



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 11-4-22 Time in: 11:30 Time out: 12:10 P.M. License/Permit # _____ Est. Type _____ Risk Category _____ Page 1 of 2

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other **TOTAL SCORE**

Establishment Name: Creative Hands Learning Center Contact/Owner Name: _____ * Number of Repeat Violations: _____
 ✓ Number of Violations COS: _____

Physical Address: 3506 Texas City/County: Greenville Zip Code: 7540 Phone: _____ Follow-up: Yes No (circle one)

A

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

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days					
Compliance Status					R
O	U	I	N	C	
U	T	N	O	A	S
Demonstration of Knowledge/ Personnel					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	21. Person in charge present, demonstration of knowledge and perform duties/ Certified Food Manager (CFM)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	23. Hot and Cold Water available; adequate pressure, safe
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	24. Required records available (shellstock tags, parasite destruction); Packaged Food labeled
Conformance with Approved Procedures					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions Consumer Advisory
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label
Food Temperature Control/ Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	28. Proper Date Marking and disposition
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
Permit Requirement, Prerequisite for Operation					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	30. Food Establishment Permit (Current & Valid)
Utensils, Equipment, and Vending					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	31. Adequate handwashing facilities: Accessible and properly supplied, used
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	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					R
O	U	I	N	C	
U	T	N	O	A	S
Prevention of Food Contamination					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	34. No Evidence of Insect contamination, rodent/other animals
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	35. Personal Cleanliness/eating, drinking or tobacco use
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	36. Wiping Cloths; properly used and stored
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	37. Environmental contamination
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	38. Approved thawing method
Proper Use of Utensils					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	40. Single-service & single-use articles; properly stored and used
Food Identification					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	41. Original container labeling (Bulk Food)
Physical Facilities					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	42. Non-Food Contact surfaces clean
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	43. Adequate ventilation and lighting; designated areas used
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	44. Garbage and Refuse properly disposed; facilities maintained
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	45. Physical facilities installed, maintained, and clean
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	46. Toilet Facilities; properly constructed, supplied, and clean
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	47. Other Violations

Received by: Josha Piphins Print: LATOSHA Piphins Title: Person In Charge/ Owner
 Inspected by: T. Memahan R.S Print: T. Memahan R.S Business Email: _____