



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: THE CUPCAKE ROUTE	BUSINESS PHONE: (209) 250-9563	RECORD ID#: PR0010613	DATE: June 16, 2022
FACILITY SITE ADDRESS: 1675 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DOLORES BANUELOS	CERTIFIED FOOD MANAGER: Dolores Banuelos	EXP DATE: 12/3/2023	INSPECTOR: Yatee Patel - 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: Install a permanent hand paper towel dispenser at each of the hand washing station.

One by the counter was noted without the dispenser, and the other hand washing station was used as storage with containers inside it. Please keep it accessible at all times.

Violation: NO CURRENT FOOD HANDLER CARD CERTIFICATES FOR EMPLOYEES

Description/Corrective Action: The operator who bakes at the facility did not have a current food handler or manager certification. Please obtain one within 7 days. The owner has the manager certification.

General Comments:

Bleach solution used for sanitizing at the 3 compartment sink.
Sanitizer spray used for surfaces.
All food products observed covered and on shelves inside the walk-in that is used as dry storage.
The cold holding reach in was measured at 38F.
Over all facility was well maintained.
Thank you

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

-Maurice Lemus

Received By:

Yatee Patel - REHS

Agency Representative

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



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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: THE CUPCAKE ROUTE	BUSINESS PHONE: (209) 250-9563	RECORD ID#: PR0010613	DATE: January 22, 2020
FACILITY SITE ADDRESS: 1675 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DOLORES BANUELOS	CERTIFIED FOOD MANAGER: Dolores Banuelos	EXP DATE: 12/3/2023	INSPECTOR: Liliana Stransky - 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 HOLDING OF RAW SHELL EGGS [HSC 114373]

Description/Corrective Action: Keep raw shelled eggs refrigerated at all times. These were observed over the counter in a plastic bowl.

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

Description/Corrective Action: Single use paper towels are required by the hand washing station. Please keep these stocked at all times.

General Comments:

ROUTINE INSPECTION -

* Observed refrigerations at 41F.

* Food storage is above the floor to prevent contamination.

Please correct the noted violations in a timely manner.

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:

Kimberly O

Received By:

Liliana Stransky - REHS

Agency Representative

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FOOD SAFETY EVALUATION REPORT

FACILITY NAME: THE CUPCAKE ROUTE	BUSINESS PHONE: (209) 250-9563	RECORD ID#: PR0010613	DATE: May 05, 2021
FACILITY SITE ADDRESS: 1675 W LACEY BLVD	CITY: HANFORD	ZIP CODE: 93230	INSPECTION TYPE: ROUTINE INSPECTION
OWNER NAME: DOLORES BANUELOS	CERTIFIED FOOD MANAGER: Dolores Banuelos	EXP DATE: 12/3/2023	INSPECTOR: Yatee Patel - 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: Observed dry food containers inside the hand washing station. Please keep all hand washing stations free and clear for easy access to washing hands.

Also, no paper towels were observed at the hand washing station. Observed clean towels, that the operator stated they use, however, to correctly wash hands please use single paper towels.

General Comments:

Cold holding units were below 41F.
 Only baked items are prepped and sold.
 Bleach was available for sanitizing.
 Thank you

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

Yatee Patel - REHS

Received By: _____

Agency Representative

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