

# INSPECTION REPORT



KINGS COUNTY HEALTH DEPARTMENT  
DIVISION OF ENVIRONMENTAL  
HEALTH SERVICES  
<http://www.countyofkings.com/health/ehs>

330 CAMPUS DRIVE  
HANFORD, CA 93230  
(559) 584-1411  
FAX: (559) 584-6040

BUSINESS NAME:	<u>Center of The Plate</u>	DATE:	<u>11/21/2020</u>
ADDRESS:	<u>24 Hill St / Lemoore CA</u>		
OWNER/OPERATOR	<u>Dwight Young</u>		
PHONE #:	<u>901-0019</u>	LIC PLATE #:	<u>N/A</u>
		PROGRAM:	<u>1614</u>

## Caterer Inspection

\* Mr Young uses the Veterans Hall commercial kitchen as a permitted commissary to prepare meal orders for his clients.

\* Today he is preparing pork ribs to be delivered to his client (single family) once done.

\* The ribs were brought inside a clean plastic tub with ice. The temperature of the ribs was 34°F.

\* The ribs prepared and seasoned for the customer, repackaged in the cleaned and sanitized plastic tub, then delivered to the customer's home for them to cook at home.

\* Caterer wore gloves and face mask during food prep.

- The kitchen was observed clean and well maintained.

- The handwashing station had hand soap, paper towels and hot water.

- Refrigerators were accessible, but only one was holding temperature below 41°F. The other unit was noted at 61°F.

- Restroom facilities were clean and had fully stocked hand washing stations.

- Due to the ongoing pandemic, we advise that you limit food preparation to individual families and avoid booking events where guests cannot safely distance (6 feet) from each other with face masks.

Inspector: H. Stransky

Received by: 

Thank you!

Page 1 of 1



County of Kings - Department of Public Health

Environmental Health Services Division

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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> CENTER OF THE PLATE CATERING	<b>BUSINESS PHONE:</b> (559) 901-0019	<b>RECORD ID#:</b> PR0008532	<b>DATE:</b> December 10, 2013
<b>FACILITY SITE ADDRESS:</b> 24 HILL ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> DWIGHT YOUNG	<b>CERTIFIED FOOD HANDLER:</b> DWIGHT T YOUNG	<b>EXP DATE:</b> 11/15/2013	<b>INSPECTOR:</b> Veronica Santa Cruz-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:

Our Department was made aware on December 10, 2013 that the operator is currently not operating his catering business. West Hills, which served as this businesses commissary, will no longer be serving as a commissary for other businesses. As a result, please locate another commissary and fill out the applicable paperwork. Please notify our Department when the business resumes operation.

Thank you!

RESULTS OF EVALUATION:  PASS  NEEDS IMPROVEMENT  FAIL

Reinspection Required: Yes:  No:

Reinspection Date (on or after): N/A

Potential Food Safety All Star:

*Mailed to Operator*

*Veronica Santa Cruz-REHS*

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

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

<b>FACILITY NAME:</b> CENTER OF THE PLATE CATERING	<b>BUSINESS PHONE:</b> (559) 901-0019	<b>RECORD ID#:</b> PR0008532	<b>DATE:</b> December 14, 2012
<b>FACILITY SITE ADDRESS:</b> 24 HILL ST	<b>CITY:</b> LEMOORE	<b>ZIP CODE:</b> 93245	<b>INSPECTION TYPE:</b> ROUTINE INSPECTION
<b>OWNER NAME:</b> DWIGHT YOUNG	<b>CERTIFIED FOOD HANDLER:</b> DWIGHT T YOUNG	<b>EXP DATE:</b> 11/15/2013	<b>INSPECTOR:</b> Veronica Santa Cruz-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:

Operator uses West Hills Culinary School's kitchen as his commissary for his catering business. Today's inspection of the inspection revealed the hand wash station was stocked with soap, paper towels, and hot water. Cold holding units measured at or below 41F.

Operator was equipped with a digital thermometer.

<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: \_\_\_\_\_

Veronica Santa Cruz-REHS

Agency Representative

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