



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



**BUREAU  
VERITAS**

|                  |          |           |                  |            |             |             |
|------------------|----------|-----------|------------------|------------|-------------|-------------|
| Date: 2025-09-03 | Time in: | Time out: | License/Permit # | TMS Number | 2025-002420 | Page 1 of 3 |
|------------------|----------|-----------|------------------|------------|-------------|-------------|

|                               |         |                    |
|-------------------------------|---------|--------------------|
| <b>Purpose of Inspection:</b> | Routine | <b>TOTAL/SCORE</b> |
|-------------------------------|---------|--------------------|

|  |                          |   |                            |
|--|--------------------------|---|----------------------------|
| Establishment Name:<br>Alvarado Headstart                  | Contact/Owner Name:      | Number of Repeat Violations: 0<br>Number of Violations COS: 0 | 99                         |
| Physical Address:<br>102 Bill Jackson, Alvarado, TX, 76009 | City/County:<br>Alvarado | Zip Code:<br>76009  | Phone:<br>Follow-up:<br>No |

**Compliance Status:** Out = not in compliance IN = in compliance NO = not observed NA = not applicable COS = corrected on site R = repeat violation

**Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days**

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

|   |                                       |  |
|---|---------------------------------------|--|
| <b>Received by:</b><br>(signature)<br><br>  | <b>Print:</b><br>Sandra Rocha Morales | <b>Title: Person In Charge/ Owner</b><br>Manager |
| <b>Inspected by:</b><br>(signature)<br><br> | <b>Print:</b><br>Kristen WEATHERFORD  | <b>Business Email:</b>                           |



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



| Priority Foundation Items (2 Points) <i>violations Require Corrective Action within 10 days</i> |   |   |   |   |   |   |   |   |   |   |   |   |    |  |  |
|---|---|---|---|---|---|---|---|---|---|---|---|---|----|--|--|
| O   | U | T | I | N | N | O | N | A | C | O | S | R |    |  |  |
| <b>Demonstration of Knowledge/ Personnel</b>  |   |   |   |   |   |   |   |   |   |   |   |   |    |  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 22. Food Handler/ no unauthorized persons/ personnel   |  |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b>                                      |   |   |   |   |   |   |   |   |   |   |   |   |    |  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 23. Hot and Cold Water available; adequate pressure, safe  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled  |  |
| <b>Conformance with Approved Procedures</b>   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions |  |
| <b>Consumer Advisory</b>  |   |   |   |   |   |   |   |   |   |   |   |   |    |  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label                                   |  |
| <b>Food Temperature Control/ Identification</b>   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 28. Proper Date Marking and disposition  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 29. Thermometers provided, accurate, and calibrated; Chemical/Thermal test strips  |  |
| <b>Permit Requirement, Prerequisite for Operation</b>   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 30. Food Establishment Permit (Current & Valid)  |  |
| <b>Utensils, Equipment, and Vending</b>   |   |   |   |   |   |   |   |   |   |   |   |   |    |  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 31. Adequate handwashing facilities: Accessible and properly supplied, used  |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 32. Food and Non-food Contact surfaces cleanable, properly designed, constructed, and used   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   | IN | 33. Ware washing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided  |  |

| Core Items (1 Point) <i>Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First</i> |   |   |   |   |   |   |   |   |   |   |   |   |       |  |  |
|--|---|---|---|---|---|---|---|---|---|---|---|---|-------|--|--|
| O  | U | T | I | N | N | O | N | A | C | O | S | R |       |  |  |
| <b>Prevention of Food Contamination</b>  |   |   |   |   |   |   |   |   |   |   |   |   |       |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 34. No Evidence of Insect contamination, rodent/other animals  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 35. Personal Cleanliness/eating, drinking or tobacco use   |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 36. Wiping Cloths; properly used and stored  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 37. Environmental contamination  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 38. Approved thawing method  |  |
| <b>Proper Use of Utensils</b>  |   |   |   |   |   |   |   |   |   |   |   |   |       |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 40. Single-service & single-use articles; properly stored and used   |  |
| <b>Food Identification</b>   |   |   |   |   |   |   |   |   |   |   |   |   |       |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 41. Original container labeling (Bulk Food)  |  |
| <b>Physical Facilities</b>   |   |   |   |   |   |   |   |   |   |   |   |   |       |  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 42. Non-Food Contact surfaces clean  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 43. Adequate ventilation and lighting; designated areas used   |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 44. Garbage and Refuse properly disposed; facilities maintained  |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | I-OUT | 45. Physical facilities installed, maintained, and clean   |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 46. Toilet Facilities; properly constructed, supplied, and clean   |  |
|  |   |   |   |   |   |   |   |   |   |   |   |   | IN    | 47. Other Violations   |  |

|                                      |                                |   |
|--------------------------------------|--------------------------------|---|
| Received by:<br>(signature)<br><br>  | Print:<br>Sandra Rocha Morales | Title: Person In Charge/ Owner<br>Manager |
| Inspected by:<br>(signature)<br><br> | Print:<br>Kristen WEATHERFORD  | Business Email:                           |



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



| TEMPERATURE OBSERVATIONS                                |   |   |
|---|---|---|
| Item/Location   | Temp  |   |
| <b>OBSERVATIONS AND CORRECTIVE ACTIONS</b>              |   |   |
| Item Number   | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |   |
| 45  | Shall clean residue build up on walk in cooler floors. Shall clean ice crystal build up inside freezer.                   |   |
|   | Permit valid in compliance  |   |
|   | Cold food items below 41degrees, in compliance  |   |
|   |   |   |
|   | Samples: No   | # Collected:                              |
| Received by:<br>(signature) <i>Sandra Rocha</i>         | Print:<br>Sandra Rocha Morales  | Title: Person In Charge/ Owner<br>Manager |
| Inspected by:<br>(signature) <i>Kristen Weatherford</i> | Print: Kristen WEATHERFORD  |   |

## Retail Food Establishment Inspection Report

|   |                      |  |   |  |   |                                   |                    |
|---|----------------------|--|---|--|---|-----------------------------------|--------------------|
| Date:<br>02/04/2025                       | Time in:<br>10:16 AM | Time out:<br>10:56 AM                            | License/Permit #<br>-                   | TMS Project #<br>2025-002420                   | Page 1 of 2   |                                   |                    |
| <b>Purpose of Inspection:</b>             |                      | 1-Compliance <input checked="" type="checkbox"/> | 2-Routine <input type="checkbox"/>      | 3-Field Investigation <input type="checkbox"/> | 4-Visit <input type="checkbox"/>  | 5-Other <input type="checkbox"/>  | <b>TOTAL/SCORE</b> |
| Establishment Name:<br>Alvarado Headstart |                      |  | Contact/Owner Name:<br>Sandra Rocha     |  | * Number of Repeat Violations: <u>0</u><br>✓ Number of Violations COS: <u>0</u> |                                   | 100/100            |
| Physical Address:<br>102 Bill Jackson     |                      |  | City/County:<br>Alvarado/Johnson County | Zip Code:<br>76009                             | Phone:<br>000-000-0000  | Follow-up: Yes<br>No (circle 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 '✓' 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                        |    |    |    |     |   |
|---|----|----|----|-----|---|--|----|----|----|-----|---|
| OUT   | IN | NO | NA | COS | R | OUT                                      | IN | NO | NA | COS | R |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit) |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
| ✓   |    |    |    |     |   | ✓  |    |    |    |     |   |
| ✓   |    |    |    |     |   | ✓  |    |    |    |     |   |
| ✓   |    |    |    |     |   |  |    |    |    |     |   |
| ✓   |    |    |    |     |   | ✓  |    |    |    |     |   |
| ✓   |    |    |    |     |   | ✓  |    |    |    |     |   |
| ✓   |    |    |    |     |   |  |    |    |    |     |   |
| <b>Approved Source</b>  |    |    |    |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
| ✓   |    |    |    |     |   | ✓  |    |    |    |     |   |
| ✓   |    |    |    |     |   | ✓  |    |    |    |     |   |
| <b>Protection from Contamination</b>                                    |    |    |    |     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
| ✓   |    |    |    |     |   | ✓  |    |    |    |     |   |
| ✓   |    |    |    |     |   |  |    |    |    |     |   |
| ✓   |    |    |    |     |   | <b>Chemicals</b>                         |    |    |    |     |   |
| ✓   |    |    |    |     |   | ✓  |    |    |    |     |   |
| <b>Water/ Plumbing</b>  |    |    |    |     |   | <b>Water/ Plumbing</b>                   |    |    |    |     |   |
| ✓   |    |    |    |     |   | ✓  |    |    |    |     |   |
| ✓   |    |    |    |     |   | ✓  |    |    |    |     |   |

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

| Compliance Status  |    |    |    |     |   | Compliance Status                                     |    |    |    |     |   |
|--|----|----|----|-----|---|---|----|----|----|-----|---|
| OUT  | IN | NO | NA | COS | R | OUT   | IN | NO | NA | COS | R |
| <b>Demonstration of Knowledge/ Personnel</b>               |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |   |
| ✓  |    |    |    |     |   | ✓   |    |    |    |     |   |
| ✓  |    |    |    |     |   | ✓   |    |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
| ✓  |    |    |    |     |   | ✓   |    |    |    |     |   |
| ✓  |    |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
| <b>Conformance with Approved Procedures</b>                |    |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
| ✓  |    |    |    |     |   | ✓   |    |    |    |     |   |
| <b>Consumer Advisory</b>                                   |    |    |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
| ✓  |    |    |    |     |   | ✓   |    |    |    |     |   |
| ✓  |    |    |    |     |   | ✓   |    |    |    |     |   |

Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First

| Compliance Status                       |    |    |    |     |   | Compliance Status          |    |    |    |     |   |
|---|----|----|----|-----|---|----------------------------|----|----|----|-----|---|
| OUT                                     | IN | NO | NA | COS | R | OUT                        | IN | NO | NA | COS | R |
| <b>Prevention of Food Contamination</b> |    |    |    |     |   | <b>Food Identification</b> |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |
| ✓                                       |    |    |    |     |   | ✓                          |    |    |    |     |   |

|                              |                                   |  |
|------------------------------|-----------------------------------|--|
| Received by:<br>(signature)  | Print:<br>Sandra Rocha            | Phone # / email:<br>Sandrarochamorales76@gmail.com |
| Inspected by:<br>(signature) | Print:<br>Kristen Weatherford, RS | Inspector's Phone #<br>817-223-4834                |



## Retail Food Establishment Inspection Report

|                     |   |                                       |                             |                       |             |
|---------------------|---|---------------------------------------|-----------------------------|-----------------------|-------------|
| Date:<br>09/03/2024 | Establishment Name:<br>Alvarado Headstart Daycare | Physical Address:<br>102 Bill Jackson | City/State:<br>Alvarado, TX | License/Permit #<br>- | Page 2 of 2 |
|---------------------|---|---------------------------------------|-----------------------------|-----------------------|-------------|

### TEMPERATURE OBSERVATIONS

| Item/Location              | Temp | Item/Location | Temp | Item/Location | Temp |
|----------------------------|------|---------------|------|---------------|------|
| 2 - Turkey-RIC             | 40   |               |      |               |      |
| 2 - Strawberry topping-RIC | 38   |               |      |               |      |
|                            |      |               |      |               |      |
|                            |      |               |      |               |      |
|                            |      |               |      |               |      |
|                            |      |               |      |               |      |
|                            |      |               |      |               |      |
|                            |      |               |      |               |      |
|                            |      |               |      |               |      |


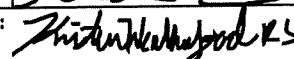
### OBSERVATIONS AND CORRECTIVE ACTIONS

|   |   |
|---|---|
| Item Number   | AN INSPECTION OF YOUR ESTABLISHMENT HAS BEEN MADE. YOUR ATTENTION IS DIRECTED TO THE CONDITIONS OBSERVED AND NOTED BELOW: |
| <p>7 - Observed opened case of moldy butter sticks marked as received 8/29. Do not use any remaining butter sticks in this case. Do not accept moldy foods.</p> <p>30 - Permit valid until 8/1/25</p> <p>AdditionalComments:Print this report and keep it on site</p> |   |

|  |                              |   |
|--|------------------------------|---|
| Registered Food Service manager Sandra Rocha | Certificate #:               | Exp. Date: 01/06/2028                               |
| Pest Control Company Not Available           |                              | Service Date:                                       |
| Grease Trap Service Company Not Available    |                              | Service Date:                                       |
| Received by:<br>(signature)                  | Print:<br>Sandra Rocha       | Phone # / email:<br>sandrarochoamorales76@gmail.com |
| Inspected by:<br>(signature)                 | Print:<br>Kassandra Lamb, RS | Inspector's Phone #                                 |



## Retail Food Establishment Inspection Report

| Date:<br>04/23/2024                          | Establishment Name:<br>Alvarado Headstart Daycare   | Physical Address:<br>102 Bill Jackson | City/State:<br>Alvarado, TX       | License/Permit #<br>-                             | Page 2 of 2           |
|--|---|---------------------------------------|-----------------------------------|---|-----------------------|
| TEMPERATURE OBSERVATIONS                     |   |                                       |                                   |   |                       |
| Item/Location                                | Temp  | Item/Location                         | Temp                              | Item/Location                                     | Temp                  |
| 2 - Milk- WIC                                | 39  |                                       |                                   |   |                       |
| 2 - WIC                                      | 36  |                                       |                                   |   |                       |
| 2 - Strawberry purée- RIC                    | 39  |                                       |                                   |   |                       |
| 3 - Gravy-RIC                                | 148   |                                       |                                   |   |                       |
| 3 - Mash potatoes-RIC                        | 149   |                                       |                                   |   |                       |
|  |   |                                       |                                   |   |                       |
|  |   |                                       |                                   |   |                       |
|  |   |                                       |                                   |   |                       |
| 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: |                                       |                                   |   |                       |
| 30   | Permit valid until 08/01/2024.<br>AdditionalComments:Print this report and keep on site.                                  |                                       |                                   |   |                       |
| Registered Food Service manager Sandra Rocha |   |                                       | Certificate #:                    |   | Exp. Date: 01/06/2028 |
| Pest Control Company Carson pest management  |   |                                       |                                   |   | Service Date:         |
| Grease Trap Service Company Not Available    |   |                                       |                                   |   | Service Date:         |
| Received by:<br>(signature)                  |                                        |                                       | Print:<br>Sandra Rocha            | Phone # / email:<br>Sandrarochamoraes76@gmail.com |                       |
| Inspected by:<br>(signature)                 |                                        |                                       | Print:<br>Kristen Weatherford, RS | Inspector's Phone #<br>817-223-4834               |                       |

# Retail Food Establishment Inspection Report

|   |                      |  |   |  |   |                                   |                    |
|---|----------------------|--|---|--|---|-----------------------------------|--------------------|
| Date:<br>12/04/2023                       | Time in:<br>12:08 PM | Time out:<br>12:47 PM                            | License/Permit #<br>-                   | TMS Project #<br>2023-009465                   | Page 1 of 2   |                                   |                    |
| <b>Purpose of Inspection:</b>             |                      | <input checked="" type="checkbox"/> 1-Compliance | <input type="checkbox"/> 2-Routine      | <input type="checkbox"/> 3-Field Investigation | <input type="checkbox"/> 4-Visit  | <input type="checkbox"/> 5-Other  | <b>TOTAL/SCORE</b> |
| Establishment Name:<br>Alvarado Headstart |                      |  | Contact/Owner Name:<br>Sandra Rocha     |  | * Number of Repeat Violations: <u>0</u><br>✓ Number of Violations COS: <u>0</u> |                                   | <b>98/100</b>      |
| Physical Address:<br>102 N Bill Jackson   |                      |  | City/County:<br>Alvarado/Johnson County | Zip Code:<br>76009                             | Phone:<br>000-000-0000  | Follow-up: Yes<br>No (circle 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 '✓' 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      |    |    |    |     |
| OUT   | IN | NO | NA | COS | OUT                    | IN | NO | NA | COS |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit)                       |    |    |    |     | <b>Employee Health</b> |    |    |    |     |
|   | ✓  |    |    |     |                        | ✓  |    |    |     |
|   | ✓  |    |    |     |                        | ✓  |    |    |     |
|   |    | ✓  |    |     |                        |    |    |    |     |
|   |    | ✓  |    |     |                        | ✓  |    |    |     |
|   |    | ✓  |    |     |                        | ✓  |    |    |     |
|   |    | ✓  |    |     |                        |    |    |    |     |
|   |    |    |    |     |                        |    |    |    |     |
|   | ✓  |    |    |     |                        |    |    |    |     |
|   |    | ✓  |    |     |                        | ✓  |    |    |     |
|   | ✓  |    |    |     |                        | ✓  |    |    |     |
|   | ✓  |    |    |     |                        |    |    |    |     |
|   | ✓  |    |    |     |                        | ✓  |    |    |     |
|   | ✓  |    |    |     |                        | ✓  |    |    |     |
|   | ✓  |    |    |     |                        | ✓  |    |    |     |

| Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days |    |    |    |     |   |    |    |    |     |
|--|----|----|----|-----|---|----|----|----|-----|
| Compliance Status  |    |    |    |     | Compliance Status                                     |    |    |    |     |
| OUT  | IN | NO | NA | COS | OUT   | IN | NO | NA | COS |
| <b>Demonstration of Knowledge/ Personnel</b>   |    |    |    |     | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |
|  | ✓  |    |    |     |   | ✓  |    |    |     |
|  | ✓  |    |    |     |   | ✓  |    |    |     |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b>                               |    |    |    |     | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |
|  | ✓  |    |    |     |   |    |    |    |     |
|  | ✓  |    |    |     |   |    |    |    |     |
| <b>Conformance with Approved Procedures</b>  |    |    |    |     | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |
|  | ✓  |    |    |     |   | ✓  |    |    |     |
| <b>Consumer Advisory</b>   |    |    |    |     | <b>Food Identification</b>                            |    |    |    |     |
|  | ✓  |    |    |     |   | ✓  |    |    |     |
|  | ✓  |    |    |     |   | ✓  |    |    |     |

| Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First |    |    |    |     |                            |    |    |    |     |
|---|----|----|----|-----|----------------------------|----|----|----|-----|
| Compliance Status   |    |    |    |     | Compliance Status          |    |    |    |     |
| OUT   | IN | NO | NA | COS | OUT                        | IN | NO | NA | COS |
| <b>Prevention of Food Contamination</b>   |    |    |    |     | <b>Food Identification</b> |    |    |    |     |
|   | ✓  |    |    |     |                            | ✓  |    |    |     |
|   | ✓  |    |    |     |                            |    |    |    |     |
|   |    | ✓  |    |     |                            | ✓  |    |    |     |
|   | ✓  |    |    |     |                            | ✓  |    |    |     |
|   | ✓  |    |    |     |                            | ✓  |    |    |     |
| <b>Proper Use of Utensils</b>   |    |    |    |     | <b>Physical Facilities</b> |    |    |    |     |
|   | ✓  |    |    |     |                            | ✓  |    |    |     |
|   | ✓  |    |    |     |                            | ✓  |    |    |     |
|   | ✓  |    |    |     |                            | ✓  |    |    |     |
|   | ✓  |    |    |     |                            | ✓  |    |    |     |

|  |                              |   |
|--|------------------------------|---|
| Received by:<br>(signature) <i>Sandra Rocha</i>        | Print:<br>Sandra Rocha       | Phone # / email:<br>sandraroachamorales76@gmail.com |
| Inspected by:<br>(signature) <i>Kassandra Lamb, RS</i> | Print:<br>Kassandra Lamb, RS | Inspector's Phone #                                 |

## Retail Food Establishment Inspection Report

|                     |   |   |                             |                       |             |
|---------------------|---|---|-----------------------------|-----------------------|-------------|
| Date:<br>12/04/2023 | Establishment Name:<br>Alvarado Headstart | Physical Address:<br>102 N Bill Jackson | City/State:<br>Alvarado, TX | License/Permit #<br>- | Page 2 of 2 |
|---------------------|---|---|-----------------------------|-----------------------|-------------|

### TEMPERATURE OBSERVATIONS

| Item/Location       | Temp | Item/Location | Temp | Item/Location | Temp |
|---------------------|------|---------------|------|---------------|------|
| 1 - Taco meat-10:30 | 70   |               |      |               |      |
| 2 - Ham-RIC         | 38   |               |      |               |      |
| 2 - Turkey-RIC      | 39   |               |      |               |      |
| 2 - Tomato-WIC      | 38   |               |      |               |      |
|                     |      |               |      |               |      |
|                     |      |               |      |               |      |
|                     |      |               |      |               |      |
|                     |      |               |      |               |      |

### 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: |
|-------------|---|

1 - Taco meat is cooling within time frame  
 30 - Post current health permit  
 AdditionalComments:Print this report and keep it on site

|  |                              |  |
|--|------------------------------|--|
| Registered Food Service manager Sandra Rocha           | Certificate #:               | Exp. Date: 01/06/2028                              |
| Pest Control Company Not Available                     |                              | Service Date:                                      |
| Grease Trap Service Company Not Available              |                              | Service Date:                                      |
| Received by:<br>(signature) <i>Sandra Rocha</i>        | Print:<br>Sandra Rocha       | Phone # / email:<br>sandrarochamorales76@gmail.com |
| Inspected by:<br>(signature) <i>Kassandra Lamb, RS</i> | Print:<br>Kassandra Lamb, RS | Inspector's Phone #                                |





## Retail Food Establishment Inspection Report

|  |                      |   |                                     |                              |   |
|--|----------------------|---|-------------------------------------|------------------------------|---|
| Date:<br>05/20/2022  | Time in:<br>11:26 AM | Time out:<br>11:52 AM                   | License/Permit #<br>-               | TMS Project #<br>2022-013816 | Page 1 of 2   |
| <b>Purpose of Inspection:</b> <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:<br>Alvarado Headstart  |                      |   | Contact/Owner Name:<br>Sandra rocha |                              | * Number of Repeat Violations: 0<br>✓ Number of Violations COS: 0 |
| Physical Address:<br>102 Bill Jackson  |                      | City/County:<br>Alvarado/Johnson County | Zip Code:<br>76009                  | Phone:<br>000-000-0000       | Follow-up: Yes<br>No (circle one)                                 |

97/100

**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   |    |    |    |     |   | Compliance Status                        |    |    |    |     |   |
|---|----|----|----|-----|---|--|----|----|----|-----|---|
| OUT   | IN | NO | NA | COS | R | OUT                                      | IN | NO | NA | COS | R |
| <b>Time and Temperature for Food Safety</b><br>(F = degrees Fahrenheit) |    |    |    |     |   | <b>Employee Health</b>                   |    |    |    |     |   |
|   |    | ✓  |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Preventing Contamination by Hands</b> |    |    |    |     |   |
|   |    | ✓  |    |     |   |  | ✓  |    |    |     |   |
|   |    | ✓  |    |     |   |  |    | ✓  |    |     |   |
|   |    | ✓  |    |     |   | <b>Highly Susceptible Populations</b>    |    |    |    |     |   |
|   |    | ✓  |    |     |   |  |    | ✓  |    |     |   |
| <b>Approved Source</b>  |    |    |    |     |   | <b>Chemicals</b>                         |    |    |    |     |   |
|   | ✓  |    |    |     |   |  |    | ✓  |    |     |   |
|   |    | ✓  |    |     |   |  |    | ✓  |    |     |   |
| <b>Protection from Contamination</b>                                    |    |    |    |     |   | <b>Water/ Plumbing</b>                   |    |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |  | ✓  |    |    |     |   |
|   |    | ✓  |    |     |   |  | ✓  |    |    |     |   |

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

| Compliance Status  |    |    |    |     |   | Compliance Status                                     |    |    |    |     |   |
|--|----|----|----|-----|---|---|----|----|----|-----|---|
| OUT  | IN | NO | NA | COS | R | OUT   | IN | NO | NA | COS | R |
| <b>Demonstration of Knowledge/ Personnel</b>               |    |    |    |     |   | <b>Food Temperature Control/ Identification</b>       |    |    |    |     |   |
| 2  |    |    |    |     |   |   | ✓  |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
| <b>Safe Water, Recordkeeping and Food Package Labeling</b> |    |    |    |     |   | <b>Permit Requirement, Prerequisite for Operation</b> |    |    |    |     |   |
|  | ✓  |    |    |     |   |   | ✓  |    |    |     |   |
|  |    | ✓  |    |     |   | <b>Utensils, Equipment, and Vending</b>               |    |    |    |     |   |
| <b>Conformance with Approved Procedures</b>                |    |    |    |     |   |   | ✓  |    |    |     |   |
|  |    | ✓  |    |     |   |   | ✓  |    |    |     |   |
| <b>Consumer Advisory</b>                                   |    |    |    |     |   |   | ✓  |    |    |     |   |
|  |    | ✓  |    |     |   |   | ✓  |    |    |     |   |

**Core Items (1 Point) Violations Require Corrective Action Not to Exceed 90 Days or Next Inspection, Whichever Comes First**

| Compliance Status                       |    |    |    |     |   | Compliance Status          |    |    |    |     |   |
|---|----|----|----|-----|---|----------------------------|----|----|----|-----|---|
| OUT                                     | IN | NO | NA | COS | R | OUT                        | IN | NO | NA | COS | R |
| <b>Prevention of Food Contamination</b> |    |    |    |     |   | <b>Food Identification</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   | <b>Physical Facilities</b> |    |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |
|   |    | ✓  |    |     |   |                            | ✓  |    |    |     |   |
| <b>Proper Use of Utensils</b>           |    |    |    |     |   |                            | ✓  |    |    |     |   |
| 1                                       |    |    |    |     |   |                            | ✓  |    |    |     |   |
|   | ✓  |    |    |     |   |                            | ✓  |    |    |     |   |

|   |                               |   |
|---|-------------------------------|---|
| Received by:<br>(signature) <i>Sandra rocha</i>     | Print:<br>Sandra rocha        | Phone # / email:<br>Jaspinall@alvaradoisd.net |
| Inspected by:<br>(signature) <i>Angela Varghese</i> | Print:<br>Angela Varghese, RS | Inspector's Phone #                           |













