



**County of Kings - Department of Public Health**  
**Environmental Health Services Division**  
 330 Campus Drive Hanford, CA 93230  
 Phone - 559-584-1411 Fax - 559-584-6040  
 Internet - www.countyofkings.com/ehs

**FOOD SAFETY EVALUATION REPORT**

<b>FACILITY NAME:</b> TECHNOLOGY LEARNING CENTER	<b>BUSINESS PHONE:</b> (559) 992-8880Ext. 8014	<b>RECORD ID#:</b> PR0008392	<b>DATE:</b> October 24, 2022
<b>FACILITY SITE ADDRESS:</b> 1101 DAIRY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CORCORAN UNIFIED SCHOOL DISTRICT	<b>CERTIFIED FOOD MANAGER:</b> Terri Thomas	<b>EXP DATE:</b> 4/14/2019	<b>INSPECTOR:</b> SEM HAR GEBREGZIABIHE

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation. One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

**Violation:** None Noted

**General Comments:**

Observations:

Hand washing station was fully stocked with hot water, soap, and paper towels.

Restrooms were fully stocked with hot water, soap, and paper towels.

The dry storage room was inaccessible at the time of inspection.

The reach- in refrigerator was functioning properly at 38.7F.

The reach- in freezer was functioning properly at -3.8F.

The three compartment sink and food prep sink was in good condition and had hot water. Testing strips were available for the ammonium sanitizer.

At this time this food facility is used for events only.

Overall this facility is in good condition . Please contact the department should you have any questions.

Thank you for your time.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> _____ N/A <input type="checkbox"/> Potential Food Safety All Star:

Received By: \_\_\_\_\_

*SEM HAR GEBREGZIABIHE*

Agency Representative

NOTE: This report must be made available to the public on request



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<b>FACILITY NAME:</b> TECHNOLOGY LEARNING CENTER	<b>BUSINESS PHONE:</b> (559) 992-8880Ext. 8014	<b>RECORD ID#:</b> PR0008392	<b>DATE:</b> April 27, 2022
<b>FACILITY SITE ADDRESS:</b> 1101 DAIRY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CORCORAN UNIFIED SCHOOL DISTRICT	<b>CERTIFIED FOOD MANAGER:</b> Terri Thomas	<b>EXP DATE:</b> 4/14/2019	<b>INSPECTOR:</b> MIKEL CHATELLE - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.  
 One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

**Violation:** None Noted

**General Comments:**

- \*The refrigerator maintained a temperature at or below 41 F.
- \*All food items that were stored in the freezer were observed to be frozen.
- \*The hand washing station(s) in the kitchen supplied hot water and had soap and paper towels available.
- \*The warewashing sink in the kitchen supplied hot water and sanitizing solutions were available for use.
- \*The restroom sink supplied hot water and had soap and paper towels available.
- \*The facility has a steam table and hot holding units but they were not in use during the inspection.
- \*Overall, the facility was observed to be in satisfactory condition.
- \*Ebony Montgomery was present for the inspection.
- \*The kitchen is used primarily for special events. The kitchen is not used on a daily or routine basis to prepare meals.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: \_\_\_\_\_

*MIKEL CHATELLE - REHS*

\_\_\_\_\_  
Agency Representative

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<b>FACILITY NAME:</b> TECHNOLOGY LEARNING CENTER	<b>BUSINESS PHONE:</b> (559) 992-8880Ext. 8014	<b>RECORD ID#:</b> PR0008392	<b>DATE:</b> December 13, 2021
<b>FACILITY SITE ADDRESS:</b> 1101 DAIRY AVE	<b>CITY:</b> CORCORAN	<b>ZIP CODE:</b> 93212	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> CORCORAN UNIFIED SCHOOL DISTRICT	<b>CERTIFIED FOOD MANAGER:</b> Terri Thomas	<b>EXP DATE:</b> 4/14/2019	<b>INSPECTOR:</b> MIKEL CHATELLE - REHS

The items (if any) listed below identify the violation(s) that must be corrected. Thank you for your cooperation.  
 One reinspection will be conducted (if needed) at no charge. A service fee is assessed for each additional reinspection required.

**Violation:** None Noted

**General Comments:**

The hand washing station(s) had soap and paper towels.  
 A bottle of quaternary ammonium solution was available for use at the 3 compartment sink  
 The refrigerator maintained a temperature at or below 41 F.

Overall, the facility was observed to be satisfactory.

Terri Thomas was present for the routine inspection. Terri noted that the kitchen is not used on a regular basis. The kitchen is used primarily for special events.

<b>RESULTS OF EVALUATION:</b> <input checked="" type="checkbox"/> PASS <input type="checkbox"/> NEEDS IMPROVEMENT <input type="checkbox"/> FAIL	<b>Reinspection Required:</b> Yes: <input type="checkbox"/> No: <input checked="" type="checkbox"/>
	<b>Reinspection Date (on or after):</b> <u>          N/A          </u> <input type="checkbox"/> Potential Food Safety All Star:

Received By: 

MIKEL CHATELLE - REHS  
 Agency Representative

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