

Monterey County Board of Supervisors Referral Submittal Form

Referral No. 2024.11
Assignment Date: 09/10/24
(Completed by CAO's Office)

SUBMITTAL - Completed by referring Board office and returned to CAO no later than 10:00AM on Wednesday prior to Board meeting:

Date: 9/5/24	Submitted By: Supervisor Glenn Church	District #: 2
Referral Title: Modifications to the County's Rooster Ordinance		
<p>Referral Purpose: This referral seeks to modify the County's Rooster Ordinance in order to make it more effective at eradicating cockfighting operations in unincorporated Monterey County.</p>		
<p>Brief Referral Description (attach additional sheet as required): The County of Monterey adopted its Rooster Ordinance in 2015. One of the main purposes of the ordinance was to prevent illegal cockfighting. There are several aspects of the ordinance, however, that make it difficult to enforce. While other counties across the state who have rooster ordinances limit the number of roosters a person can have with a permit, the County of Monterey's ordinance allows for up to 499 roosters in certain zoning areas. Additionally, the County of Monterey's ordinance places the burden of proof on Animal Control to prove that cockfighting is taking place.</p> <p>This referral asks staff to investigate making the following changes to the County's Rooster Ordinance (and other changes as they see fit):</p> <ol style="list-style-type: none"> 1. Placing limits on the maximum number of roosters allowed, similar to other counties in CA, possibly a sliding scale based on lot size. 2. Placing the burden of proof on the permit seeker to show that they are not using birds for cockfighting. 		
Classification - Implication	Mode of Response	
<input type="checkbox"/> Ministerial / Minor <input type="checkbox"/> Land Use Policy <input type="checkbox"/> Social Policy <input type="checkbox"/> Budget Policy <input checked="" type="checkbox"/> Other: <u>Animal Services</u>	<input type="checkbox"/> Memo <input checked="" type="checkbox"/> Board Report <input type="checkbox"/> Presentation	
	Requested Response Timeline	
	<input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input checked="" type="checkbox"/> 6 weeks <input type="checkbox"/> Status reports until completed <input type="checkbox"/> Other: ASAP <input type="checkbox"/> Specific Date: _____	

ASSIGNMENT – Provided by CAO at Board Meeting. Copied to Board Offices and Department Head(s) Completed by CAO's Office:

Department(s)	Referral Lead:	Board Date:
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REASSIGNMENT – Provided by CAO. Copied to Board Offices and Department Head(s). Completed by CAO's Office:

Department(s): <u>Health Department</u>	Referral Lead: <u>Elsa Jimenez</u>	Date: <u>09/10/24</u>
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ANALYSIS - Completed by Department and copied to Board Offices and CAO:

Department analysis of resources required/impact on existing department priorities to complete referral:	
Analysis Completed By: _____ Date: _____	<p style="text-align: center;">Department's Recommended Response Timeline</p> <input type="checkbox"/> By requested date <input type="checkbox"/> 2 weeks <input type="checkbox"/> 1 month <input type="checkbox"/> 6 weeks <input type="checkbox"/> 6 months <input type="checkbox"/> 1 year <input type="checkbox"/> Other/Specific Date: _____

REFERRAL RESPONSE/COMPLETION - Provided by Department to Board Offices and CAO:

Referral Response Date:	Board Item No.:	Referrals List Deletion:
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Note: Please cc Claudia Escalante and Karina Bokanovich on all CAO correspondence relating to referrals.