Retail Food Establishment Inspection Report

First aid kit
Allergy policy
Vomit clean up
Employee health

Date: 2/23/2024 Time in: 11:00				License/Permit # Daycare8982				2			Est. Type Risk Cate	gory	Page 1	of <u>2</u>				
Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla Establishment Name: Contact/Owner I											ation	1	5-CO/Construction 6-Other TOTA * Number of Repeat Violations:		TOTAL/S	CORE		
Children's Lighthouse Kitchen							vame:						✓ Number of Violations COS:	r of Violations COS:		3/A		
Pł 30	iysic 09	al A Gol	ddre liad	ess: I Ro	ockwall, TX	Am		/1-2024/2	2mo	Ho n/a			Gi n/a		e trap : Follow-up: Y	Yes 🗸	1/30	<i>) [</i> \
M					Status: Out = not in come points in the OUT box for e	npliance IN = in	complian	ce N	$\mathbf{O} = \text{not}$						plicable COS = corrected on site R = re ox for IN, NO, NA, COS Mark an in ap	epeat viola	tion W-V	Watch
IVI	ark t	псар	эргор	niac	•					re In	nmed	liate	Cor	rect	ive Action not to exceed 3 days	оргорганс	DOX TOT K	
О						R	О	Compliance Status O I N N C U N O A O		С				R				
U T	N O A O						U T		0	A	O S	Employee Health 12. Management, food employees and cond		mnlovees:				
	~				1. Proper cooming time an	na temperature					~				knowledge, responsibilities, and reporting	ditional c	inployees,	
	~			2. Proper Cold Holding temperature(41°F/ 45°F)							~				13. Proper use of restriction and exclusion; eyes, nose, and mouth	; No disch	narge from	
	3. Proper Hot Holding temperature(135°F)										Preventing Contamination	by Hand	ls					
	4. Proper cooking time and temperature					~				14. Hands cleaned and properly washed/ C	Gloves us	ed properly						
	5. Proper reheating procedure for hot holding (165°F in 2 Hours)						7				15. No bare hand contact with ready to eat alternate method properly followed (APPF			,				
					Hours) 6. Time as a Public Health Control; procedures & records						Ľ				* * * * * * * * * * * * * * * * * * * *		,	
	V				o. Time as a ruone rieanii Control; procedures & records										Highly Susceptible Populations 16. Pasteurized foods used; prohibited food not offered			
					Арр	Approved Source					Pasteurized eggs used when required NO EQQS				a not one	red		
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite													
					destruction Sysco										Chemicals			
	~				8. Food Received at prop		;				_				17. Food additives; approved and properly & Vegetables	stored; V	Vashing Fru	its
					check at recei	•				3					water only 18. Toxic substances properly identified, st	tored and	used	
					9. Food Separated & pro	from Contaminated tected, prevented		g food		3					A A V			
	~											Water/ Plumbing	;					
	~				10. Food contact surface Sanitized at 200 p			ned and			~			î	19. Water from approved source; Plumbing backflow device	g installed	l; proper	
	~				11. Proper disposition of reconditioned disca			rved or			~				20. Approved Sewage/Wastewater Disposa disposal	al System	, proper	
				_								_						
				_	Prio	rity Founda	tion Ite	ems (2 Po							rective Action within 10 days			
O U T	I N	N O	N A	C O S	Prio Demonstration				ints) 1	O U	I N	Req N O	N A	C 0	rective Action within 10 days Food Temperature Control/ Io	dentifica	tion	R
O U T					Demonstration 21. Person in charge pre and perform duties/ Cert	of Knowledge/	/ Personn	nel		О	I N	N	N	C				R
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Retail Food Establishment Inspection Report

Received by: (signature) Rebecca Hensley	Print: Rebecca Hensley	Title: Person In Charge/ Owner Manager
Inspected by: Christy Cortez, RS	Print: Christy Cortez, RS	Business Email:
Farms FILLOC (Parriand 00, 2015)		

Form EH-06 (Revised 09-2015)

	ment Name:	Physical A		City/State:		License/Permit#	Page <u>2</u> of <u>2</u>				
Childre	en's Lighthouse Kitchen	3009	Goliad	Rockwa	II, TX	Daycare8982					
Item/Loc	nation	Temp F	TEMPERATURE OBSERV Item/Location	ATIONS Temp F	Item/Loca	tion	Town E				
			nem/Location	тетр г	Item/Loca	uon	Temp F				
corn	n oven	148/152									
reac	h in cooler/turkey	41									
	cheese	41									
	0.1000	' '									
Item	1		SERVATIONS AND CORREC								
Number	AN INSPECTION OF YOUR ES NOTED BELOW:	TABLISHME	NT HAS BEEN MADE. YOUR ATTE	NTION IS DIREC	CTED TO TI	HE CONDITIONS OBSERV	'ED AND				
	Hand sink 107F eq	uipped									
32	Need new cutting boards/discolored and scored/ordered										
	Current kitchen manag	ger is no l	onger as of Saturday/usin	g a catering	compar	ny until he is replac	ed				
	Food is brought da	ily and e	ither hot held in oven	or served	within	30 minutes					
	Kidz Caters in Cop										
	Asked to take recei	ving ten	nps/document								
	No leftovers/discard	ded									
	Digital thermos on site										
	Chemical test strips on site										
	3 comp sink 117F										
	Sani sink setup to 400ppm quats										
			up to 200ppm quats								
	Gloves worn for all prep and ready to eat										
			ve only/commercially p				1 -				
40			e and food in cooler to			•	ite				
18	Need to store chemical spray bottles low and separate/not on dry dish rack										
	Using disposable plates and utensils/sometimes using washable bowls and spoons										
	Teachers use gloves in classrooms Each student has an allergy record on file										
	Each student has an allergy record on file Nut free facility										
	Menus posted on front board and emailed										
28	Date mark all foods opened (lunch meat) to discard at day 7 after opening										
	Date mark an recas opened fiation meaty to diseard at day 1 after opening										
Received (signature)		u.	Rebecca	a Hens	lev	Title: Person In Charge/ Manager	Owner				
Inspecte	d by:	<u> </u>	Print:		- ,						
(signature)		tez. 1	RS Christy C	Cortez.	RS						
		- 0, '		;	_	Samples: Y N #	collected				