Followup Fee of $75.00 after First Followup

# Retail Food Establishment Inspection Report

## City of Rockwall

- ☑ First aid kit
- ☑ Allergy policy
- ☑ Vomit clean up
- ☑ Employee health

| Date: | Time in: | Time out: | License/Permit # | CPFM | Food handlers | Page 1 of 2 |
|---|---|---|---|---|---|---|
| 6/4/26 | 10:15 | 11:00 | DCO-002462 | 5 | 23 | |

**Purpose of Inspection:** ☑ 1-Routine ☐ 2-Follow Up ☐ 3-Complaint ☐ 4-Investigation ☐ 5-CO/Construction ☐ 6-Other ☐ **TOTAL/SCORE**

| Establishment Name: | Contact/Owner Name: | | |
|---|---|---|---|
| The Goddard School | Alexis Price | ✗ Number of Repeat Violations: ___ ✓ Number of Violations COS: ___ | 0/100/A |

| Physical Address: | Pest control : | Hood | Grease trap :/ waste oil | Follow-up: Yes ☐ No ☑ |
|---|---|---|---|---|
| 710 E Ralph Hall Pkwy Rockwall, Tx | Massey 5/22/26 | N/a | N/a | |

**Compliance Status:** **Out** = not in compliance **IN** = in compliance **NO** = not observed **NA** = not applicable **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 ✗ 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 | Time and Temperature for Food Safety (F = degrees Fahrenheit) | R | OUT | IN | NO | NA | COS | 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) See | | | ✔ | | | | 13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth Employee health form posted | |
| | | ✔ | | | 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 Y_ N✔) Gloves & utensils | |
| | ✔ | | | | 6. Time as a Public Health Control; procedures & records | | | | | | | **Highly Susceptible Populations** | |
| | | | | | **Approved Source** | | | | | ✔ | | 16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required N/a | |
| | ✔ | | | | 7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction Kroger, Costco, Sam's | | | | | | | **Chemicals** | |
| | ✔ | | | | 8. Food Received at proper temperature Checking | | | ✔ | | | | 17. Food additives; approved and properly stored; Washing Fruits & Vegetables Water | |
| | | | | | **Protection from Contamination** | | | ✔ | | | | 18. Toxic substances properly identified, stored and used Stored low and separate | |
| | ✔ | | | | 9. Food Separated & protected, prevented during food preparation, storage, display, and tasting | | | | | | | **Water/ Plumbing** | |
| W | | | | | 10. Food contact surfaces and Returnables ; Cleaned and Sanitized at 0 ppm/temperature COS 100ppm | | | ✔ | | | | 19. Water from approved source; Plumbing installed; proper backflow device City approved | |
| | ✔ | | | | 11. Proper disposition of returned, previously served or reconditioned Discard | | | ✔ | | | | 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 | OUT | IN | NO | NA | COS | Food Temperature Control/ Identification | R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ✔ | | | | 21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM) 5 | | | ✔ | | | | 27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature | |
| | ✔ | | | | 22. Food Handler/ no unauthorized persons/ personnel 23 | | | ✔ | | | | 28. Proper Date Marking and disposition Good date labels | |
| | | | | | **Safe Water, Recordkeeping and Food Package Labeling** | | | ✔ | | | | 29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips Digital thermo and strips current | |
| | ✔ | | | | 23. Hot and Cold Water available; adequate pressure, safe 120, good pressure | | | | | | | **Permit Requirement, Prerequisite for Operation** | |
| | ✔ | | | | 24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled Commercial | | | ✔ | | | | 30. **Food Establishment Permit/Inspection** Current/ insp posted Posted and current | |
| | | | | | **Conformance with Approved Procedures** | | | | | | | **Utensils, Equipment, and Vending** | |
| | ✔ | | | | 25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions | | | ✔ | | | | 31. Adequate handwashing facilities: Accessible and properly supplied, used Equipped | |
| | | | | | **Consumer Advisory** | | | ✔ | | | | 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 Allergen list in kitchen and each room | | | ✔ | | | | 33. Warewashing Facilities; installed, maintained, used/ Service sink or curb cleaning facility provided Equipped | |

### 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 | OUT | IN | NO | NA | COS | Food Identification | R |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | ✔ | | | | 34. No Evidence of Insect contamination, rodent/other animals | | | ✔ | | | | 41.Original container labeling (Bulk Food) | |
| | ✔ | | | | 35. Personal Cleanliness/eating, drinking or tobacco use | | | | | | | **Physical Facilities** | |
| | ✔ | | | | 36. Wiping Cloths; properly used and stored Stored in solution | | | ✔ | | | | 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 Equipped | |
| | ✔ | | | | 40. Single-service & single-use articles; properly stored and used | | | | | ✔ | | 47. Other Violations N/A | |

**Retail Food Establishment Inspection Report**

**City of** Rockwall

| Received by: (signature) Alexis Price | Print: Alexis Price | Title: Person In Charge/ Owner Director |
|---|---|---|
| Inspected by: (signature) Richard Hill | Print: Richard Hill | Business Email: |

Form EH-06 (Revised 09-2015)

| Establishment Name: The Goddard School | Physical Address: 710 E Ralph Hall Pkwy | City/State: Rockwall, Tx | License/Permit # DCO-002462 | Page 2 of 2 |
|---|---|---|---|---|

**TEMPERATURE OBSERVATIONS**

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|---|---|---|---|---|---|
| Freezer HTT | 1.0 | | | | |
| Refrigerator | | | | | |
| Whole milk | 37 | | | | |
| Wieners | 158 | | | | |
| Chix nuggets | 154 | | | | |
| Rice | 161 | | | | |
| | | | | | |
| | | | | | |

**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: all temperatures are taken in F |
|---|---|
| | Restrooms equipped, temp 104 throughout kitchen |
| | Hand sink equipped, temp 106 |
| W | 3 comp sink set up, temp 118, chlorine sani 0ppm COS 100ppm |
| | Using gloves and utensils to touch Rte foods |
| | Digital thermo by Taylor, test strips current 12/2026 |
| | Only providing am/pm snacks |
| | Lunch is provided by parents and heated to proper temps in microwave |
| | Using disposable spoons, using blue plastic lunch plates, allergens identified based on yellow, orange and red based on severatiy |
| | Dry storage looks good |
| | Food is delivered by Kroger, Costco and Sam's weekly, no longer ordered frozen foods, all fresh |
| | Allergen list in kitchen as well as each classroom |
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| Received by: (signature) See above | Print: See above | Title: Person In Charge/ Owner |
|---|---|---|
| Inspected by: (signature) RS | Print: Richard Hill | Samples: Y N # collected |

Form EH-06 (Revised 09-2015)