOC approval as the first item on the subsequent meeting agenda.
  - 5.7.1 Minutes of each meeting shall contain a record of the persons present. The minutes should provide a record of decisions taken and a high-level summary of the discussion, providing insight on the topics and subtopics discussed.
  - 5.7.2 IAD shall distribute the draft minutes, which will be presented for approval by the AOC at its next scheduled meeting, as soon as reasonably practical following the meeting.
  - 5.7.3 If the minutes for a prior meeting are corrected or amended during an AOC meeting, such minutes will be sent to the AOC members once approved by the AOC.
- 5.8 Reports and other documents distributed in conjunction with the AOC agenda shall be distributed in accordance with the Ralph M. Brown Act in advance of the meeting to allow for their review.
- 5.9 The Chair shall preserve order and decorum. The AOC shall operate under Roberts' Rules and the Chair shall decide all questions of order (unless overridden by a majority of the committee members present) consistent with such rules.
- 5.10 The AOC shall, at its first meeting of each year, adopt a schedule of regular meetings and transmit that schedule in writing, in a manner consistent with the Brown Act, to members, the Board of Supervisors, and the public at large.

#### ARTICLE 6 OPERATIONS

- 6.1 The AOC's Bylaws shall be submitted to the Board of Supervisors for approval. The Bylaws shall be reviewed periodically, no less than once every three years, by the AOC and reaffirmed by the Board of Supervisors. Reassessments should specifically take into account any changes that may be needed as the result of changes in law, regulation, or professional standards.
- 6.2 Members shall be briefed on the AOC's purpose, responsibilities, objectives, and on the business of the County upon joining the AOC by the Director of IAD. A process of continuing education (e.g., briefings and information on emerging issues and risks) shall be provided at the AOC meetings as approved by the AOC subject to available budget appropriations. Public members shall receive ethics training as required by AB 1234, Government Code sections 53234, *et seq.*, which shall be provided by the County.
- 6.3 In the performance of its responsibilities, the AOC shall not engage in nor employ any unlawfully discriminatory practices in the provision of services or benefits, assignment of accommodations, treatment, employment of personnel or in any other respect on the basis of sex, race, color, ethnicity, national origin, ancestry, religion, age, marital status, medical condition, sexual orientation, physical or mental disability or any other protected group in accordance with the requirements of all applicable County, state, or federal laws.

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### Audit Oversight Committee Bylaws

- 6.4 Members of the AOC shall comply with the County Equal Opportunity and Anti-Harassment Policy and Procedures.
- 6.5 The AOC shall be provided with the resources necessary to carry out its role, responsibilities, and duties. To the extent it deems necessary to meet its responsibilities, and in keeping with its Bylaws, the AOC has the authority to retain independent advice and assistance pursuant to County purchasing policy and procedures subject to available budget appropriations.
- 6.6 The AOC may request funds needed for its operation during the County's normal budget process. Such appropriation will be included within the IAD's budget to be administered by IAD staff.
- 6.7 The IAD shall provide staffing and support for the AOC. This includes:
  - a. the timely preparation of all notices and draft agendas of meetings;
  - b. coordination of presentations and distribution of reports and/or related documents that are prepared for the AOC's information or consideration;
  - c. the timely preparation and distribution of minutes of meetings; and
  - d. the performance of other incidental duties as may be assigned.
- 6.8 The official location and mailing address of the AOC shall be:
  - Internal Audit Department
  - AOC Clerk
  - 601 N. Ross. St. Ste. 528
  - Santa Ana, CA 92701

#### ARTICLE 7 RESPONSIBILITIES AND DUTIES

- 7.1 *Representation Letter.* The County Executive Officer will annually provide the AOC with a copy of the signed representation letter issued to the external auditor. Furthermore, the CEO and all County agencies/departments under the authority of the CEO, will cooperate with internal/external auditors and will comply with all laws, regulations, policies, and standards of ethical conduct during the audits, and will request that County elected Department Heads similarly comply.
- 7.2 *Financial Statements and Reporting.* The AOC shall provide oversight of the County's independent external auditor and shall:
  - a. review the quality of the County's financial reporting activities;
  - b. review all findings, recommendations, and management's responses related to all external audit reports and consult with external auditors regarding audit adjustments, weaknesses in internal controls, fraud, and compliance matters related to laws, regulations, contracts and grant agreements that would have a material impact on the basic financial statements, included in the Annual Comprehensive Financial Report (ACFR), Single Audit and other audit reports prepared by the County's independent external auditors;
  - c. provide oversight for the periodic review and selection of the County's independent external auditor to perform the audit of the County's basic financial statements included in the ACFR, including all component units and the Single Audit;
  - d. review any additional work beyond the original scope of work conducted by the independent external auditors on behalf of the County;

## County of Orange

### Audit Oversight Committee Bylaws

- e. review the independent external auditor's scope and plan and any significant changes to the scope during the audit process;
- f. review the draft of the County's ACFR and provide questions and/or comments to the Auditor-Controller for consideration (Chair and Vice-Chair only);
- g. discuss, as needed, with County Counsel, the independent external auditor, and the Director of Internal Audit, legal and regulatory matters that, in the opinion of management, may have a material impact on the financial statements and compliance with federal, state, and local laws and regulations, grant agreements and contracts;
- h. review with the independent external auditor the latter's judgments about the quality, not just the acceptability, of the County's accounting principles as applied in its financial reporting;
- i. review all matters required to be discussed by auditing standards generally accepted in the United States of America (GAAS) and Government Auditing Standards issued by the Comptroller General of the United States (GAS), including those specific matters covered in AU-C Section 260, *The Auditor's Communication With Those Charged With Governance*;
- j. review with management and the independent external auditor the effect of any regulatory and accounting initiatives, such as related organizations financing structures, derivatives, or securities lending; and
- k. review all alternative treatments of financial information brought to the AOC's attention by the independent external auditor within accounting principles generally accepted in the United States of America (GAAP) that have been discussed with County management and the ramifications of each alternative and the treatment preferred by the County.

#### 7.3 *Oversight of the Audit Function of the Auditor-Controller (AC).* The AOC shall:

- a. review regularly and annually discuss the adequacy of resources of the audit function;
- b. review and approve the risk assessment and audit plan prepared by the AC and any subsequent revisions;
- c. compare the approved audit plan with actual work completed
- d. review significant findings during the year and management's responses thereto;
- e. discuss with the AC any significant difficulties encountered in the course of AC audits, including any restrictions on the scope of their work or access to required information;
- f. review and discuss, as necessary, critical impact findings and recommendations contained in audit reports and management action plans to address recommendations; and
- g. ensure AC establishes and audits agencies/department's compliance with a comprehensive framework of internal controls.

#### 7.4 *Oversight of the Internal Audit Department.* The AOC shall:

- a. review the County's IAD charter and recommend revisions with all revisions submitted to the Board of Supervisors for its review and approval;
- b. review regularly and annually discuss the adequacy of resources of the internal audit function;
- c. review and approve the risk assessment and internal audit plan prepared by the Director of Internal Audit and any subsequent revisions;
- d. compare the approved internal audit plan with actual work completed
- e. review significant findings during the year and management's responses thereto;

## County of Orange

### Audit Oversight Committee Bylaws

- f. discuss with the Director of Internal Audit any significant difficulties encountered in the course of IAD audits, including any restrictions on the scope of their work or access to required information;
- g. review and discuss, as necessary, critical impact findings and recommendations contained in audit reports and management action plans to address recommendations; and
- h. ensure IAD establishes and audits agencies/department's compliance with a comprehensive framework of internal controls.

7.5 *Oversight of Performance Audit.* The AOC shall:

- a. provide input regarding the County's performance auditing function, including oversight over the auditing activities of the performance auditor;
- b. review performance audit reports and determine whether they adequately address whether the audited functions are effective, efficient, economical, equitable, compliant with Federal and State laws, ethical, and are based on reliable data;
- c. review and discuss, as necessary, findings and recommendations contained in performance audit reports and management action plans to address recommendations; and
- d. review and make recommendations regarding the annual work plan prepared by the County Executive Office.

7.6 *Follow-up Audits.* The AOC shall:

- a. ensure that there are effective arrangements in place to monitor and follow-up on management action plans responding to recommendations from internal audits or other sources; and
- b. review and receive reports from the IAD and performance auditor on whether management's action plans have been implemented and whether the actions taken have been effective. The IAD reports shall identify any areas where it believes management has accepted a level of risk that is unacceptable to the County.

7.7 *Peer Review/Quality Control.*

- a. The AOC shall ensure that an external quality control review (Peer Review) of the IAD be conducted as required by an organization not affiliated with the IAD in accordance with the GAGAS and/or the Institute of Internal Auditors Standards at the discretion of the Director of Internal Audit.
- b. The AOC shall ensure that an external quality control review (Peer Review) of performance audit be conducted as required by an organization not affiliated with IAD in accordance with the guidelines contained in the Peer Review Guide published by the Association of Local Government Auditors (ALGA).

7.8 *Comprehensive Framework of Internal Control.* The AOC will review with the AC, IAD and CEO the adequacy of the County's internal control structure. The AOC should consider a number of factors:

- a. the adequacy of the County's internal controls including computerized information systems;
- b. determine adherence to the principle established in the COSO guidelines including cybersecurity
- c. significant risks or exposures identified by County management and the steps management has taken or proposes to take to minimize such risks;
- d. findings and recommendations of the independent external and internal auditors;
- e. audit adjustments;

## County of Orange

### Audit Oversight Committee Bylaws

- f. code of conduct;
  - g. Fraud Hotline complaints; and
  - h. pending accounting and regulatory changes.
- 7.9 *Oversight of Fraud Hotline.* The AOC shall ensure that the Auditor-Controller has established procedures for the receipt, retention, investigation and treatment of Fraud Hotline complaints, that have been referred to the Auditor-Controller.
- 7.10 *Coordination and Scheduling of Audits.* The AOC shall review and provide recommendations regarding the coordination and scheduling of external, internal and performance audits to avoid disruption of departmental work flows and duplication of effort.
- 7.11 *Resolution of Audits.* The AOC shall be made aware of incidents in which management does not concur with an audit's findings or recommendations. The AOC may, at its discretion, request applicable management and auditors to appear at an AOC meeting to discuss the differing opinions.

#### ARTICLE 8 CONFLICT OF INTEREST

- 8.1 Members of the AOC and any of its committees or subcommittees shall abstain from voting on any issue in which they may be personally interested to avoid a conflict of interest in accordance with County, state, and federal laws and shall refrain from engaging in any behavior that conflicts with the best interest of the County.
- 8.2 Members of the AOC shall not vote nor attempt to influence any other AOC member on a matter under consideration by the AOC or any of its committees or subcommittees: (i) that would provide direct financial benefit to such member or the immediate family of such member; or (ii) engage in any other activity constituting a conflict of interest under County, state, or federal law.
- 8.3 If a question arises as to whether a conflict exists that may prevent a member from voting, the Chair or designee may consult with designated County staff to assist them in making that determination.
- 8.4 In order to avoid a conflict of interest or the appearance of such conflict, all nominees to become members of the AOC shall disclose on forms provided by the County information regarding their private economic interests that may be implicated by their service on the AOC.
- 8.5 AOC members shall timely file Statements of Economic Interests (Form 700) and other financial disclosures as required by law.
- 8.6 Neither the AOC nor any of its members shall promote, directly or indirectly, a political party, political candidate, or political activity using the name, emblem, or any other identifier of the AOC.
- 8.7 No assets or assistance provided by the County to the AOC shall be used for sectarian worship, instruction, or proselytization, except as otherwise permitted by law.

**County of Orange**  
**Audit Oversight Committee Bylaws**

**ARTICLE 9 INDEMNIFICATION OF AOC MEMBERS**

The County of Orange will indemnify and defend AOC members, with counsel of the County's sole and exclusive choosing, for their participation, decisions, or actions taken on behalf of the AOC. Each AOC member should also familiarize him/herself with County of Orange Conflict of Interest Code and Gift Ban Ordinance requirements and file the appropriate annual certifications.

**ARTICLE 10 SEVERABILITY**

Should any part term, portion, or provision of these Bylaws be determined to be in conflict with any law or otherwise unenforceable or ineffectual, the remaining parts, terms, portions, or provisions shall be deemed severable and their validity shall not be affected thereby, provided such remaining portions or provisions can be construed in substance to constitute the provisions that the members intended to enact in the first instance.



## County of Orange Audit Oversight Committee Bylaws

### ARTICLE 1 ESTABLISHMENT

The Audit Oversight Committee (AOC) was originally established in 1995 by Board of Supervisors' Resolution No. 95-271 to provide oversight over the County's internal audit functions. This resolution was superseded by Resolution No. 2016-014, which affirmed and amended the duties and responsibilities of the AOC in light of the creation of the position of Performance Audit Director and the transfer of the internal audit responsibilities to the Auditor-Controller's office. In 2018, the Board of Supervisors adopted Resolution 18-068, establishing an Internal Audit Department independent from the Auditor-Controller and reporting directly to the Board of Supervisors.

### ARTICLE 2 PURPOSE

The purpose of the AOC is to serve as an advisory committee to the Board of Supervisors on issues related to the County's internal audit function and the County's external audit coverage including the financial statements (e.g. CAFR, Single Audit Report and Management Letter) and federal and state audits. The AOC assists the Board of Supervisors in fulfilling their oversight responsibilities with respect to financial, operational, and compliance audit activities including, but not limited to: (i) external audit; (ii) internal audit; (iii) performance audit; and (iv) mandated audits. The AOC is responsible for ensuring the independence of the internal audit function, reviewing and recommending approval of the Internal Audit Department's and the County Executive Office's Annual Audit Plans, reviewing audit reports, and ensuring that corrective action is taken on audit findings.

### ARTICLE 3 MEMBERSHIP

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- 3.2 Each member of the Board of Supervisors may nominate one public member for appointment by the Board of Supervisors. Public members shall possess sufficient knowledge and experience in finance, business, and accounting to discharge the AOC's duties with an emphasis on prior audit experience (*i.e.*, financial and internal controls).
  - 3.2.1 The AOC may recommend individuals to the Board of Supervisors as potential nominees to fill vacant public member seats.

3.2.2 Except where the Board of Supervisors finds it is in the best interest of the County to waive voter and residency requirements, all public members of the AOC shall be: (i) registered voters in the County; and, (ii) reside in the district of the nominating member of the Board of Supervisors, unless the Supervisor

**Commented [MR1]:** See Board Bylaws Template Article IV. B. 1. b.



## County of Orange Audit Oversight Committee Bylaws

representing the district where the nominee resides provides written consent for the nomination.

- 3.3 In the event that a public member chooses to resign from the AOC, such member should notify the Chair of the AOC, in writing. Within 10 days of learning of such resignation, ~~The Chair of the AOC will then immediately notify~~ provide written notification to the Board of Supervisors, and the AOC, and the Clerk of the Board, of any such resignations. Upon notification, the CEO will then solicit nominations from the appropriate Board of Supervisors office that is responsible for nominating a public member for appointment by the Board of Supervisors to fill the vacancy.

**Commented [RM2]:** See Board Bylaws Template Article X. C.

- 3.4 Members are expected to consistently attend all meetings. If a public member is unable to attend a meeting, absent extenuating circumstances, the public member shall notify the AOC Chair of his or her anticipated absence, prior by 5:00 p.m. of the day before to the regularly scheduled meeting. ~~Any absence without prior notification to the AOC Chair,~~ shall be deemed an unnotified absence. If a public member has two unnotified absences out of five (5) meetings, the public member shall be notified of their pending removal from the AOC. The public member shall then have thirty (30) days to appeal the matter by written letter to the AOC, which if timely received, shall be agendized for the next regularly scheduled AOC meeting. If the matter is not appealed, the seat shall be deemed vacant. If the matter is appealed, the remaining AOC members shall vote on whether the seat shall be vacated. If vacated, the vacancy shall be filled pursuant to Sections 3.3 and 3.5 as applicable.

**Commented [MR3]:** See Board Bylaws Template Article VI. B.

- 3.5 In the event that a public member's seat remains vacant for one hundred eighty-three (183) days or more, the AOC Chair may, upon prior notification to the Board of Supervisors, select an interim public member to fill the vacancy. The interim public member shall serve only until the Board of Supervisors selects a public member to fill the vacancy.

- 3.6 The Director of Internal Audit, Auditor-Controller, and Treasurer-Tax Collector or their authorized designees, shall attend all AOC meetings. The Director of Internal Audit, Auditor-Controller, and Treasurer-Tax Collector shall not be voting members of the AOC.

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**Commented [MR4]:** See Board Bylaws Template Article V. A. 6.

## County of Orange Audit Oversight Committee Bylaws

confidentiality of such draft records and shall not retain copies of such drafts upon the completion of their review.

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- 4.5 The Chair and Vice-Chair may only be selected from the public members of the AOC. The Chair cannot serve as Vice-Chair in the year immediately following his or her service as Chair. No person, except a member of the Board of Supervisors, may serve simultaneously as Chair for two or more County Boards, Commissions, or Committees.
- 4.6 The Chair shall author a brief report to the Board of Supervisors, no later than thirty (30) days after each meeting, noting member attendance and any significant matters to come before the committee.

**Commented [MR5]:** See Board Bylaws Template Article V. A. 5.

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**Commented [MR6]:** See Board Bylaws Template Article VIII. B.

**Commented [RM7]:** See Board Bylaws Template Article VIII. C. 1 & 2.

**Commented [RM8]:** See Board Bylaws Template Article VIII E. 1.

## County of Orange Audit Oversight Committee Bylaws

attend an AOC meeting on their behalf by submitting the member's signed proxy to the Chair of the AOC at the start of the meeting.

- 5.6 The Chair may, as necessary, ask authorized representatives of the performance auditor, the Internal Audit Department (IAD), and Auditor-Controller to attend AOC meetings to discuss plans, findings and other matters of mutual concern.
- 5.7 IAD will keep minutes of each meeting and offer them for AOC approval as the first item on the subsequent meeting agenda.
  - 5.7.1 Minutes of each meeting shall contain a record of the persons present. The minutes should provide a record of decisions taken and a high-level summary of the discussion, providing insight on the topics and subtopics discussed.
  - 5.7.2 IAD shall distribute the draft minutes, which will be presented for approval by the AOC at its next scheduled meeting, as soon as reasonably practical following the meeting.
  - 5.7.3 If the minutes for a prior meeting are corrected or amended during an AOC meeting, such minutes will be sent to the AOC members once approved by the AOC.
- 5.8 Reports and other documents distributed in conjunction with the AOC agenda shall be distributed in accordance with the Ralph M. Brown Act in advance of the meeting to allow for their review.
- 5.9 The Chair shall preserve order and decorum. The AOC shall operate under Roberts' Rules and the Chair shall decide all questions of order (unless overridden by a majority of the committee members present) consistent with such rules.
- 5.10 The AOC shall, at its first meeting of each year, adopt a schedule of regular meetings and transmit that schedule in writing, in a manner consistent with the Brown Act, to members, the Board of Supervisors, and the public at large. ~~Its meeting schedule will normally be tentatively set out one year in advance and finalized each quarter so that County management and IAD staff can prepare the information and reports required to support the AOC's work.~~

**Commented [MR9]:** Board Bylaws Template Article VIII. A.

### ARTICLE 6 OPERATIONS

- 6.1 The AOC's Bylaws shall be submitted to the Board of Supervisors for approval. The Bylaws shall be reviewed periodically, no less than once every three years, by the AOC and reaffirmed by the Board of Supervisors. Reassessments should specifically take into account any changes that may be needed as the result of changes in law, regulation, or professional standards.
- 6.2 Members shall be briefed on the AOC's purpose, responsibilities, objectives, and on the business of the County upon joining the AOC by the Director of IAD. A process of continuing education (e.g., briefings and information on emerging issues and risks) shall be provided at the AOC meetings as approved by the AOC subject to available budget appropriations. Public members shall receive ethics training as required by AB 1234, Government Code sections 53234, *et seq.*, which shall be provided by the County.

## County of Orange Audit Oversight Committee Bylaws

6.3 In the performance of its responsibilities, the AOC shall not engage in nor employ any unlawfully discriminatory practices in the provision of services or benefits, assignment of accommodations, treatment, employment of personnel or in any other respect on the basis of sex, race, color, ethnicity, national origin, ancestry, religion, age, marital status, medical condition, sexual orientation, physical or mental disability or any other protected group in accordance with the requirements of all applicable County, state, or federal laws.

**Commented [RM10]:** See Board Bylaws Template Article VI. C.

6.4 Members of the AOC shall comply with the County Equal Opportunity and Anti-Harassment Policy and Procedures.

**Commented [RM11]:** See Board Bylaws Template Article VI. D.

6.53 The AOC shall be provided with the resources necessary to carry out its role, responsibilities, and duties. To the extent it deems necessary to meet its responsibilities, and in keeping with its Bylaws, the AOC has the authority to retain independent advice and assistance pursuant to County purchasing policy and procedures subject to available budget appropriations.

6.64 The AOC may request funds needed for its operation during the County's normal budget process. Such appropriation will be included within the IAD's budget to be administered by IAD staff.

6.75 The IAD shall provide staffing and support for the AOC. This includes:

- a. the timely preparation of all notices and draft agendas of meetings;
- b. coordination of presentations and distribution of reports and/or related documents that are prepared for the AOC's information or consideration;
- c. the timely preparation and distribution of minutes of meetings; and
- d. the performance of other incidental duties as may be assigned.

6.8 The official location and mailing address of the AOC shall be:

Internal Audit Department

AOC Clerk

601 N. Ross. St. Ste. 528

el. Santa Ana, CA 92701

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**Commented [MR12]:** See Board Bylaws Template Article I.B.

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### ARTICLE 7 RESPONSIBILITIES AND DUTIES

7.1 *Representation Letter.* The County Executive Officer will annually provide the AOC with a copy of the signed representation letter issued to the external auditor. Furthermore, the CEO and all County agencies/departments under the authority of the CEO, will cooperate with internal/external auditors and will comply with all laws, regulations, policies, and standards of ethical conduct during the audits, and will request that County elected Department Heads similarly comply.

7.2 *Financial Statements and Reporting.* The AOC shall provide oversight of the County's independent external auditor and shall:

- a. review the quality of the County's financial reporting activities;
- b. review all findings, recommendations, and management's responses related to all external audit reports and consult with external auditors regarding audit adjustments, weaknesses in internal controls, fraud, and compliance matters related to laws, regulations, contracts and grant agreements that would have a

## County of Orange Audit Oversight Committee Bylaws

- material impact on the basic financial statements, included in the ~~Comprehensive~~ Annual ~~Comprehensive~~ Financial Report (~~CACFR~~), Single Audit and other audit reports prepared by the County's independent external auditors;
- c. provide oversight for the periodic review and selection of the County's independent external auditor to perform the audit of the County's basic financial statements included in the ~~CACFR~~, including all component units and the Single Audit;
  - d. review any additional work beyond the original scope of work conducted by the independent external auditors on behalf of the County;
  - e. review the independent external auditor's scope and plan and any significant changes to the scope during the audit process;
  - f. review the draft of the County's ~~CACFR~~ and provide questions and/or comments to the Auditor-Controller for consideration (Chair and Vice-Chair only);
  - g. discuss, as needed, with County Counsel, the independent external auditor, and the Director of Internal Audit, legal and regulatory matters that, in the opinion of management, may have a material impact on the financial statements and compliance with federal, state, and local laws and regulations, grant agreements and contracts;
  - h. review with the independent external auditor the latter's judgments about the quality, not just the acceptability, of the County's accounting principles as applied in its financial reporting;
  - i. review all matters required to be discussed by auditing standards generally accepted in the United States of America (GAAS) and Government Auditing Standards issued by the Comptroller General of the United States (GAS), including those specific matters covered in AU-C Section 260, *The Auditor's Communication With Those Charged With Governance*;
  - j. review with management and the independent external auditor the effect of any regulatory and accounting initiatives, such as related organizations financing structures, derivatives, or securities lending; and
  - k. review all alternative treatments of financial information brought to the AOC's attention by the independent external auditor within accounting principles generally accepted in the United States of America (GAAP) that have been discussed with County management and the ramifications of each alternative and the treatment preferred by the County.
- 7.3 *Oversight of the Audit Function of the Auditor-Controller (AC).* The AOC shall:
- a. review regularly and annually discuss the adequacy of resources of the audit function;
  - b. review and approve the risk assessment and audit plan prepared by the AC and any subsequent revisions;
  - c. compare the approved audit plan with actual work completed
  - d. review significant findings during the year and management's responses thereto;
  - e. discuss with the AC any significant difficulties encountered in the course of AC audits, including any restrictions on the scope of their work or access to required information;
  - f. review and discuss, as necessary, critical impact findings and recommendations contained in audit reports and management action plans to address recommendations; and
  - g. ensure AC establishes and audits agencies/department's compliance with a comprehensive framework of internal controls.
- 7.4 *Oversight of the Internal Audit Department.* The AOC shall:

**County of Orange**  
**Audit Oversight Committee Bylaws**

- a. review the County's IAD charter and recommend revisions with all revisions submitted to the Board of Supervisors for its review and approval;
  - b. review regularly and annually discuss the adequacy of resources of the internal audit function;
  - c. review and approve the risk assessment and internal audit plan prepared by the Director of Internal Audit and any subsequent revisions;
  - d. compare the approved internal audit plan with actual work completed
  - e. review significant findings during the year and management's responses thereto;
  - f. discuss with the Director of Internal Audit any significant difficulties encountered in the course of IAD audits, including any restrictions on the scope of their work or access to required information;
  - g. review and discuss, as necessary, critical impact findings and recommendations contained in audit reports and management action plans to address recommendations; and
  - h. ensure IAD establishes and audits agencies/department's compliance with a comprehensive framework of internal controls.
- 7.5 *Oversight of Performance Audit.* The AOC shall:
- a. provide input regarding the County's performance auditing function, including oversight over the auditing activities of the performance auditor;
  - b. review performance audit reports and determine whether they adequately address whether the audited functions are effective, efficient, economical, equitable, compliant with Federal and State laws, ethical, and are based on reliable data;
  - c. review and discuss, as necessary, findings and recommendations contained in performance audit reports and management action plans to address recommendations; and
  - d. review and make recommendations regarding the annual work plan prepared by the County Executive Office.
- 7.6 *Follow-up Audits.* The AOC shall:
- a. ensure that there are effective arrangements in place to monitor and follow-up on management action plans responding to recommendations from internal audits or other sources; and
  - b. review and receive reports from the IAD and performance auditor on whether management's action plans have been implemented and whether the actions taken have been effective. The IAD reports shall identify any areas where it believes management has accepted a level of risk that is unacceptable to the County.
- 7.7 *Peer Review/Quality Control.*
- a. The AOC shall ensure that an external quality control review (Peer Review) of the IAD be conducted as required by an organization not affiliated with the IAD in accordance with the GAGAS and/or the Institute of Internal Auditors Standards at the discretion of the Director of Internal Audit.
  - b. The AOC shall ensure that an external quality control review (Peer Review) of performance audit be conducted as required by an organization not affiliated with IAD in accordance with the guidelines contained in the Peer Review Guide published by the Association of Local Government Auditors (ALGA).
- 7.8 *Comprehensive Framework of Internal Control.* The AOC will review with the AC, IAD and CEO the adequacy of the County's internal control structure. The AOC should consider a number of factors:

## County of Orange Audit Oversight Committee Bylaws

- a. the adequacy of the County's internal controls including computerized information systems;
  - b. determine adherence to the principle established in the COSO guidelines including cybersecurity
  - c. significant risks or exposures identified by County management and the steps management has taken or proposes to take to minimize such risks;
  - d. findings and recommendations of the independent external and internal auditors;
  - e. audit adjustments;
  - f. code of conduct;
  - g. Fraud Hotline complaints; and
  - h. pending accounting and regulatory changes.
- 7.9 *Oversight of Fraud Hotline.* The AOC shall ensure that the Auditor-Controller has established procedures for the receipt, retention, investigation and treatment of Fraud Hotline complaints, that have been referred to the Auditor-Controller.
- 7.10 *Coordination and Scheduling of Audits.* The AOC shall review and provide recommendations regarding the coordination and scheduling of external, internal and performance audits to avoid disruption of departmental work flows and duplication of effort.
- 7.11 *Resolution of Audits.* The AOC shall be made aware of incidents in which management does not concur with an audit's findings or recommendations. The AOC may, at its discretion, request applicable management and auditors to appear at an AOC meeting to discuss the differing opinions.

### ARTICLE 8 CONFLICT OF INTEREST

- 8.1 Members of the AOC and any of its committees or subcommittees shall abstain from voting on any issue in which they may be personally interested to avoid a conflict of interest in accordance with County, state, and federal laws and shall refrain from engaging in any behavior that conflicts with the best interest of the County.
- 8.2 Members of the AOC shall not vote nor attempt to influence any other AOC member on a matter under consideration by the AOC or any of its committees or subcommittees: (i) that would provide direct financial benefit to such member or the immediate family of such member; or (ii) engage in any other activity constituting a conflict of interest under County, state, or federal law.
- 8.3 If a question arises as to whether a conflict exists that may prevent a member from voting, the Chair or designee may consult with designated County staff to assist them in making that determination.
- 8.4 In order to avoid a conflict of interest or the appearance of such conflict, all nominees to become members of the AOC shall disclose on forms provided by the County information regarding their private economic interests that may be implicated by their service on the AOC.
- 8.5 AOC members shall timely file Statements of Economic Interests (Form 700) and other financial disclosures as required by law.

**Commented [RM13]:** See Board Bylaws Template Article XII

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## County of Orange Audit Oversight Committee Bylaws

8.6 Neither the AOC nor any of its members shall promote, directly or indirectly, a political party, political candidate, or political activity using the name, emblem, or any other identifier of the AOC.

8.76 No assets or assistance provided by the County to the AOC shall be used for sectarian worship, instruction, or proselytization, except as otherwise permitted by law.

### ARTICLE ~~9~~ INDEMNIFICATION OF AOC MEMBERS

The County of Orange will indemnify and defend AOC members, with counsel of the County's sole and exclusive choosing, for their participation, decisions, or actions taken on behalf of the AOC. Each AOC member should also familiarize him/herself with County of Orange Conflict of Interest Code and Gift Ban Ordinance requirements and file the appropriate annual certifications.

### ARTICLE 10 SEVERABILITY

Should any part term, portion, or provision of these Bylaws be determined to be in conflict with any law or otherwise unenforceable or ineffectual, the remaining parts, terms, portions, or provisions shall be deemed severable and their validity shall not be affected thereby, provided such remaining portions or provisions can be construed in substance to constitute the provisions that the members intended to enact in the first instance.

Commented [RM14]: See Board Bylaws Template Article XIV





## County of Orange

### County Policy

<b>Subject:</b>	Boards, Commissions, Committees under the Jurisdiction of the Board of Supervisors
<b>Authority:</b>	County Executive Office: Signature:  Digitally signed by Frank Kim DN: cn=Frank Kim, ou=County of Orange, ou=CEO, email=frank.kim@coorange.com, c=US (Date: 2021.10.09 11:21:11 -0700)
<b>Policy Owner:</b>	CEO/Deputy County Executive Officer: Signature: 
<b>Approval Date:</b>	09/16/2021
<b>Last Revision Date:</b>	N/A
<b>Version No.:</b>	1.0

#### A. Policy

Where a statute or ordinance requires a Board, Commission and Committee (BCC) under the jurisdiction of the Board of Supervisors (Board) to have Bylaws, or where the Board creates a BCC, the BCC shall have and be governed under bylaws that include the elements contained in the attached Bylaws Template approved by the Board on May 25, 2021 as amended on July 13, 2021 (Template).

1. If local, State or Federal authority requires additional elements that do not appear in the Template, or if local, State, or Federal authority necessitates the modification of elements that appear in the Template, then that authority shall control, and the BCC bylaws shall deviate from the Template.
2. Bylaws should serve as “rules” or a framework for the administration, operation, and management of each BCC.
3. Documents approved by the Board prior to the effective date of this Policy that function to govern the activities of a BCC shall be deemed as functional equivalent of bylaws, so long as they include the elements listed in the Template. Such documents may take the form of Rules of Procedure, Policies and Procedures, or agreements.

#### B. Purpose

To establish policy and procedures for the development, review, and approval of BCC bylaws created by action of the Board or as required by a statute or ordinance that include the elements contained in the Template in order to achieve standardization, uniformity, and consistency.

#### C. Authority

The Board establishes BCCs to advise on issues and make recommendations on various topics relating to the welfare of the County community. BCCs may be created as a result of State and Federal legislation, agreements with public or private agencies, and local needs.



## County of Orange

# County Policy

### D. Procedure

1. Revision or Creation of Bylaws: Board-created BCCs are supported by County departments ("Support Agencies") assigned to administer the BCC's day-to-day functions. Following the effective date of this Policy, Support Agencies shall make the Template available to the officers of the BCCs to which they are assigned, to accomplish the following:
  - a. For BCCs with bylaws that were adopted prior to the effective date of this Policy, review those existing bylaws and through their Support Agencies seek Board approval of bylaws revised in accordance with the Template.
  - b. For BCCs that, prior to the effective date of this Policy, were governed by other types of documents such as Rules of Procedure, Policies and Procedures, or agreements, review those existing documents and through their Support Agencies seek Board approval of the documents revised in accordance with the Template.
  - c. For BCCs that are governed by County ordinances, determine if the ordinance sufficiently details the procedures by which the BCC operates, or if additional guidance through bylaws may be needed. Any proposed changes to the ordinances shall be provided to the Support Agencies for seeking Board approval.
  - d. For BCCs that did not have bylaws or other forms of governance documents prior to the effective date of this Policy, adopt bylaws in accordance with the Template and through their Support Agencies seek Board approval of the new bylaws.
2. At-Large Appointments: Pursuant to revised Board Rules of Procedure Rule 16 (Rule 16), appointments to a BCC that are not designated for nomination by a specific Board district will be deemed at large appointments, and the appointment shall be for a period of two years. At large appointments may only be submitted by the Board Chair for placement on a Board meeting agenda.
  - a. Departments wishing to nominate candidates for at large appointments under Rule 16 shall submit a request memo to the Board Chair's office for placement of the recommended at large appointments on a Board meeting agenda, with a draft supplemental Agenda Staff Report (ASR) and candidate applications attached. A sample of the request memo to the Board Chair's office is available [here](#) on the Intranet under "At Large Nominations Memo Template". Details of this procedure are additionally available under the "Countywide ASR Guidance Document".
  - b. If approved, the Board Chair's office will submit the ASR and attachments to the Clerk of the Board for inclusion on a Board meeting agenda.
3. Support Agencies shall assist BCC officers in the review of BCC members' required attendance at regular BCC or standing committee meetings. Support Agencies, as appropriate or necessary,



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*County of Orange***County Policy**

should notify nominating Board members of potential or developing issues related to BCC members' absences or ability to properly discharge their duties.

4. Support Agencies shall post approved BCC bylaws and other governance documents, including subsequent modifications, as well as minutes of BCC meetings, through the Clerk of the Board's portal for Boards, Commissions & Committees, see hyperlink below, into their own websites:

<https://cob.ocgov.com/boards-comissions-committees/bcc-name-list-and-contact-information>

**E. Attachments**

Title
Attachment A - Bylaws Template Approved May 25, 2021 as Amended July 13, 2021

# Bylaws Template

Each Board, Commission, and Committee created by Board of Supervisors' action shall have by-laws that include the elements listed in this template. If local, State, or Federal authority requires additional elements that do not appear in this template, or if local, State, or Federal authority necessitate the modification of elements that appear in this template, then that authority shall control and the bylaws shall deviate from this template. By-laws should serve as "rules" for internal administration and management of each Board, Commission, and Committee.

## Bylaws Template

**BYLAWS TEMPLATE****BOARDS, COMMISSIONS, COMMITTEES CREATED BY ACTION OF BOARD OF SUPERVISORS****ARTICLE I.     Name of Organization**

A. The name of this organization shall be \_\_\_\_\_, hereinafter referred to as  
 “ [BCC] ”

B. The official location and mailing address of the [BCC] shall be:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE II.     Establishment of [BCC]**

The members of the [BCC] are appointed by the Orange County (“County”) Board of Supervisors (“Board”) pursuant to *(Board Resolution, legislation, regulation, ordinance establishing authority for BCC)*

**ARTICLE III.     Purpose and Functions**

A. The purpose of the [BCC] is to work with the County to:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

B. In accordance with *(Board resolution, applicable statute, regulation or ordinance number)*, the functions of the [BCC] are as follows:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

C. *(If applicable)* The [BCC] shall report to the Board *(describe means of reporting)*.

**ARTICLE IV:     Appointment and Membership**

A. Membership of the [BCC] is to be composed as follows:

1. There shall be (state number) members that comprise the BCC.
  - a. If applicable, include categories of community stakeholders that will sit, or who are required to sit on the BCC.
  - b. (If applicable) Indicate whether members will be voting or non-voting member.

## Bylaws Template

### B. Qualifications for [BCC] Membership

1. The following criteria will be used for all membership appointments:
  - a. (If applicable) State criteria contained in governing statutes, ordinances, etc.
  - b. Residency and Voting Requirements: Except where the Board finds it is in the best interest of the County to waive voter and residency requirements, all members of the [BCC] shall be:
    - i. registered voters in the County; and,
    - ii. reside in the district of the nominating member of the Board of Supervisors, unless Supervisor representing the district where the nominee resides provides written consent for the nomination.
  - c. (If applicable) State any other qualifications for the [BCC] members.

### C. Length of [BCC] Membership

1. All regular [BCC] member appointments shall be for a term concurrent with the term of office of the nominating member of the Board of Supervisors. A member of the [BCC] whose term of office is expiring with that of the nominating Supervisor shall have the option of reapplying for membership for appointment.
2. All at-large [BCC] member appointments shall be for a period of two years, subject to Article IV(B)(1)(b)(ii).
3. Appointments made to fill a vacancy left by a member before the expiration of the term of that member shall be for the remaining term of that member.
4. Pursuant to Government Code section 1302, a member whose term has expired shall continue serving as a member until reappointed or replaced.

## ARTICLE V. [BCC] Officers

### A. [BCC] officers shall consist of:

1. (State positions – e.g., Chairperson, Vice Chairperson, etc. and method for selecting)
2. (State duties of each position. For example, “The Chairperson shall preside at meetings, call special meetings, decide points of order, announce all business, entertain motions, put motions to vote, announce vote results, appoint and may remove committee Chairpersons, represent the [BCC] at public functions.” Or, “The Vice Chairperson shall perform the duties of the Chairperson in his or her absence. If the Chair becomes vacant, the Vice Chairperson shall succeed to the Chair for the balance of the term of office.”)
3. Terms for officers of the [BCC] shall be for one year.

## Bylaws Template

4. No person, except a member of the Board, may serve as Chair of a BCC for more than three consecutive terms.
5. No person, except a member of the Board, may serve simultaneously as Chair for two or more BCCs.
6. Election of officers shall be held annually during the last [BCC] meeting of each calendar year by majority vote, a quorum being present.

### ARTICLE VI. Duties of Members

- A. Members shall attend meetings of the [BCC] and of committees to which they are appointed. The Executive Committee shall regularly review member attendance at [BCC] and committee meetings.
- B. Members shall notify the Chairperson of the [BCC] of any expected absence for a meeting by 5:00 p.m. of the day before a regularly scheduled [BCC] meeting, indicating good and sufficient reasons for the absence.
- C. In the performance of its responsibilities, the [BCC] shall not engage in nor employ any unlawfully discriminatory practices in the provision of services or benefits, assignment of accommodations, treatment, employment of personnel or in any other respect on the basis of sex, race, color, ethnicity, national origin, ancestry, religion, age, marital status, medical condition, sexual orientation, physical or mental disability or any other protected group in accordance with the requirements of all applicable County, state, or federal laws.
- D. Members of the [BCC] shall comply with the County Equal Employment Opportunity and Anti-Harassment Policy and Procedures.
- E. Members of the [BCC] shall comply with County Code of Ethics.
- F. Members of the [BCC] shall operate strictly within designated purposes of the [BCC]. (*Request language from CoCo.*)

### ARTICLE VII. Committees and Subcommittees

- A. There shall be an Executive Committee comprised of:
  1. The Chairperson of the [BCC].
  2. The Vice Chairperson of the [BCC]
  3. Committee Chairs of the [BCC]
  4. (Any others)

## Bylaws Template

The Executive Committee shall hold meetings at the request of the Chairperson. The Executive Committee shall review the [BCC] Bylaws and suggest amendments to the [BCC] in accordance with Article \_\_\_\_\_ below.

- B. Standing Committees: The [BCC] shall have (number) standing committees:

- 1.
- 2.
- 3.

Terms of appointment to standing committees shall be for one year.

- C. Ad Hoc Committees: The Chairperson may establish ad hoc committees of less than a quorum of the [BCC 's] membership to accomplish time-limited tasks that support the goals of the [BCC].

Terms of appointment for ad hoc committees shall be for the period of time required to fulfill the ad hoc committee's purpose.

- D. Subcommittees: *(State whether [BCC] is permitted to create and operate subcommittees. If so, specify procedure for subcommittee appointment; roles/responsibilities/authority of subcommittees; time, place and manner of calling meetings of subcommittees).*

### ARTICLE VIII. Meetings and Actions

- A. The [BCC] shall, at its first meeting of each year, adopt a schedule of regular meetings and transmit that schedule in writing to members, the Board, and the public at large.
- B. All [BCC] meetings shall be open, public and noticed in conformance with the provisions of the Ralph M. Brown Act, California Government Code section 54950 et seq., as amended and held at a location within Orange County, California that satisfies the access requirements of the Americans with Disabilities Act.
- C. Special meetings of the [BCC] may be called either by the Chairperson or at the request of a majority of [BCC] members. Notice of special meetings shall:
1. delivered to members personally, by mail or electronically, and must be received no later than 24 hours in advance of the meeting.
  2. state the business to be considered and whether alternative technological means may be used such as telephone or video conferencing, as technological resource availability permits and as permissible by the Ralph M. Brown Act.
- D. Quorum Requirements
1. Quorum requirements are as follows:
    - a. General Meetings: Quorum shall be no less than 50%+1 of the membership.



## Bylaws Template

- b. Executive Committee: Quorum shall be no less than 50%+1 of the Committee membership. However, if there are unfilled vacancies in the membership of the Executive Committee, then the quorum requirement will be proportionately reduced.
  - c. Standing Committees: Quorum shall be the members present, but no less than three (3).
- E. Voting Majority: Decisions and acts made by majority vote of the members at any duly constituted meeting shall be regarded as acts of the [BCC], except as otherwise provided by these (Bylaws, Rules of Procedure, Policies and Procedures, as applicable).
  - 1. Members choosing to abstain from voting on specific actions will not affect majority requirements. Abstentions are considered a “non-vote” – neither a vote in the affirmative nor in the negative. However, in order for an action to be passed, a majority of the quorum casting votes must vote in the affirmative.
 

For example: If, at a standing committee meeting, six (6) voting members of the committee are present to vote, and on a particular motion, three (3) vote in the affirmative, two (2) vote in the negative, and one (1) member abstains, the motion passes.
- F. Voting by Proxy: Members of the Board and the County Executive Officer who serve as [BCC] members may designate a substitute to attend a [BCC] meeting on their behalf and vote on any action item by the submitting the member’s signed proxy to the [BCC] Chairperson at the start of the meeting.
- G. Minutes: The Clerk of the [BCC] shall prepare and publish the minutes for each meeting of the [BCC]

### ARTICLE IX. Compensation and Reimbursement (If applicable)

- A. Compensation: Each member of the [BCC] shall be eligible to receive a sum of \_\_\_\_\_ for attendance at a [BCC] meeting, subject to a maximum reimbursement as specified by (Board Resolution, legislation, regulation, ordinance establishing authority for [BCC]). Attendance of less than one-half of a regular meeting shall be considered an absence and not subject to remuneration.
- B. Reimbursement: [BCC] members may be reimbursed for actual expenses incurred while performing within the scope of their duties to the extent permitted by applicable County policy. All requests for reimbursement shall be submitted in accordance with the policies and procedures adopted by the County on a form approved by the County Auditor-Controller.

### ARTICLE X. Removal and Resignation of Members

- A. Removal: The Board may, at any time and without cause, remove any [BCC] member from office prior to the expiration of his/her term of office by majority vote of the Board.
- B. Resignation: Resignation of [BCC] members shall be effected by a written letter of resignation submitted to the Chairperson of the [BCC] and to the Board.

## Bylaws Template

- C. The Chairperson shall notify the Clerk of the Board in writing of any vacancies within 10 days of learning the existence of any such vacancy.

### ARTICLE XI. Authority

- A. Parliamentary Authority: The Chairperson shall preside and manage [BCC] meetings using parliamentary procedure consistent with these bylaws, any special rules of order the [BCC] may adopt, and any applicable County, state, and federal law.
- B. When circumstances demand that action be taken before the next scheduled [BCC] meeting the [BCC] may authorize and grant its full authority to the Executive or any standing committee to act on its behalf to make specific, limited, independent recommendations to the County, a quorum of the [BCC] being present.
1. Such actions taken on behalf of the [BCC] by a committee will be presented as an information item at the next regular [BCC] meeting.
  2. Such actions will not require further action by the [BCC].
- C. Executive Committee – When unforeseen circumstances demand that action be taken before the next scheduled [BCC] meeting, the Executive Committee is authorized to take action on behalf of the [BCC].
1. [BCC] members shall be notified either in writing or electronically within 72 hours of any such Executive Committee action.
  2. Such action is subject to review and ratification by the general membership of the [BCC] at its next meeting.
- D. Standing and Ad Hoc Committees
1. Standing and ad hoc committees shall have no independent authority and shall be limited to exercising only those specific functions granted to them by the [BCC].
  2. No standing or ad hoc committee shall have independent authority to commit the [BCC] to any policy or action without the prior approval of the general membership of the [BCC].

### ARTICLE XII. Conflict of Interest

1. Members of the [BCC] and any of its committees or subcommittees shall abstain from voting on any issue in which they may be personally interested to avoid a conflict of interest in accordance with County, state, and federal laws and shall refrain from engaging in any behavior that conflicts with the best interest of the County.
2. Members of the [BCC] shall not vote nor attempt to influence any other [BCC] member on a matter under consideration by the [BCC] or any of its committees or subcommittees:
  - a. Regarding the provision of services by such member (or by an entity that such member represents; or

## Bylaws Template

- b. That would provide direct financial benefit to such member or the immediate family of such member; or
  - c. Engage in any other activity constituting a conflict of interest under County, state, or federal law.
3. If a question arises as to whether a conflict exists that may prevent a member from voting, the Chairperson or designee may consult with designated County staff to assist them in making that determination.
  4. In order to avoid a conflict of interest or the appearance of such conflict, all nominees to become members of the [BCC] shall disclose on forms provided by the County information regarding their private economic interests that may be implicated by their service on the [BCC]
  5. [Where applicable] [BCC] members shall timely file Statements of Economic Interests (Form 700) and other financial disclosures as required by law.
  6. [Where applicable] [BCC] members shall complete ethics training as required by County policy and Assembly Bill 1234 (Government Code sections 53234 through 53235.2).
  7. Neither [BCC] nor any of its members shall promote, directly or indirectly, a political party, political candidate, or political activity using the name, emblem, or any other identifier of [BCC].
  8. No assets or assistance provided by County to [BCC] shall be used for sectarian worship, instruction, or proselytization, except as otherwise permitted by law.

### ARTICLE XIII. Adoption and Amendment of Bylaws

- A. Adoption: An affirmative vote of at least 50%+1 of those voting, a quorum being present, shall be required to recommend these Bylaws for Board approval. These Bylaws become effective upon approval by the Board.
- B. Amendments:
  1. Any member of the [BCC] or the Executive Committee may propose amendments to these Bylaws.
  2. Proposed amendments shall be submitted in writing and made available to each member of the [BCC] no less than five days prior to consideration before a vote can be taken.
  3. An affirmative vote of at least 50%+1 of those voting, a quorum being present, shall be required to recommend Bylaws amendments for Board approval Any amendments to the Bylaws become effective upon approval by the Board.

### ARTICLE XIV. Severability

Should any part term, portion or provision of these Bylaws be determined to be in conflict with any law or otherwise unenforceable or ineffectual, the remaining parts, terms, portions or provisions shall be

**Bylaws Template**

deemed severable and their validity shall not be affected thereby, provided such remaining portions or provisions can be construed in substance to constitute the provisions that the members intended to enact in the first instance.

**ARTICLE XV.    Staffing Support**

Staff support from (Name of County Agency) shall be provided to support the [BCC] in conjunction with the work of the [BCC].



# Memorandum

May 19, 2022

**AOC Agenda Item No. 13**

TO: Audit Oversight Committee Members

Recommended Action:  
COSO/Internal Control Training 2.0 Update

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COSO/Internal Control Training 2.0 Update, as stated in the recommended action.



# Memorandum

May 19, 2022

**AOC Agenda Item No. 14 (REVISED)**

TO: Audit Oversight Committee Members

Recommended Action:

Discuss Status of External Auditor Procurement Process

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Discuss Status of External Auditor Procurement Process, as stated in the recommended action.

ATTACHMENT(S):

Attachment A – Letter on Independent Auditing and Related Services for the Fiscal Years Ending June 30, 2023, 2024, and 2025



OFFICE OF THE  
**ORANGE COUNTY AUDITOR-CONTROLLER**

**MEMORANDUM**

**FRANK DAVIES, CPA**  
AUDITOR-CONTROLLER

DATE: April 28, 2022

TO: Audit Oversight Committee Members

FROM: Bertalicia Tapia  
Auditor-Controller/Financial Reporting & Mandated Costs

SUBJECT: Independent Auditing and Related Services for the Fiscal Years Ending June 30, 2023, 2024, and 2025

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The existing professional services contract with Eide Bailly, LLP for independent auditing and related services to the County of Orange will conclude on April 30, 2023, for audit services pertaining to the Fiscal Year Ending June 30, 2022. The Auditor-Controller's Office will issue a Request for Proposal (RFP) this summer to procure independent auditing and related services for the next three fiscal years, with an option to renew for a maximum of up-to two additional one-year terms.

The Audit Oversight Committee (AOC) Bylaws state that the AOC provide oversight for the selection of the County's independent external auditors. Therefore, the Auditor-Controller's Office requests that one AOC member be designated to participate in the RFP process as an RFP panel member to evaluate the proposals received by our Office.

After completion of the evaluation of the proposals, the results for award of the contract will be presented by the Auditor-Controller's Office to the AOC for its review. The Auditor-Controller's Office will then prepare an agenda item requesting approval from the Board of Supervisors to award the contract.

In order to secure Board of Supervisors approval for the new contract with the selected vendor prior to the expiration of the current contract, the Auditor-Controller is requesting that the AOC Chairman designate the AOC RFP panel member by or before July 30, 2022. The identity of this AOC member should be kept confidential to preserve the integrity of the RFP process. Please have that AOC member contact Maribel Garcia, Auditor-Controller Administrative Services Manager, directly at 714-834-3495.



# Memorandum

May 19, 2022

**AOC Agenda Item No. 15**

TO: Audit Oversight Committee Members

Recommended Action:  
Receive Report on eProcurement

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Receive Report on eProcurement, as stated in the recommended action.





# Memorandum

May 19, 2022

**AOC Agenda Item No. 16**

TO: Audit Oversight Committee Members

Recommended Action:

Receive Update on County IT Projects Quarterly Progress Report, Most Critical IT Challenge Impacting the County, and Best Practices for Password Tracking

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Receive Update on County IT Projects Quarterly Progress Report, Most Critical IT Challenge Impacting the County, and Best Practices for Password Tracking, as stated in the recommended action.

ATTACHMENT(S):

Attachment A – OCIT Updates

# OCIT Updates

May 2022



# Agenda

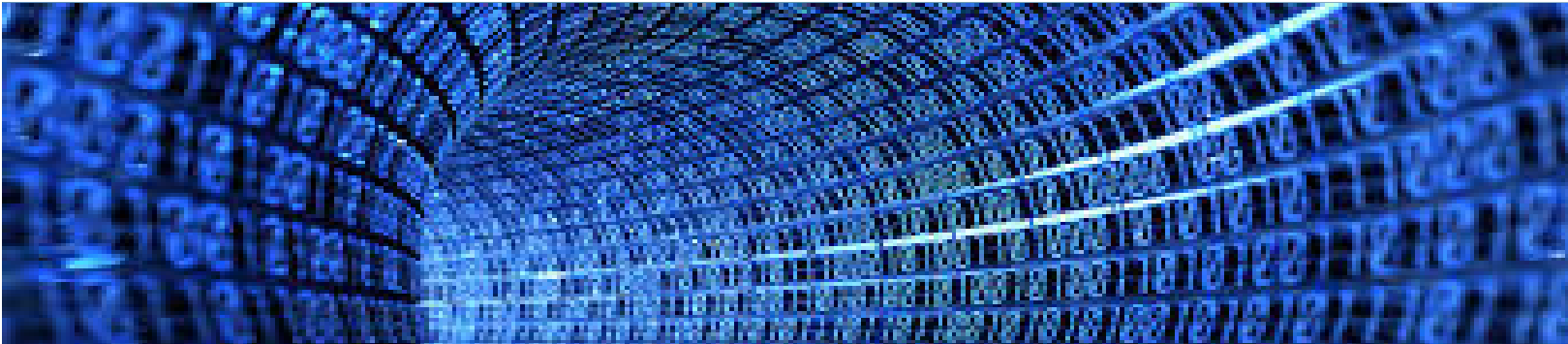
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- The most critical IT challenge impacting the County
  - Best practices for password tracking



# The most critical IT challenge impacting the County

- **Business Risk Challenge - Cyber Security**

- Protecting the County against Ransomware, Zero-day exploits, potential sensitive data exfiltration, Distributed Denial of Service attacks, and other Cybersecurity related attack vectors remains an IT top priority.
- The increase in remote work (perimeter extension) as well as an increase in Cloud and other off-network IT services has significantly increased the County's risk profile.

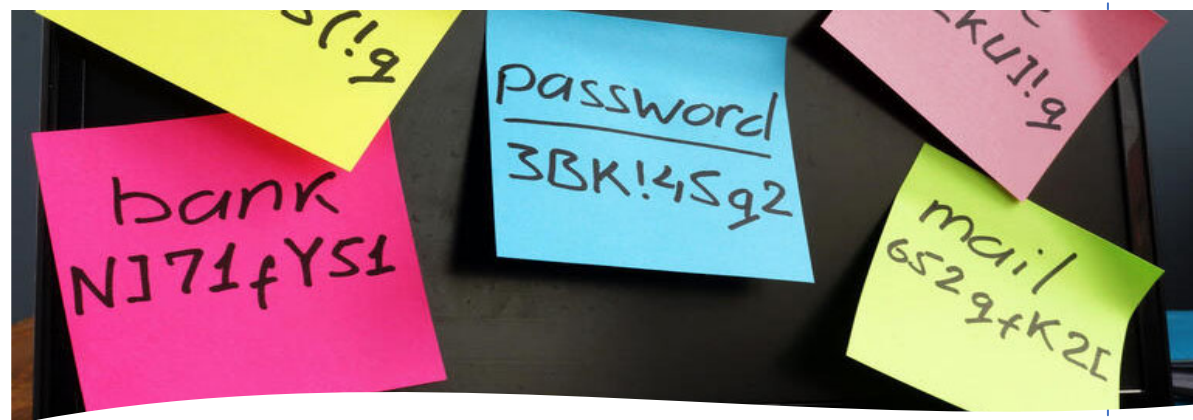


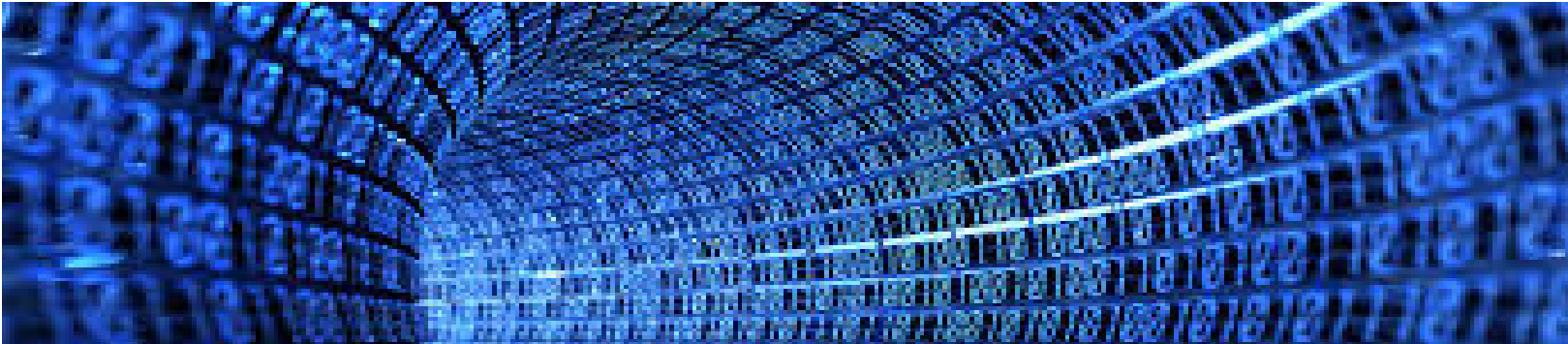
# The most critical IT challenge impacting the County

- **Technology Challenge** – Digital Transformation
  - Cloud Migration
  - Business Process Re-engineering
  - Migration of Core Services to an MSP
  - Continued Legacy App Support
- **Efficiency Challenge** – Continued Federated Operations
- **Knowledge Challenge** – Retention of knowledgeable county employees and attracting new talent

# Best practices for password tracking

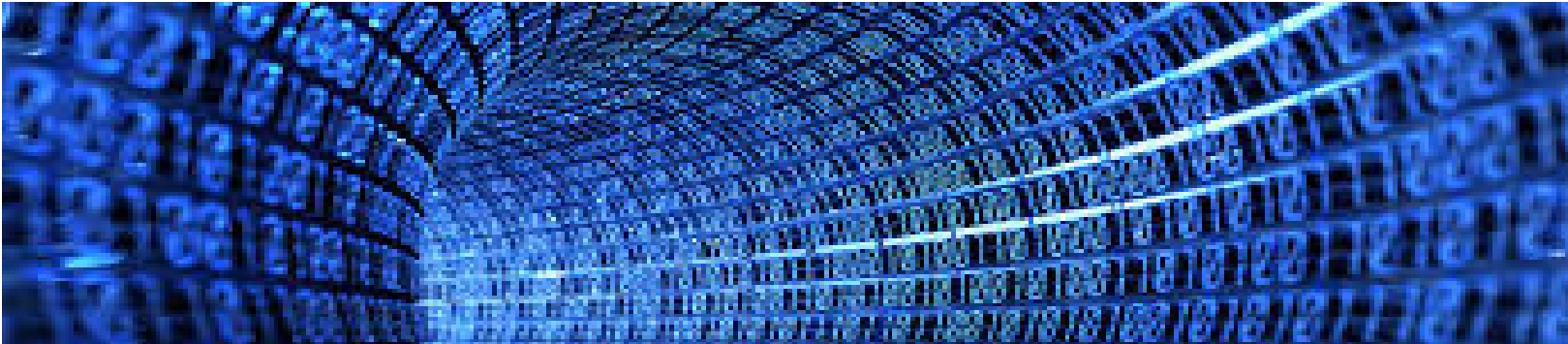
- Password compromises were responsible for 81% of breaches in 2020
- Password complexity and changing guidelines are confusing for users





## Best practices for password tracking (Cont.)

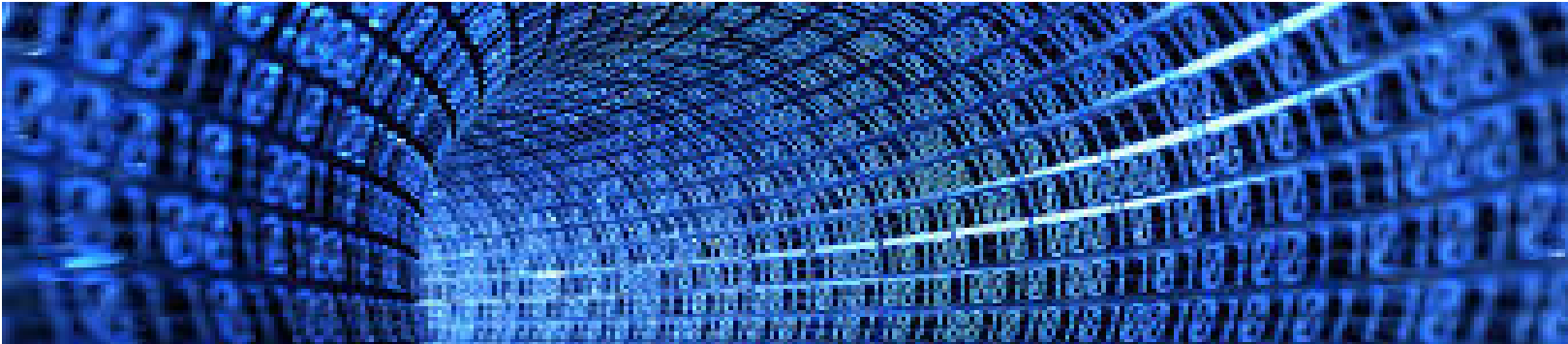
- Complexity Requirements
- Non-Dictionary Words
- Password Expiration
- Password Rotation
- Number of Passwords



## Best practices for password tracking (Cont.) NIST Guidelines

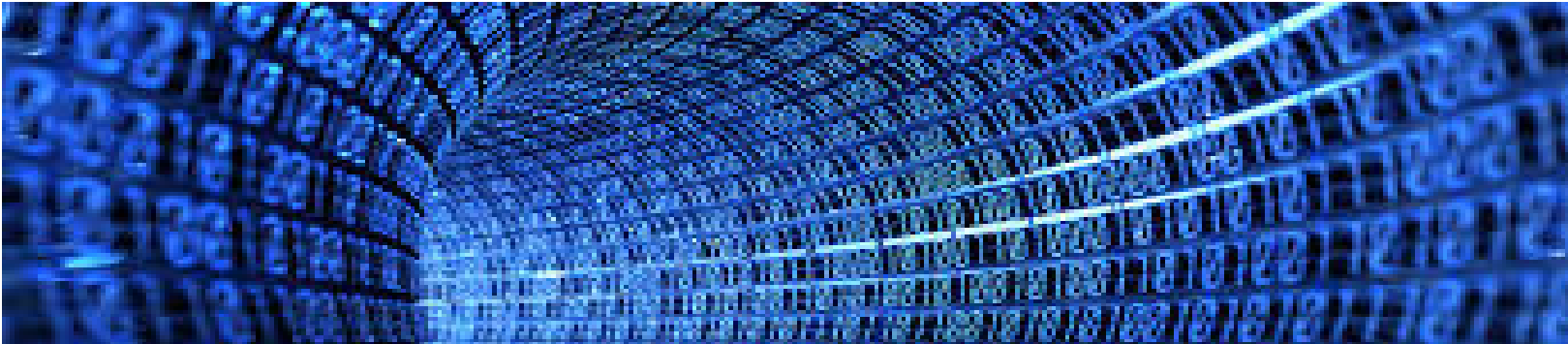
- Eliminate Periodic Resets
- Allow viewing in cleartext
- Allow paste function
- Use Breached Password Protection
- Do NOT use password hints
- Limit password attempts
- Use Multi-Factor Authentication (MFA)





## Best practices for password tracking (Cont.) Alternatives

- Single Sign On (SSO)
- One-Time Passwords (OTP)
- Passwordless Authentication
- 3<sup>rd</sup> Party Authentication
- Password Manager



## Best practices for password tracking (Cont.) Password Managers

- Vault all passwords
- Allow user to remember one password
- Have MFA
- Integration with many browsers and apps
- Sync on multiple devices
- Enterprise as well as personal use

# Password Managers

Providers with Free Offerings	Best Paid Services
LastPass ( <a href="http://www.lastpass.com">www.lastpass.com</a> )	Keeper ( <a href="http://www.keepersecurity.com">www.keepersecurity.com</a> )
Bitwarden ( <a href="http://www.bitwarden.com">www.bitwarden.com</a> )	LastPass ( <a href="http://www.lastpass.com">www.lastpass.com</a> )
Dashlane ( <a href="http://www.dashlane.com">www.dashlane.com</a> )	1Password ( <a href="http://www.1password.com">www.1password.com</a> )

Questions?





# Memorandum

May 19, 2022

**AOC Agenda Item No. 17**

TO: Audit Oversight Committee Members

Recommended Action:

Discuss Annual Comprehensive Financial Report (ACFR) Special Meeting/Training

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Discuss Annual Comprehensive Financial Report (ACFR) Special Meeting/Training, as stated in the recommended action.