# Texas Department of State Health Services
# Retail Food Establishment Inspection Report

| Date: | Time in: | Time out: | License/Permit # | Est. Type | Risk Category | Page 1 of 2 |
|---|---|---|---|---|---|---|
| 11-30-22 | 10:25 a.m | 10:50 a.m | | | | |

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

| Establishment Name: | Contact/Owner Name: | ✱ Number of Repeat Violations: ___ ✓ Number of Violations COS: ___ | TOTAL/SCORE |
|---|---|---|---|
| Creative Learning Academy | | | B |

| Physical Address: | City/County: | Zip Code: | Phone: | Follow-up: Yes No (circle one) |
|---|---|---|---|---|
| 4531 Stonewall | Greenville | 75401 | | |

**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 OUT | IN | NO | NA | COS | Time and Temperature for Food Safety (F = degrees Fahrenheit) | R |
|---|---|---|---|---|---|---|
| | | ✓ | | | 1. Proper cooling time and temperature | |
| | ✓ | | | | 2. Proper Cold Holding temperature(41°F/ 45°F) | |
| | | ✓ | | | 3. Proper Hot Holding temperature(135°F) | |
| | | ✓ | | | 4. Proper cooking time and temperature | |
| | | ✓ | | | 5. Proper reheating procedure for hot holding (165°F in 2 Hours) | |
| | | | ✓ | | 6. Time as a Public Health Control; procedures & records | |
| | | | | | **Approved Source** | |
| | ✓ | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | |
| | | ✓ | | | 8. Food Received at proper temperature | |
| | | | | | **Protection from Contamination** | |
| | ✓ | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | |
| | ✓ | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 200 ppm/temperature QAC | |
| | | ✓ | | | 11. Proper disposition of returned, previously served or reconditioned | |

| Compliance Status OUT | IN | NO | NA | COS | Employee Health | R |
|---|---|---|---|---|---|---|
| | ✓ | | | | 12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting | |
| | ✓ | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth | |
| | | | | | **Preventing Contamination by Hands** | |
| | ✓ | | | | 14. Hands cleaned and properly washed/ Gloves used properly | |
| | ✓ | | | | 15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y (N)) | |
| | | | | | **Highly Susceptible Populations** | |
| | ✓ | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | |
| | | | | | **Chemicals** | |
| | ✓ | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables | |
| | ✓ | | | | 18. Toxic substances properly identified, stored and used | |
| | | | | | **Water/ Plumbing** | |
| | ✓ | | | | 19. Water from approved source; Plumbing installed; proper backflow device City of Greenville | |
| | ✓ | | | | 20 Approved Sewage/Wastewater Disposal System, proper disposal | |

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

| OUT | IN | NO | NA | COS | Demonstration of Knowledge/ Personnel | R |
|---|---|---|---|---|---|---|
| ✓ | | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) | |
| ✓ | | | | | 22. Food Handler/ no unauthorized persons/ personnel | |
| | | | | | **Safe Water, Recordkeeping and Food Package Labeling** | |
| | ✓ | | | | 23. Hot and Cold Water available; adequate pressure, safe | |
| | ✓ | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled | |
| | | | | | **Conformance with Approved Procedures** | |
| | | | ✓ | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | |
| | | | | | **Consumer Advisory** | |
| | ✓ | | | | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label | |

| OUT | IN | NO | NA | COS | Food Temperature Control/ Identification | R |
|---|---|---|---|---|---|---|
| | ✓ | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | |
| ✓ | | | | | 28. Proper Date Marking and disposition | |
| | ✓ | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips QAC Stem | |
| | | | | | **Permit Requirement, Prerequisite for Operation** | |
| | ✓ | | | | 30. **Food Establishment Permit** (Current & Valid) | |
| | | | | | **Utensils, Equipment, and Vending** | |
| | ✓ | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used | |
| | ✓ | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | |
| | ✓ | | | | 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*

| OUT | IN | NO | NA | COS | Prevention of Food Contamination | R |
|---|---|---|---|---|---|---|
| | | ✓ | | | 34. No Evidence of Insect contamination, rodent/other animals | |
| | ✓ | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | |
| | ✓ | | | | 36. Wiping Cloths; properly used and stored | |
| | | ✓ | | | 37. Environmental contamination | |
| | | ✓ | | | 38. Approved thawing method | |
| | | | | | **Proper Use of Utensils** | |
| | ✓ | | | | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | |
| | ✓ | | | | 40. Single-service & single-use articles; properly stored and used | |

| OUT | IN | NO | NA | COS | Food Identification | R |
|---|---|---|---|---|---|---|
| | ✓ | | | | 41.Original container labeling (Bulk Food) | |
| | | | | | **Physical Facilities** | |
| | ✓ | | | | 42. Non-Food Contact surfaces clean | |
| | ✓ | | | | 43. Adequate ventilation and lighting; designated areas used | |
| ✓ | | | | | 44. Garbage and Refuse properly disposed; facilities maintained | |
| ✓ | | | | | 45. Physical facilities installed, maintained, and clean | |
| ✓ | | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | |
| | | | | | 47. Other Violations | |

| | | | |
|---|---|---|---|
| **Received by:** (signature) | | **Print:** Alexandria Bence | **Title: Person In Charge/ Owner** |
| **Inspected by:** (signature) T. McMahan R.S | | **Print:** T. McMahan R.S | **Business Email:** |

Form EH-06 (Revised 09-2015)

# Texas Department of State Health Services
## Retail Food Establishment Inspection Report

| Establishment Name: | Physical Address: | City/State: | License/Permit # | Page 22 of _ |
|---|---|---|---|---|
| Creative Learning Academy | 4531 Stonewall | Greenville, TX | | |

**TEMPERATURE OBSERVATIONS**

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---|---|---|---|---|---|
| Reach in | 33.9°F | | | | |
| Reach in | 38.2°F | | | | |

**OBSERVATIONS AND CORRECTIVE ACTIONS**

| Item Number | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |
|---|---|
| 21 | Food manager not observed on site. CFM Certified food manager must be on site. |
| 22 | Food handlers not observed. |
| 28 | Several gallons of milk observed out of date. This is a Repeat Violation. |
| 31 | Paper towels not observed in all hand wash areas |
| 44 | Trash and debris around dumpster, Mattress?? Asked them to have this removed Several Weeks ago. |
| 45 | Rooms observed moderately soiled. + Bathrooms 46 |
| 46 | Were observed soiled |
| | |
| 45 | Several walls were observed with paint peeling (Kids rooms) |
| | Damaged tiles in eating area for toddlers. |
| | Mildew like substance observed in furnace room on Several Walls. ASKed direction to Correct this issue Several Weeks ago. |

| | | | |
|---|---|---|---|
| **Received by:** (signature) | Bence | **Print:** Alexandria Bence | **Title: Person In Charge/ Owner** |
| **Inspected by:** (signature) | T. McMahan R.S | **Print:** T. McMahan R.S | Samples: Y N # collected |

Form EH-06 (Revised 09-2015)