



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

FACILITY NAME: DELICIAS LA MICHOACANA ICE CREAM	BUSINESS PHONE: (909) 435-7488	RECORD ID#: PR0010639	DATE: January 13, 2022
FACILITY SITE ADDRESS: 1807 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: RAMON SAHAGUN	CERTIFIED FOOD MANAGER: Ramon Gonzales	EXP DATE: 12/31/2050	INSPECTOR: Luis Flores - 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: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The handwash sink in the food prep back area wa covered with papers and apron(s) so as not be usable. All materials in the sink were immediately removed.

Violation: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

Description/Corrective Action: The facility owner/operator has a current food manager certification. However, the assistant onsite by the name of Paula did not have proof of food handler certification. This employee must obtain a food handler card within 7 days. Submit a copy of her certification to the KC Health Dept. within 7 days.

General Comments:

All freezer and refrigeration units were observed to be holding at very good temperatures. The entire establishment was observed to be excellently well maintained.

RESULTS OF EVALUATION: [] PASS [] NEEDS IMPROVEMENT [] FAIL

Reinspection Required: Yes: [] No: [X]

Reinspection Date (on or after): N/A

[] Potential Food Safety All Star:

Received By:

Luis Flores - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT - COMPLAINT INSPECTION

FACILITY NAME: DELICIAS LA MICHOCANA ICE CREAM	BUSINESS PHONE: (909) 435-7488	RECORD ID#: PR0010639	DATE: December 20, 2019
FACILITY SITE ADDRESS: 1807 DAIRY AVE	CITY: CORCORAN	ZIP CODE: 93212	INSPECTION TYPE: INITIAL COMPLAINT INSPECTION
OWNER NAME: RAMON SAHAGUN	CERTIFIED FOOD HANDLER: Not Specified	EXP DATE:	INSPECTOR: Troy Hommerding-REHS

A complaint was recently received by our Department alleging violations of the California Retail Food Code at this facility. In response to the complaint, an inspection of the facility was conducted and our investigation findings are provided below. If violations are noted, then appropriate corrective action is required as listed in the main section of this report. 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.

Inspection Findings and General Comments:

Today's site inspection was prompted by a complaint alleging the owner/operator is adding Bacardi Rum into the mojito popsicles. The results of today's inspection are as follows:

The owner/operator was on site today, RAMON SAHAGUN. The facility does have several artificial flavors in commercial containers, two of them are an artificial rum and tequila flavor. Bacardi Rum bottles were not observed in the facility. The operator stated he does not make a mojito popsicle. The operator does have several other flavors of popsicle but none were observed as mojito flavored today. They do have a tequila flavored ice cream and a rum/eggnog flavored ice cream; both were observed on the front counter serving line, both are made with artificial flavors from Deiman.

All cold holding temperatures were at the proper regulatory requirements today. Facility makes and sales ice cream on site.

At this time the complaint cannot be substantiated as to the operator using Barcadi Rum in popsicles made at this facility. Please correct all noted violations by January 6, 2020. One re-inspection will be conducted free of charge, if more than one re-inspection is required, the facility will be invoiced a service fee of \$226.00 for each re-inspection thereafter.

Violation: RESTROOM FACILITIES NOT MAINTAINED [HSC 114250 & 114276]

Description/Corrective Action: One hand wash sink does not have hot water. The point of use water heater is not properly working please repair or replace the unit.

Violation: IMPROPER MAINTENANCE OF HANDWASH FACILITIES [HSC 113953 - 113593.2]

Description/Corrective Action: The hot water supply to the front service are hand wash sink does not have an adequately flow of hot water. Please repair.

The back hand wash sink, prep sink and three compartment sink did have an adequate hot water supply.

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Reinspection Required: Yes: No: Reinspection Date (on or after): 1/6/2020

Received By: _____

Troy Hommerding-REHS

Agency Representative

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