As the new Public Health Officer in Lake County, I would like to introduce myself to the community. Having worked at the Health Department intermittently over the last few years, I am excited to be in the permanent role of Health Officer. The team at Health Services is very committed, and my interaction with so many of the folks in the community has been great.

Up to this point, my main professional interest has been providing access for people who have trouble obtaining appropriate care. I am a Family Doctor, and have served as a primary care provider and Medical Director in rural Community Health Center clinics for 25 years--mainly in Mendocino and Sonoma Counties. Working with addiction services and behavioral health have been particular areas of involvement.

Lately, I have become more and more concerned about the health impacts of climate change. As we are seeing from the changing conditions locally, fires, power outages, heat emergencies, and algal blooms all have a huge impact on the health of the community. Public Health is a good place to address the immediacy of these health problems, while also aiming to shift the underlying factors that bring us to this new and worrisome place. At this stage in my career, my goal is to coordinate services for the next several years for the people in Lake County, while also advocating at the State level to bring about real change and prevent things from getting worse.

Article Cont’d on Page 2
How Well Did We Survive the PG&E Planned Power Shut-off?

With the climate changing in worrisome ways, recurring fires and other natural disasters are predicted to be more frequent and devastating. In addition, human-created problems, like the recent Public Safety Power Shutoffs (PSPS), are now creating even bigger challenges. Preparing for the health impacts of these events is a major part of the role of the Public Health Department.

Our Emergency Preparedness team—Iyesha Miller, Dean Eichelmann, and Christine Hannigan—spend a lot of time developing relationships with healthcare partners in the community (like the hospitals and clinics) and planning for possible serious occurrences. During an actual event, they maintain communication with these partners, keep connected with state agencies, and help fill specific logistical gaps when they are needed. When shelters are needed, they coordinate medical staffing. One of their biggest focuses is to keep an eye on the big picture of the health needs in the community during an event. Are there people not being cared for? Are local Emergency Rooms getting too filled up? Can people get oxygen?

So, How Did It Go?

At the Emergency Meeting with the Lake County Board of Supervisors and the Lakeport and Clearlake City Councils on October 31st, it was clear that the length of the power outage caused significant hardship in the county. Many medically fragile people who require electricity to keep their medical devices going had some real difficulties. In addition, Durable Medical Equipment (DME) companies’ oxygen supplies were running low and they encountered problems getting more from regional suppliers. The cold temperatures at night were particularly troublesome for many of the medically fragile. PG&E had set up resource centers around the county where people could charge their devices, but these were crowded, and had limited Wi-Fi. The center in Middletown was only open from 8 am to 8 pm and closed temporarily due to the Kincade fire evacuation order.

An Overview of Health Services During the PSPS:

(Hospitals: both Lake County hospitals had generators and remained open throughout the event. Three out of the four hospitals in Sonoma County were evacuated and closed due to the Kincade Fire.

Nursing Homes: all three Lake County nursing homes had generators and remained open throughout the event. In Sonoma County, multiple skilled nursing facilities were evacuated.

Outpatient Clinics: all clinics closed throughout the event, except the VA Clinic in Clearlake. Some clinics maintained phone coverage for patients to receive medical advice or help with prescriptions.

Pharmacies: Lake, Moran’s, Rite Aid, Safeway, and Walmart pharmacies remained open.

Medical Equipment: all three Lake County DME companies were available and working to support their patients.

Dialysis Services: remained available. Emergency Medical Services: teams were available via 911 throughout the event. Many people did not have phone coverage due to cell towers being down or the use of phones that require an internet connection to be functional.

Lessons Learned and Next Steps:

From the Public Health perspective, we want to identify the areas where there was a potential breakdown in health services for vulnerable members of the community, and try to make some changes before the next PSPS. It looks like there will be more PSPS, and unfortunately, we really won’t be able to rely on outside assistance when the scope is so large.

Key Focal Points:

1) Emergency Department and ambulance access: All agencies remained fully operational during this last event, due to good planning and cooperation of the local hospitals and Emergency Medical Service providers.

"Preparing for the health impacts of these events is a major part of the role of the Public Health Department."
aiming to really meet the needs of the community. The ability for many people to call 911 was compromised due to spotty cell phone coverage, internet outages and other PSPS-related issues.

2) Outpatient and non-emergent care: Both Lake County hospitals offered some outpatient care and activated call lines for their patients to access phone consultations. It may be helpful to encourage other outpatient sites to arrange substantial phone backup, so that patients can get clinical and medication questions answered without going to the Emergency Department.

3) Access to medications, oxygen, and use of medical devices: More pharmacies were open this time than during previous events, which is very good. Oxygen suppliers were running out of backup oxygen tanks. People without generators could not plug their medical devices in at night.

4) Temperature regulation, food, water, sewage: Cold temperatures, lack of food at local stores, and water and sewer systems stressing generators to the maximum are all potential stress points for future events. These stress points are especially concerning for the most vulnerable folks—the elderly, the young, and those with very few resources.

Next Steps for our Team:
1) Continue to work with Health Partners to improve on these issues.
2) Exert pressure at the state level and with PG&E to get resources in place before the next event.
3) Make preparations to open Medical Respite Sites if event exceed 48 hours during future events. Health Services was starting to move forward with this solution after three days of power outage, due to concerns about the medically fragile folks in the community. Medical Respite can be a very complicated, expensive operation, but it seems like the best “last-ditch” way to protect the health of people in a crisis like the one we experienced. We cannot guarantee a Medical Respite Site will be available during the next PSPS events.

Conclusions:
The citizens of Lake County are remarkably resilient, and local service providers show a deep commitment to keeping the healthcare structure working for the community, even in challenging circumstances. The county avoided catastrophe due to preparation, good communication and resourcefulness during the late October PSPS event. We hope to use insights gained from this event and make positive changes before the next one.

"The citizens of Lake County are remarkably resilient, and local service providers show a deep commitment to keeping the healthcare structure working for the community, even in challenging circumstances."
The Lake County Medical Reserve Corps (MRC) had multiple activations over the past few months, giving volunteers an opportunity to assist our County as well as our neighboring Counties. The information below

**County Fair Support**

Lake County Fair requested assistance in providing coverage of their first aid station in order to continue operation. MRC volunteer Chelsea Michael stepped up, covering an entire shift scheduled from 3 - 11 pm. This support allowed Lake County Public Health Nurses to provide seamless coverage of the remaining shifts.

**Health Services Awarded NACCHO Grant**

The Lake County MRC has been awarded the National Association of County & City Health Officials (NACCHO) 2020 MRC project award. This opportunity will allow the Lake County MRC to help strengthen its response to shelter operations, which includes setting up and responding to a medical shelter specific to Public Safety Power Shutoffs. The MRC will first conduct a tabletop exercise and then move to completing a functional exercise with support from one of the County’s shelter sites. The exercises will give volunteers an opportunity to practice their skills in shelter operations while strengthening our community’s response to disasters.

**Kincade Fire Response**

The Kincade Fire forced the evacuation of over 200,000 people in Sonoma County. Multiple shelters were opened in both Sonoma and Napa County to assist the evacuees. Requests for medical support at these shelters quickly followed. The Lake County MRC coordinated with the Contra Costa County MRC to provide support at one of the shelters in Napa County. Cyndy Forbes and Charissa Barsos from the Lake County MRC provided aid to the medically fragile.

**Flu Vaccination Clinics**

The MRC assisted Public Health with 3 flu vaccination clinics which included two Benefit Fair Flu Clinics and the Heroes of Health and Safety Flu Clinic. Becky Vreeland, Cyndy Forbes, and Sue Weldy supported the Benefit Fair Flu Clinics, administering 60 vaccinations. Cyndy and Becky also supported the Heroes of Health and Safety Flu Clinic, where they administered 111 vaccinations.
**New Pediatric Tele-Physiatry Program Helps Children In Rural And Underserved Communities**

Northern California children with cerebral palsy, spina bifida, spinal cord injuries and other physical disabilities now have access to UC Davis Physical Medicine and Rehabilitation physicians, thanks to a new telehealth program.

A young boy at Hoover Elementary School in Stockton, Calif. is evaluated via telehealth by Loren Davidson. Funded by a $2 million, five-year grant from the Agency for Healthcare Research and Quality (AHRQ), the new School-Based Tele-Physiatry Assistance for Rehabilitative and Therapeutic Services (STARS) program serves children who receive support through California Children’s Services’ Medical Therapy Program. The program provides physical therapy, occupational therapy, and durable medical equipment to children with neurological or musculoskeletal disorders at designated school-based Medical Therapy Units.

**Bringing Subspecialty Services to Rural, Underserved Communities**

During STARS program patient telehealth visits, the UC Davis medical team makes recommendations for specialized equipment such as orthotics and wheelchairs, prescribes therapy services and makes necessary referrals for specialized medical treatment.

Loren Davidson, clinical professor for pediatric physical medicine and rehabilitation and grant co-investigator, said the STARS grant is a pilot program exploring the use of telehealth to bring subspecialty services to rural and underserved communities.

“The goal of the project is to improve the quality of care for children with disabilities in California, irrespective of how far they live from an urban center,” Davidson said. “Telehealth has the potential to serve as the new model for physician medical direction at California Children’s Services’ Medical Therapy Units throughout the state, linking them to the physicians and hospitals that can best meet their needs.”

**Stockton School Becomes First STARS Site**

Hoover Elementary School in Stockton became the first Medical Therapy Unit to implement the new tele-physiatry program in January. Patients can now receive care from a pediatric physiatrist without leaving San Joaquin County.

This type of specialized care is essential, but not all counties have Medical Therapy Units. Families often travel long distances to other counties to receive care.

James Marcin, professor for the department of pediatrics, director of the UC Davis Center for Health and Technology and principal grant investigator, said telehealth will help both families and physicians save time and travel costs.

“The use of telehealth should help address the distance barrier, which is sometimes insurmountable for families and children living in rural communities,” said Marcin, noting that UC Davis Health is a telehealth pioneer, bringing expert care to underserved communities across all of Northern California. “Also, with telehealth, we will be able to provide more frequent visits, given the fact that the doctors will not have to travel long distances to the school-based units to provide care.”

The STARS program is a collaboration of the UC Davis Pediatric Telemedicine Program, the UC Davis Department of Pediatrics, the UC Davis Department of Physical Medicine and Rehabilitation and Shriners Hospitals for Children - Northern California.

**Citation:**

First 5 Lake approved their 2018-19 annual report and financial audit in October. Both reports are available to view or download at www.firstfivelake.org. In 2018-19, programs funded by First 5 Lake served a total of 7,232 parents, service providers and children under age five.

- 2,299 young children received a free book each month through Imagination Library
- 3,400 Bloom into Kindergarten booklets were distributed by Lake County Office of Education to prepare parents and children for kindergarten
- 275 preschool children received lessons in social, emotional and interpersonal skills from AmeriCorps members
- 44 child care and early education sites participated in the Quality Counts improvement and coaching program
- 779 children, ages 2-5, received preventative dental screenings
- 201 children visited one of the First 5 Early Learning Centers in Clearlake and Lakeport with a parent or caregiver
- 133 children received developmental screenings through Easterseals NorCal
- 980 community members were served by the Mother-Wise program

In October, First 5 Lake sent four local service providers from Lake County Office of Education, Redwood Community Services, Lake Family Resource Center and Lake County Tribal Health to the Ignite National Prevention Conference in Boston to be trained as Stewards of Children facilitators. These individuals are now certified to provide child sexual abuse prevention training in Lake County.

Please contact First 5 Lake (707-263-6169) if you, your church, organization, agency, or business are interested in receiving this evidence-based training.

The Oral Health Program has been busy providing education at various community events and Back-to-School Nights around the Lake. We have been providing education to the community about the importance of good oral health care and its connection to overall health. Our large mouth models and puppets allow children to have hands-on practice with their brushing skills.

Why are baby teeth important?

Baby teeth are very important for a child’s growth and development. These teeth help a child chew, talk, and of course, smile. They also maintain space for permanent teeth to come in. The American Dental Association recommends that a baby’s first dental visit takes place within 6 months after the first tooth appears, but no later than a child’s first birthday.

Good oral hygiene practices begin even before the first tooth erupts. This can be done by gently cleaning a newborn’s gums with a clean moist gauze or washcloth. As soon as teeth appear, decay can occur, so it’s important to take care of baby teeth. For children younger than age 3 years, begin brushing teeth with fluoridated toothpaste using an amount no more than a smear or the size of a grain of rice. For children ages 3 to 6 years, use a pea-sized amount of fluoridated toothpaste. Brush teeth twice a day (morning and night) for two minutes or as directed by a dentist or physician. An adult should supervise children’s brushing and remind them not to swallow the toothpaste. Daily flossing can begin when a child has two teeth that touch.

Make oral hygiene fun by letting them brush to their favorite song or nursery rhyme. Let them see you brushing your teeth and make it a family event.
The Lake County Tobacco Education Program is tasked with educating community members, college staff, and students about the benefits of a tobacco-free college campus. Through a community input process in 2017, Lake County community members voted to concentrate some of our tobacco education efforts on making Mendocino Community College Lake Center a 100% tobacco-free campus.

**WHAT DOES 100% TOBACCO-FREE MEAN?**

A 100% tobacco-free campus policy prohibits smoking and tobacco use on all campus property, including all indoor and outdoor areas. This includes, but is not limited to walkways, outdoor common areas, and parking lots. College campuses, as well as cities and counties across the state, are updating their policy definition of “smoking” to include the operation of electronic cigarettes (e-cigarettes) and “smoke” to include aerosol emitted from e-products.

**WHICH COLLEGES HAVE 100% TOBACCO-FREE POLICIES?**

In California, an increased number of public colleges have gone completely tobacco-free, including the University of California (UC) system and the California State University (CSU) system. Many private colleges have gone tobacco-free, as well. California Community Colleges are NOT all 100% tobacco-free:

California Community Colleges Chancellor, Eloy Ortiz Oakley sent a memo in July, 2018, to all community college districts, urging them to adopt 100% Smoke and Tobacco Free campus policies at all 114 colleges.

- So far 52% of Community Colleges in California have gone 100% smoke/tobacco free!!

**WHY HAVE A 100% TOBACCO-FREE CAMPUS?**

- Promote the health and well-being of everyone on campus, including employees—individuals who work in outdoor areas are not provided the same level of protection from secondhand smoke as those working indoors
- Prevent students from initiating tobacco use
- Decrease exposure to new and emerging tobacco and nicotine products
- Eliminate tobacco litter on campus
- Encourage tobacco users to quit or decrease use
- Prepare students for tobacco-free work environments (e.g., hospitals, K-12 schools, etc.)

**WHAT ARE THE HEALTH CONSEQUENCES OF SECONDHAND SMOKE?**

Exposure to secondhand smoke is known to cause death and disease, and is the third leading cause of preventable death in this country, killing over 50,000 non-smokers each year. The Surgeon General of the United States has concluded that there is no risk-free level of exposure to secondhand tobacco smoke. Any exposure to tobacco smoke—even an occasional cigarette or exposure to secondhand smoke—is harmful.

**WHAT DOES THE TOBACCO EDUCATION PROGRAM DO TO PROMOTE A TOBACCO-FREE CAMPUS?**

- Meet with student government, faculty, classified staff, and administration to provide data and information regarding benefits of Tobacco-Free policies
- Provide information tables with educational materials on campus during special events
- Present to health classes, Associated Students of Mendocino College (ASMC), Upward Bound students, and counselors
- Provide technical assistance in reviewing potential policies
- Conduct Health Education Coalition meetings and subcommittee groups on campus
- Provide Quit Kits and accessible Cessation classes on campus
- Conduct campus Public Opinion Polls & Tobacco Observation Surveys
- Gain community input through strategic planning sessions
Now that the Community Visioning Forums and our Community Health Needs Assessment have been completed, Lake County Health Services is preparing for the next step in our performance management planning process: developing a Community Health Improvement Plan (CHIP).

In 2020, Lake County Health Services will continue collaborating with community healthcare partners in a series of Community Engagement sessions. These sessions will focus on defining the top four priorities identified in the Community Health Needs Assessment (CHNA) and include Homelessness, Drug Addiction, Mental Illness and Community Engagement. Upcoming sessions will provide our community further opportunity to be a part of improving health outcomes in Lake County.

To prepare for the 2020 countywide Community Engagement sessions, Lake County Leaders and community partners gathered for a half-day workshop on Community Engagement and Capacity Building on December 2, 2019, at the Lake County Office of Education. This workshop provided participants with tools and strategies for collaboratively leading community engagement sessions. Community Engagement sessions will be advertised in the upcoming year.

The following information provides an overview of the Community Health Improvement Plan that Lake County Health Services is working toward completing.

**What is a Community Health Improvement Plan (CHIP)?**

A Community Health Improvement Plan (CHIP) is a long-term, systematic effort to address public health needs on the basis of the results of community health assessment activities and the community health improvement process. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process, and should address the strengths, weaknesses, challenges, and opportunities that exist in the community to improve its health outcomes.

**Guiding Principles**

- Is it community-driven?
- Is it as strategic as it can be?
- Are we using a broad definition of the local public health system in convening and reaching out to partners?

"This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources."
**Important Considerations**

The CHIP should:

- Be a working, actionable document – you don’t want it sitting on a shelf
- Be regularly reviewed by all partners involved
- Be accountable
- Include a process to determine strategies (e.g. model and promising practices, “home-grown” strategies, etc.)
- Establish which priorities, and whose priorities
- Emphasize policy, systems, and environmental change strategies
- Align with state and national priorities (e.g. National Prevention Strategy, Healthy People)
- Keep partners engaged and momentum going
- Have a long-term view: evaluation, sustainability planning
- Address the Social Determinants of Health
- Must consider multiple determinates of health, especially social determinants like social and economic conditions that are often the root causes of poor health and health inequities among sub-populations in Lake County.
- Identify populations within Lake County with an inequitable share of poor health outcomes. Include at least one of these issues as a priority for community health improvement efforts in addition to other health priorities.

**Important Components**

The CHIP will include:

1. Executive Summary
2. Description of CHIP Process
   a. Individuals and organizations involved
   b. Community Visions Statement
   c. How the assessments were conducted
   d. How priorities, goals, strategies and objectives were selected.

Priorities:

a. Description of each priority area
b. Assessment data that informs each priority area
c. Goals, strategies and objectives for each priority area
d. Individuals and organizations involved in achieving goals and objectives

4. Implementation Plan
5. Summary and Next Steps

"CHIP is critical for developing policies and defining actions to target efforts that promote health."

Summary and Next Steps Adapted From: National Association of City County Health Officials (NACCHO), Developing the CHIP: The Basics.
The Department of Health Services, Division of Environmental Health (EH) is responsible for permitting and inspecting all retail food facilities in the County of Lake, including Mobile Food Facilities (MFF). The following list of commonly asked questions provides an overview of the requirements to operate these units, including useful information for construction of new units, modification of existing ones and changes of ownership.

1. I bought a cart/food truck from someone who previously operated it in Lake County. How can I get the cart or truck permitted?

Provided that the Mobile Food Facility (MFF) previously operated under a valid permit from Environmental Health (EH), a consultation either in the field or at EH office will help determine if it meets all applicable California Retail Food Code requirements; it will also determine the type of permit it needs to operate. If the MFF was not previously operated under a valid Health Permit, plan review is needed. Please contact the local planning/zoning department for the county/city zoning regulations for operating a MFF.

2. I am in the process of building a MFF. Do I need to submit plans?

Yes. Any new construction or remodel of these carts or trucks must be done according to plans that have been reviewed and approved by Environmental Health. All plans must be reviewed and approved prior to construction. Final approval is granted after field verification that the project was completed according to the approved plans.

3. What is required with the plan submission?

Applicants must submit two sets of scaled identical plans with equipment specifications. Letters of commissary and toilet use agreements, as well as their proposed location for operation are required for issuance of the operating permit and final approval to operate. Please refer to the MFF Construction Guide for plan submission requirements.

4. Can I use an ice chest instead of a refrigerator to store my hot dogs and other foods?

No, an ice chest does not maintain potentially hazardous foods (PHFs) such as hot dogs and dairy products sufficiently cold to keep them safe. Mechanical refrigeration is required for storage of any potentially hazardous foods (PHFs). Refrigeration shall meet National Sanitation Foundation (NSF) Standard 7 or equivalent.

5. Can I park my food truck or cart at home?

You cannot park food trucks at a private residence. All mobile food units must be stored at an approved Commissary.
6. Can I scoop ice cream from a pushcart?

Pushcarts (MFF) are only allowed to do "Limited Food Preparation" (see definition in the Mobile Food Construction Guide available at http://www.lakecountyca.gov/Government/Directory/Environmental_Health/Programs/foodsafety/Mobile_Food_Facilities.htm) and they cannot portion potentially hazardous foods (PHFs) such as ice cream or any dairy-based foods. Dispensing of non-potentially hazardous foods such as ice based products (e.g. snow cones) may be considered during the plan review process.

7. Do I need a three-compartment sink if I am selling coffee and smoothies?

There are two ware-washing options for an operator of an unenclosed unit that is preparing beverages containing PHFs such as dairy products (non-frozen) that will be served immediately to a customer:

a. Provide a commercial three-compartment sink with dual integral drain boards that have at least the size of one sink compartment. The three-compartment sink is required to wash, rinse and sanitize utensils and blender pitchers. Its compartments shall be large enough to fully immerse the largest utensil used and have either of the following dimensions in inches (\(\text{"} \)): 12" wide, 12" long and 10" deep, or 10" wide by 14" long and 10" deep.

b. A two compartment sink may be used if the number of utensils is limited and a batch washing procedure is reviewed and approved by this department. A two-compartment sink shall not be used where cleaning and sanitizing solutions are used for a continuous or intermittent flow of utensils in an ongoing ware-washing process.

8. When is a three-compartment sink not required?

A three-compartment sink is not required when the truck or cart only sells 100% pre-packaged foods, brewed coffee or coffee dispensed from air pots, boiled or steamed hot dogs, and tamales in inedible wrappers. An adequate supply of spare utensils for serving and dispensing shall be on hand.

9. What is a Mobile Support Unit (MSU)?

An MSU is required when operating a non-motorized truck or cart is operating at a single location and is not brought back to the offsite Commissary on a daily basis. The support unit services the stationary truck or cart and is required to return to the Commissary daily. The support unit shall be capable of transporting potable fresh water and waste water tanks, supplies and food to and from the unit it serves.

10. What is a Commissary? Do I have to go back to the Commissary every day?

A commissary is an approved permitted Retail Food Facility that services and supplies carts, trucks (occupied or not), mobile support units or vending machines. Any type of mobile food facility is to operate in conjunction with an approved Commissary. All mobile food units shall return to the commissary daily. Refer to FAQ #9 for conditions on operating a stationary unit in coordination with a mobile support unit.

11. Can I operate a barbeque next to my MFF?

All cooking in a MFF operation is to be conducted inside the enclosed MFF. You may not cook on a barbeque next to your MFF.

12. Where can I find approved Commissaries in Lake County?

You may contact the Department of Health Services Division of Environmental Health at 707-263-1164 to obtain a list of approved Commissaries operating in the County of Lake.

13. I have a Mobile Preparation Unit/ occupied food truck (OMFF) and want to get it permitted in Lake County. What types of requirements or certifications are required by the Health Department?

If the OMFF has previously been permitted in Lake County, please refer to question #1.

If the OMFF is brand new, remodeled or never operated in Lake County before, please refer to question #2.

All OMFFs equipped with 110-volt electrical connections, plumbing or mechanical exhaust hoods with cooking equipment require a certification insignia by the California Department of Housing Community Development (HCD) for a “Special Purpose Commercial

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Use these 4 steps to lower the risk of contracting a foodborne illness.

CLEAN • SEPARATE • COOK • CHILL

[Image of steps and U.S. Food & Drug Administration logo]

14. What is an auxiliary conveyance?
An auxiliary conveyance can be used for non-motorized MFFs and Single Operating Site (SOSMFFs) only. The auxiliary unit is part of the permitted cart and houses equipment that cannot fit on the main MFF unit. Generally this includes the three compartment sink and a hand sink, along with the associated water heater, water and waste water tanks. An auxiliary conveyance may also contain backup storage items.

15. How many auxiliary conveyances can I have?
MFFs usually have one auxiliary conveyance to house either the 3-compartment sink and/or hand sink. Auxiliary conveyances are not used for preparing, processing or selling food items.

16. Can I use a soft service yogurt machine in my food truck or cart?
Soft serve yogurt machines may only be operated in an enclosed truck that meets the requirements for processing and dispensing potentially hazardous foods. Contact the State of California Dairy Board at 916-654-0466 regarding permitting requirements for a soft service machine.

17. Do I need Food Handler Cards or a Manager Food Safety Certification to operate a food truck or cart?
The training requirements for operators of Mobile Food Facilities (MFF) depend on the type of food being handled at the unit:

a. For MFF operations handling open potentially hazardous foods, at least one person is required to have a valid Manager Food Safety Certification; all remaining employees must have a valid Food Handler Card.

b. For MFF operations not handling open potentially hazardous foods, all employees must have a valid Food Handler Card.

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<td>• Spouses and Dependent Children</td>
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<td>• Anyone with questions, concerns or interest in veteran's services</td>
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<th>Services Offered</th>
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<td>• Comprehensive benefit counseling.</td>
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<td>• Initiation and development of appeals when appropriate</td>
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<td>• Networking with federal, state and local agencies</td>
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<td>• Home loans.</td>
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<td>• Medical &amp; Dental Benefits and much more!</td>
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“...to care for him who shall have born the battle, and for his widow and his orphan.” - Abe

Saul Sanabria, Veteran’s Services Officer, 285 North Main St Lakeport, CA 95453 Phone: (707) 263-2384 Hours: Mon - Fri 8 am-5 pm