



Texas Department of State Health Services
Retail Food Establishment Inspection Report



Date: 10-20-22 Time in: 10:45am Time out: 11:10am License/Permit # _____ Est. Type _____ Risk Category _____ Page 1 of 1

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other TOTAL/SCORE _____
 Establishment Name: Brookland Learning Center Contact/Owner Name: _____ * Number of Repeat Violations: _____
 Physical Address: 6804 Jack Finney Blvd City/County: Greenville Zip Code: 75402 Phone: _____ Follow-up: Yes No (circle one) **A**

Compliance Status: Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation
 Mark the appropriate points in the OUT box for each numbered item Mark ✓ a checkmark in appropriate box for IN, NO, NA, COS Mark an asterisk * in appropriate box for R

Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	T	O	A	S		U	T	O	A	S	
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Proper cooling time and temperature						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Proper Cold Holding temperature (41°F/ 45°F) 35°F RIC						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Proper Hot Holding temperature (135°F) 135°F TCE						Preventing Contamination by Hands					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Proper reheating procedure for hot holding (165°F in 2 Hours)						15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Highly Susceptible Populations					
6. Time as a Public Health Control; procedures & records Approved Source						16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Chemicals					
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						17. Food additives, approved and properly stored; Washing Fruits & Vegetables					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Food Received at proper temperature						18. Toxic substances properly identified, stored and used					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Water/ Plumbing					
Protection from Contamination						19. Water from approved source; Plumbing installed; proper backflow device City of Greenville					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						20. Approved Sewage/Waste-water Disposal System, proper disposal					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
10. Food contact surfaces and Returnables - Cleaned and Sanitized at 200 ppm/temperature CI											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
11. Proper disposition of returned, previously served or reconditioned											

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	T	O	A	S		U	T	O	A	S	
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)						27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22. Food Handler/ no unauthorized persons/ personnel Safe Water, Record keeping and Food Package Labeling						28. Proper Date Marking and disposition					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23. Hot and Cold Water available; adequate pressure. safe						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips C12 digital Stem					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Permit Requirement, Prerequisite for Operation					
24. Required records available (shellstock tags, parasite destruction); Packaged Food labeled						30. Food Establishment Permit (Current & Valid)					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Utensils, Equipment, and Vending					
Conformance with Approved Procedures						31. Adequate handwashing facilities: Accessible and properly supplied, used Adjust to 100°F					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Consumer Advisory						32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label						33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided					

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

Compliance Status						Compliance Status					
O	I	N	N	C	R	O	I	N	N	C	R
U	T	O	A	S		U	T	O	A	S	
Prevention of Food Contamination						Food Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
34. No Evidence of Insect contamination, rodent/other animals						41. Original container labeling (Bulk Food)					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Physical Facilities					
35. Personal Cleanliness/eating, drinking or tobacco use						42. Non-Food Contact surfaces clean					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
36. Wiping Cloths; properly used and stored						43. Adequate ventilation and lighting; designated areas used					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		44. Garbage and Refuse properly disposed; facilities maintained					
37. Environmental contamination						45. Physical facilities installed, maintained, and clean					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		46. Toilet Facilities; properly constructed, supplied, and clean					
38. Approved thawing method						47. Other Violations					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
Proper Use of Utensils											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used											
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
40. Single-service & single-use articles; properly stored and used Store face down											

Received by: Donna Meador (signature) Print: Donna Meador Title: Person In Charge/ Owner
 Inspected by: Tammy McMahon KS (signature) Print: Tammy McMahon KS Business Email: C.F.M.

Form EH-06 (Revised 09-2015)
 Adjust employee restroom hot water to 100°F Min.
 Have Warewash chemicals adjusted.