



Texas Department of State Health Services Retail Food Establishment Inspection Report



Date: 12-15-22		Time in: 8:45am		Time out: 10:00am		License/Permit #		Est. Type		Risk Category		Page 1 of 2			
Purpose of Inspection: <input type="checkbox"/> 1-Compliance <input checked="" type="checkbox"/> 2-Routine <input type="checkbox"/> 3-Field Investigation <input type="checkbox"/> 4-Visit <input type="checkbox"/> 5-Other															
Establishment Name: <u>Vidas Stepping Stones</u>						Contact/Owner Name:				* Number of Repeat Violations: <u> </u>		A			
Physical Address: <u>2602 Jones Suite C Greenville</u>						City/County: <u>Greenville</u>		Zip Code: <u>75401</u>		Phone:				Follow-up: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (check one)	
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 with 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									
Time and Temperature for Food Safety (F = degrees Fahrenheit) R						Employee Health R									
1. Proper cooling time and temperature						12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting									
2. Proper Cold Holding temperature(41°F/ 45°F)						13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth									
3. Proper Hot Holding temperature(135°F)						Preventing Contamination by Hands									
4. Proper cooking time and temperature						14. Hands cleaned and properly washed/ Gloves used properly									
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 <u>Y</u> <u>N</u>)									
6. Time as a Public Health Control; procedures & records Approved Source						Highly Susceptible Populations									
7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction						16. Pasteurized foods used; prohibited food not offered									
8. Food Received at proper temperature						Pasteurized eggs used when required									
Protection from Contamination						Chemicals									
9. Food Separated & protected, prevented during food preparation, storage, display, and tasting						17. Food additives; approved and properly stored; Washing Fruits & Vegetables									
10. Food contact surfaces and Returnables Cleaned and Sanitized at <u>200</u> ppm/temperature <u>CT</u>						18. Toxic substances properly identified, stored and used									
11. Proper disposition of returned, previously served or reconditioned						Water/Plumbing									
						19. Water from approved source; Plumbing installed; proper backflow device <u>City of Greenville</u>									
						20. Approved Sewage/Wastewater Disposal System, proper disposal <u>liquid waste</u>									
Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days															
Compliance Status						Compliance Status									
Demonstration of Knowledge/ Personnel R						Food Temperature Control/Identification R									
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									
22. Food Handler/ no unauthorized persons/ personnel Safe Water, Recordkeeping and Food Package Labeling						28. Proper Date Marking and disposition									
23. Hot and Cold Water available; adequate pressure, safe						29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips <u>CT</u>									
24. Required records available (shellstock tags; parasite destruction; Packaged Food labeled)						Permit Requirement, Prerequisite for Operation									
25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions						30. Food Establishment Permit (Current & Valid)									
26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate/ Allergen Label)						Consumer Advisory									
						31. Adequate hand washing facilities: Accessible and properly supplied, used <u>paper towels & Soap</u>									
						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															
Compliance Status						Compliance Status									
Prevention of Food Contamination R						Food Identification R									
34. No Evidence of Insect contamination, rodent/other animals <u>Flies</u>						41. Original container labeling (Bulk Food)									
35. Personal Cleanliness/eating, drinking or tobacco use						Physical Facilities									
36. Wiping Cloths; properly used and stored						42. Non-Food Contact surfaces clean									
37. Environmental contamination						43. Adequate ventilation and lighting; designated areas used									
38. Approved thawing method						44. Garbage and Refuse properly disposed; facilities maintained									
Proper Use of Utensils						45. Physical facilities installed, maintained, and clean									
39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used						46. Toilet Facilities; properly constructed, supplied, and clean									
40. Single-service & single-use articles; properly stored and used						47. Other Violations									
Received by: <u>Provida Keller</u>						Print: <u>Provida Keller</u>				Title: Person In Charge/ Owner					
Inspected by: <u>T. McMahon R.S</u>						Print: <u>T. McMahon R.S</u>				Business Email:					



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

Establishment Name: <i>Vida's Stepping Stone</i>	Physical Address: <i>2602 Jones Suite C Greenville, TX</i>	City/State: <i>Greenville, TX</i>	License/Permit #	Page <i>2</i> of <i>2</i>
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TEMPERATURE OBSERVATIONS

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
<i>W RIC</i>	<i>37°F</i>				
<i>RIC</i>	<i>38°F</i>				
<i>RIC</i>	<i>50°F</i>	<i>Monitor</i>			

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:

10 Make sure to test chlorine and water solution every time, 200 ppm not to be exceeded

23 Hot water needed for employees to wash hands after diaper changes and assisting children to bathroom 100°F minimum

34 Flies observed. Weather stripping needed for kitchen door entry.

45 Several ceiling tiles are damaged or missing replace or repair

46 Transition strips needed in kitchen and 4-5 year old room. Remove tape from floor

46 Kitchen bathroom area observed soiled.

* Electrical panel is to be on the box
* Broken glass (door) to be replaced.

Register Certified food managers with the City.

Do not leave towels on the ground that are wet.

Area that is leaking needs to be repaired

Received by: <i>(signature) Pronda Kellar</i>	Print: <i>Pronda Kellar</i>	Title: Person in Charge/ Owner
Inspected by: <i>(signature) J. McMahon R.S</i>	Print: <i>T. McMahon R.S</i>	Samples: Y N # collected