



HEALTH EQUITY HELPS INCREASE COMPLIANCE

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Monterey County's Population is 437,907 47.14 % is Spanish speaking only




A large amount of Environmental Health Bureau's stakeholders are Spanish speaking only

Currently majority of our forms are only available in English, so I have chosen to work on getting the bureaus most crucial forms translated.

We require our stakeholders to comply with rules and regulations. This can be intimidating and uninviting for many to come in and inquire of what is needed to obtain a permit. Which in turn can lead to an increase of illegal unpermitted food vendors. My project will help address the importance of food safety. By educating our customers in their native language that our number one priority is to make sure they are selling safe food to the public.

Examples of forms

Current
English
Application

 **MONTEREY COUNTY HEALTH DEPARTMENT**
DIVISION OF ENVIRONMENTAL HEALTH
Application for a New Renewal or Change of Permit

SECTION I: TO BE COMPLETED BY APPLICANT

Permit # _____ Date: _____

This application is for: Food Facility Swimming Pool or Spa Closed Business
 Swap Meet/Prepackaged Certified Farmer's Market Special Event/Yearly

Please Print Clearly:

Name of Establishment: _____ Phone #: _____

Location Address: _____

Name of Owner: _____ Phone #: _____

Name of Manager: _____ Phone #: _____

Billing Address: _____

Corp. Office Address: _____

Phone #: _____ FAX #: _____ Email: _____

In signing this application, I understand that I am responsible for all aspects as stipulated by the California Retail Food code (CAL CODE) pertaining to food facilities. Failure to comply with CAL CODE at any time will result in suspension/revocation/refusal of health permit. It is my responsibility to renew my permit prior to the expiration date, to avoid penalties and/or closure.

Owner/Applicant: _____ / _____ Date: _____
Printed Name Signature

SECTION II: TO BE COMPLETED BY ENVIRONMENTAL HEALTH SPECIALIST

Food Facilities:

(1) Type of facility: _____ Key. # _____
Patron Toilets Required: Yes No

(2) Former Name of Establishment: _____

(3) Workers Comp Affirmation: Yes No

B. Swimming Pool or Spa:

(1) Number to be permitted: _____ Pools: _____ Spas: _____


(2) Specify How Many of Each: _____ Pools: _____ Spas: _____

Environmental Health Specialists Instructions to Clerical: _____

ENVIRONMENTAL HEALTH SPECIALIST: _____ Date: _____

SECTION III: TO BE COMPLETED BY CLERICAL	Fee Payments
<input type="checkbox"/> New Permit Issued <input type="checkbox"/> Mail New Billing <input type="checkbox"/> Envision Updated	Permit: \$ _____
New Permit # _____ Old Permit # _____ Date: _____	1st Responder: _____
Employee's Name: _____	Commissary: _____
Comments: _____	Penalty: _____
	TOTAL: _____
	Date Paid: _____
	Rec Inv #: _____

Sample
Translated
Spanish
Application

 **MONTEREY COUNTY HEALTH DEPARTMENT**
DIVISION OF ENVIRONMENTAL HEALTH
Application for a New Renewal or Change of Permit

SECTION I: PARA SER COMPLETADO POR EL SOLICITANTE

Permiso FA # _____ Fecha: _____

Esta aplicación es para: Instalación de Alimentos Piscina o Spa Cerrar un Negocio
 Swap Meet/Prepackaged Mercado de Agricultores Certificados Evento Especial/ Anual

Por Favor Imprima Claramente:

Nombre del Establecimiento: _____ Teléfono#: _____

Dirección del Sitio: _____

Nombre del dueño: _____ Teléfono#: _____

Nombre del Gerente: _____ Teléfono#: _____

Dirección de Envío: _____

Teléfono #: _____ FAX #: _____ Correo electrónico: _____

Al firmar esta solicitud, Entiendo que soy responsable de todos los aspectos estipulados por el Código de Alimentos Al Por Menor (Cal CODE) perteneciente a las instalaciones de alimentos. El incumplimiento del Código cal en cualquier momento resultara en suspensión/revocación/rechazo del permiso de salud. Es mi responsabilidad renovar mi permiso antes de la fecha de vencimiento, para evitar sanciones y/o cierre.

Propietario/Solicitante: _____ / _____ Fecha: _____
Nombre Impreso Signature

SECTION II: ESTA SECCION SERA COMPLETADA POR EL INSPECTOR

Food Facilities:

(1) Type of facility: _____ Key. # _____
Patron Toilets Required: Yes No

(2) Former Name of Establishment: _____

(3) Workers Comp Affirmation: Yes No

B. Swimming Pool or Spa:

(1) Number to be permitted: _____ Pools: _____ Spas: _____

(2) Specify How Many of Each: _____ Pools: _____ Spas: _____

Environmental Health Specialists Instructions to Clerical: _____

ENVIRONMENTAL HEALTH SPECIALIST: _____ Date: _____

SECTION III: TO BE COMPLETED BY CLERICAL	Fee Payments
<input type="checkbox"/> New Permit Issued <input type="checkbox"/> Mail New Billing <input type="checkbox"/> Envision Updated	Permit: \$ _____
New Permit # _____ Old Permit # _____ Date: _____	1st Responder: _____
Employee's Name: _____	Commissary: _____
Comments: _____	Penalty: _____
	TOTAL: _____
	Date Paid: _____
	Rec Inv #: _____

Additional forms

Current Complaint letter



(Date)
(Name)
(Address)
(City, State Zip)

RE: Complaint Number:
Property Address:
Assessor's Parcel:

Dear (Name):
The Monterey County Health Department, Environmental Health Bureau has received a complaint that there may be a violation of one or more of the following Local, County or State code (s) at the above referenced property:

- Local City Ordinance
- Monterey County Ordinance
- CA Health & Safety
- CA State Housing Law, Uniform Housing Code

The complaint describes the following violation(s):

- Illegal occupancy of a travel trailer, shed, or garage
- Accumulation/improper storage of trash, garbage and debris
- Accumulation of animal waste
- Infestation of cockroaches
- Infestation of Rodents
- Other

We are required to respond to all complaints received. Please contact our office at (831) 755-4505 or email to harrispl@co.monterey.ca.us within ten days to discuss this concern further.

If a response is not received from you by (date), an inspection of the property will be scheduled to determine the existence of any violation(s) and any action(s) that may be taken based on the



Sample Translated Complaint Letter



Date

Property Owner
Address
City, State Zip

RE: Complaint Number: COXXXXXXX
Property Address: 123 John Street, City 12345
Assessor's Parcel: 000000000-000

Estimados Proprietarios:

El Departamento de Salud del Condado de Monterey, Oficina de Salud Ambiental ha recibido una queja de que puede haber una violación de uno o más de los siguientes códigos locales, del condado o del estado en la propiedad mencionada anteriormente:

- Ordenanza municipal local
- Ordenanza del Condado de Monterey
- CA Salud y Seguridad
- CA Ley de Vivienda Estatal, Código de Vivienda Uniforme

La queja describe la(s) siguiente(s) violación(es):

- Ocupación ilegal de casa, garaje, cobertizo y/o negocio
- Acumulación / almacenamiento inadecuado de basura y escombros
- Acumulación de desechos animales
- Infestación de cucarachas
- Infestación de roedores
- Otro:

Estamos obligados a responder a todas las quejas recibidas. Por favor comuníquese con nuestra oficina al (831) 755-4505 o envíe un correo electrónico **insert email address** dentro de diez días para tratar esta inquietud más a fondo.

Building Resilience within the Community & Bridging the Communication Gap



Special thank you to

PEGGY HARRIS, SUPERVISOR

SUSAN RIMANDO, MENTOR