| | Retail Food Establishment Inspection Report First aid kit Allergy policy Vomit clean up Employee health | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--------|---|--------------------|---------------------------|-------------------|------------------|-------|--|---|--|---|---|--|---|--|--|--|
| Date: Time in: Time out: License/P 12/28/2023 1:30 2:33 DC F | | | | | | | | ermit # Permit | | | | | | Est. Type Risk Category Page <u>1</u> of <u>2</u> | _ | | | | | |
| Purpose of Inspection: 1-Routine 2-Follow Up 3-Compla | | | | | | | | | _ | nves | stiga | tior | 1 | 5-CO/Construction 6-Other TOTAL/SCORE | 3 | | | | | |
| Establishment Name: Contact/Owner M Children's Lighthouse of Rockwall Kitchen | | | | | | | | Name | e: | | | | | | ★ Number of Repeat Violations: ✓ Number of Violations COS: | | | | | |
| Physical Address: Pest control : 3009 Goliad Rockwall, TX Ameritech/ bi-mont | | | | | | | thly | | Hoo /a | d | | G n/a | | se trap : Follow-up: Yes I 10/90/A | ١ | | | | | |
| | | | | | | | $\mathbf{O} = \mathbf{n}$ | | | ed | NA | | | pplicable $COS = corrected on site R = repeat violation W- Watch$ | | | | | | |
| 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 X in appropriate box for R Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days | | | | | | | | | | | | | | | | | | | | |
| Co | I N C Time and Temperature for Food Sofety | | | | | | R | - | | mpli | ance Sta N N O A | | С | | R | | | | | |
| U T | N | 0 | A | 0 S | (F = degrees Fahrenheit) | | | | | | U T | N | 0 | A | . 0 | Employee Health | | | | |
| | ~ | | | | 1. Proper cooling time and temperature | | | | | | | ~ | 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) | | | | | | | - | | | | | | | | |
| | | ~ | | | 4. Proper cooking time and temperature | | | | | | Preventing Contamination by Hands 14. Hands cleaned and properly washed/ Gloves used | | | | | | | | | |
| | | ~ | | | 4. Proper cooking time and temperature 5. Proper reheating procedure for hot holding (165°F in 2 | | | | | | + | ~ | GOVES USED 15. No bare hand contact with ready to eat foods or approved | | | | | | | |
| | | ~ | | | Hours) | | 5 | | | | | ~ | | | | alternate method properly followed (APPROVED Y_N_) | | | | |
| | ~ | | | | 6. Time as a Public Heat | alth Control; proc | edures | & records | | | | Highly Susceptible Populations | | | | | | | | |
| | Approved Source | | | | | | | ſ | Ţ | ~ | | | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required | | | | | | |
| | ~ | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction | | | | | | | | | | | Chemicals | | | | | | | |
| | | destruction safe, and unadulterated; parasite destruction Sysco 8. Food Received at proper temperature | | | | | | - | | 1 | | | | 17. Food additives; approved and properly stored; Washing Fruits | | | | | | |
| | ~ | Check at receipt | | | | | | | | ~ | | | | & Vegetables water only | | | | | | |
| | | Protection from Contamination | | | | | | | | | ~ | | | | 18. Toxic substances properly identified, stored and used | | | | | |
| | ~ | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | Water/ Plumbing | | | | | Water/ Plumbing | | | | |
| 3 | | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature | | | | | | | ~ | | | | 19. Water from approved source; Plumbing installed; proper backflow device | | | | |
| | ~ | 11. Proper disposition of returned, previously served or reconditioned discarded | | | | | | | disposal | | | | | * | | | | | | |
| 0 | I | N | Priority Foundation Items (2 Point N N C | | | nts) R | | 0 | Ι | Ν | Ν | Cor C O | | R | | | | | | |
| U T | N | 0 | A | 0 S | Demonstration of Knowledge/ Personnel 21. Person in charge present, demonstration of knowledge, | | | | | | U T | N | 0 | A | s | Food Temperature Control/ Identification | | | | |
| | ~ | and perform duties/ Certified Food Manager/ Posted 2 22 23 24 25 25 25 25 25 25 25 26 2 2 2 2 2 2 2 2 | | | | | | | ~ | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | | | | | | | |
| | ~ | | | | | | | 2 | | | | | 28. Proper Date Marking and disposition | | | | | | | |
| | Safe Water, Recordkeeping and Food Package Labeling | | | | | | | | ~ | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips | | | | | | | |
| | 23. Hot and Cold Water available; adequate pressure, safe | | | | | | _ | | | | | digital Permit Requirement, Prerequisite for Operation | | | | | | | | |
| ╞ | - | 24. Required records available (shellstock tags; parasite | | | | | ╡┠ | | | | | | 30. Food Establishment Permit (Current/insp report sign posted) | | | | | | | |
| | ~ | | | | | | | | ~ | | | | | _ | | | | | | |
| | ~ | | | | | | | r | ~ | | | | Utensils, Equipment, and Vending 31. Adequate handwashing facilities: Accessible and properly supplied, used | | | | | | | |
| | | | | | | sumer Advisory | | | | | W | | | | | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used | | | | |
| | ~ | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffet Plate)/ Allergen Label | | | | | | | 2 | | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided | | | | | | |
| 0 | I | N | N | C | | | | | Acti R | ion N | 0 | Ι | Ν | Ν | С | | R | | | |
| U T | N | 0 | A | 0 S | Prevention of 34. No Evidence of Inse | of Food Contam | | | | ╡┝ | U T | N | 0 | A | O S | Food Identification 41.Original container labeling (Bulk Food) | | | | |
| | ~ | | | | animals 35. Personal Cleanliness | | | | $\left \right $ | ╡┟ | | ~ | | | | | | | | |
| 1 | | | | | 36. Wiping Cloths; prop | | | | - | ┥┝ | | | _ | | | Physical Facilities 42. Non-Food Contact surfaces clean | | | | |
| | ~ | | | | 37. Environmental conta | | | | <u> </u> | ┥┝ | 1 | | - | | | 43. Adequate ventilation and lighting; designated areas used | | | | |
| ╞ | ע ע | 28 Approved theying method | | | | | <u> </u> | ┥┝ | - | ~ | _ | | | 44. Garbage and Refuse properly disposed; facilities maintained | | | | | | |
| | | | | | | ┥┝ | 1 | ~ | \neg | | | 45. Physical facilities installed, maintained, and clean | | | | | | | | |
| W | Proper Use of Utensils 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used | | | | | | | 1 | ~ | | | | 46. Toilet Facilities; properly constructed, supplied, and clean | | | | | | | |
| | ~ | | | | 40. Single-service & sin and used | ngle-use articles; | properl | y stored | | | | ~ | | | | 47. Other Violations | | | | |

| Received by: (signature) Rebecca Hensley | Rebecca Hensley | Title: Person In Charge/ Owner Manager |
|---|---------------------------|---|
| Inspected by: (signature) Christy Cortez, RS | Print: Christy Cortez, RS | Business Email: |

Form EH-06 (Revised 09-2015)

| | nent Name: | Physical A | | City/State: License/Permit # | | | | <u>2</u> of <u>2</u> | | | | |
|-------------------------------------|---|------------|-------------------------------|------------------------------|--------------|--------------------------|----------|----------------------|--|--|--|--|
| Children's | Lighthouse of Rockwall Kitchen | 3009 | Goliad | Rockwa | III, IX | DC | | | | | | |
| Item/Loca | ation | Temp F | TEMPERATURE OBSERVA | TIONS Temp F | Item/Locat | ion | | Temp F | | | | |
| | freezer/ ambient | 3 | | TempT | Item Locat | | | Temp T | | | | |
| | cooler/sliced cheese | 40 | | | | | | | | | | |
| | milk | 40 | | | | | | | | | | |
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| 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: | | | | | | | | | | | |
| | Hand sink 110 F equipped with soap and paper towels | | | | | | | | | | | |
| 28 | Allergy records for e | | 7 days after opening | | | | | | | | | |
| | | | led eggs, all foods pred | cooked | | | | | | | | |
| | 3 comp sink 115 F | | | | | | | | | | | |
| 10/33 | Sani sink setup to less that | n 200 ppm | quats. Need more sanitizer fo | r kitchen and | d buildings. | COS to 200 ppm qu | ats | | | | | |
| W | | | own to grab after sanit | izing | | | | | | | | |
| 0.5 | Gloves and test stri | ps on si | te | | | | | | | | | |
| 35 | Need beard guard | . f | | | | | | | | | | |
| | Nut free facility/ egg No leftovers/food di | | | | | | | | | | | |
| | | | Il teachers with food ha | andlers | | | | | | | | |
| 35 | | • | and separate in cooler | | | | | | | | | |
| 45 | Acoustic ceiling tiles | | | | | | | | | | | |
| 45 | Need to clean air re | | | | | | | | | | | |
| 42 | Need to clean inside coolers and handles | | | | | | | | | | | |
| 42 | Need to clean shelving liners in dry storage | | | | | | | | | | | |
| W | Need to clean cutting boards where discolored and or scored | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| Received | by: | | Print: | | | Title: Person In Charge/ | Owner | | | | | |
| (signature) | | V | | Hens | - | Manager | | | | | | |
| Inspected (signature) | Rebecca Hensley ^{by:} Chrísty Cor | tez, 1 | RS Christy C | ortez, | | | collecte | d | | | | |