



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 4/14/23	Time in:	Time out:	License/Permit #	Est. Type: JSC	Risk Category: 1	Page 1 of 1
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: Children's Lighthouse Care			Contact/Owner Name: Day		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____	
Physical Address: 9706 Business Parkway		City/County: Helotes	Zip Code: 78023	Phone:	Follow-up: Yes (circle one) 100	

Compliance Status: Out = not in compliance EN = 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
Time and Temperature for Food Safety (F = degrees Fahrenheit)						Employee Health					

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
Demonstration of Knowledge/ Personnel						Food Temperature Control/ Identification					

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
Prevention of Food Contamination						Food Identification					

Received by: <i>Muh</i>	Print: Melissa Manhaer	Title: Person In Charge/ Owner
Inspected by: <i>Sean Gilbert</i>	Print: Sean Gilbert	Business Email:



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 4/13/23	Time in:	Time out:	License/Permit #	Est. Type	Risk Category: 1B	Page 1 of 1
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 TOTAL/SCORE						
Establishment Name: CVS Corporation			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS: 100	
Physical Address: 12980 Bandera Rd		City/County: Helotes	Zip Code: 78023	Phone:	Follow-up: Yes 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								
O	U	T	I	N	C	R	Compliance Status	R
							Time and Temperature for Food Safety (F = degrees Fahrenheit)	
							1. Proper cooling time and temperature	
							2. Proper Cold Holding temperature(41°F/ 45°F)	
							3. Proper Hot Holding temperature(135°F)	
							4. Proper cooking time and temperature	
							5. Proper reheating procedure for hot holding (165°F in 2 Hours)	
							6. Time as a Public Health Control; procedures & records Approved Source	
							7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction	
							8. Food Received at proper temperature	
							Protection from Contamination	
							9. Food Separated & protected, prevented during food preparation, storage, display, and tasting	
							10. Food contact surfaces and Returnables ; Cleaned and Sanitized at ppm/temperature	
							11. Proper disposition of returned, previously served or reconditioned	
							Employee Health	
							12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting	
							13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth	
							Preventing Contamination by Hands	
							14. Hands cleaned and properly washed/ Gloves used properly	
							15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)	
							Highly Susceptible Populations	
							16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required	
							Chemicals	
							17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
							18. Toxic substances properly identified, stored and used	
							Water/ Plumbing	
							19. Water from approved source; Plumbing installed; proper backflow device	
							20. Approved Sewage/Wastewater Disposal System, proper disposal	

Priority Foundation Items (2 Points) violations Require Corrective Action within 10 days								
O	U	T	I	N	C	R	Compliance Status	R
							Demonstration of Knowledge/ Personnel	
							21. Person in charge present, demonstration of knowledge, and perform duties/ Certified Food Manager (CFM)	
							22. Food Handler/ no unauthorized persons/ personnel	
							Safe Water, Recordkeeping and Food Package Labeling	
							23. Hot and Cold Water available; adequate pressure, safe	
							24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled	
							Conformance with Approved Procedures	
							25. Compliance with Variance, Specialized Process, and HACCP plan; Variance obtained for specialized processing methods; manufacturer instructions	
							Consumer Advisory	
							26. Posting of Consumer Advisories; raw or under cooked foods (Disclosure/Reminder/Buffer Plate)/ Allergen Label	
							Food Temperature Control/ Identification	
							27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature	
							28. Proper Date Marking and disposition	
							29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips	
							Permit Requirement, Prerequisite for Operation	
							30. Food Establishment Permit (Current & Valid) 5/31/23	
							Utensils, Equipment, and Vending	
							31. Adequate handwashing facilities: Accessible and properly supplied, used	
							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								
O	U	T	I	N	C	R	Compliance Status	R
							Prevention of Food Contamination	
							34. No Evidence of Insect contamination, rodent/other animals	
							35. Personal Cleanliness/cating, drinking or tobacco use	
							36. Wiping Cloths; properly used and stored	
							37. Environmental contamination	
							38. Approved thawing method	
							Proper Use of Utensils	
							39. Utensils, equipment, & linens; properly used, stored, dried, & handled/ In use utensils; properly used	
							40. Single-service & single-use articles; properly stored and used	
							Food Identification	
							41. Original container labeling (Bulk Food)	
							Physical Facilities	
							42. Non-Food Contact surfaces clean	
							43. Adequate ventilation and lighting; designated areas used	
							44. Garbage and Refuse properly disposed; facilities maintained	
							45. Physical facilities installed, maintained, and clean	
							46. Toilet Facilities; properly constructed, supplied, and clean	
							47. Other Violations	

Received by: <i>[Signature]</i>	Print: Soemi Garcia	Title: Person In Charge/ Owner CVS Manager
Inspected by: <i>[Signature]</i>	Print: Sean Gilbert	Business Email:



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 4/13/23, Time in: , Time out: , License/Permit #: , Est. Type: , Risk Category: 2, Page 1 of 1

Purpose of Inspection: 1-Compliance, 2-Routine, 3-Field Investigation, 4-Visit, 5-Other
Establishment Name: Kwik Check Food, Contact/Owner Name: , * Number of Repeat Violations: , Number of Violations COS:
Physical Address: 13006 Banderford, City/County: Helotes, Zip Code: 78023, Phone: , Follow-up: Yes/No

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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.

Table with 2 columns: Compliance Status (O, I, N, NA, COS) and Item Description. Items include Time and Temperature for Food Safety, Employee Health, Preventing Contamination by Hands, Highly Susceptible Populations, Chemicals, and Water/Plumbing.

Table with 2 columns: Compliance Status (O, I, N, NA, COS) and Item Description. Items include Demonstration of Knowledge/Personnel, Food Temperature Control/Identification, Safe Water/Recordkeeping and Food Package Labeling, Permit Requirement, Prerequisite for Operation, Utensils, Equipment, and Vending, and Consumer Advisory.

Table with 2 columns: Compliance Status (O, I, N, NA, COS) and Item Description. Items include Prevention of Food Contamination, Food Identification, Physical Facilities, and Proper Use of Utensils.

Received by: Orienne Molo, Inspected by: Sean Gilbert, Print: Orienne Molo, Sean Gilbert, Title: Person In Charge/Owner, Business Email:

Form EH-06 (Revised 09-2015)

45.) work on replacing ceiling tiles in bad repair in back area; repair damaged walls/baseboards to make these areas smooth/easily cleanable to allow easy cleaning when needed.



Texas Department of State Health Services
Retail Food Establishment Inspection Report

Date: 4/13/23 Time in: Time out: License/Permit #: Est. Type Risk Category 2 Page 1 of 1

Purpose of Inspection: 1-Compliance 2-Routine 3-Field Investigation 4-Visit 5-Other TOTAL/SCORE

Establishment Name: Tito's Mexican Snack Bar Contact/Owner Name: * Number of Repeat Violations: 0
 ✓ Number of Violations COS: 0 99
 Physical Address: 12914 Bandera RA City/County: Helotes Zip Code: 78023 Phone: Follow-up: Yes 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
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Priority Items (3 Points) violations Require Immediate Corrective Action not to exceed 3 days

Compliance Status						R	Compliance Status						R	
O	I	N	NA	COS	OUT		O	I	N	NA	COS	OUT		
Time and Temperature for Food Safety (F = degrees Fahrenheit)												Employee Health		

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

Compliance Status						R	Compliance Status						R	
O	I	N	NA	COS	OUT		O	I	N	NA	COS	OUT		
Demonstration of Knowledge/ Personnel												Food Temperature Control/ Identification		

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

Compliance Status						R	Compliance Status						R	
O	I	N	NA	COS	OUT		O	I	N	NA	COS	OUT		
Prevention of Food Contamination												Food Identification		

Received by: (signature) Print: Juan Pablo Mendoza Title: Person In Charge/ Owner
 Inspected by: (signature) Sean Gilbert Print: Sean Gilbert Business Email:

* Progressively replace ceiling tiles in kitchen area with the non-growstical ceiling tile (smooth ones w/out pinholes).



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 4/13/23	Time in:	Time out:	License/Permit #	Est. Type	Risk Category: 2	Page 1 of 1
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: Valley Mart #7			Contact/Owner Name:		* Number of Repeat Violations: ✓ Number of Violations COS:	
Physical Address: 12998 Bandera Rd			City/County: Helotes	Zip Code: 78023	Phone:	97
Follow-up: Yes <input type="checkbox"/> No <input type="checkbox"/> (circle one)						

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

O U T	I N	N O	N A	C O S	Description	R	O U T	I N	N O	N A	C O S	Description	R
					Time and Temperature for Food Safety (F = degrees Fahrenheit)							Employee Health	
					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 Y N)	
					6. Time as a Public Health Control; procedures & records							Highly Susceptible Populations	
					Approved Source							16. Pasteurized foods used; prohibited food not offered	
					7. Food and ice obtained from approved source; Food in good condition, safe, and unadulterated; parasite destruction							Chemicals	
					8. Food Received at proper temperature							17. Food additives; approved and properly stored; Washing Fruits & Vegetables	
					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	
					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							20. Approved Sewage/Wastewater Disposal System, proper disposal	

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

O U T	I N	N O	N A	C O S	Description	R	O U T	I N	N O	N A	C O S	Description	R
					Demonstration of Knowledge/ Personnel							Food Temperature Control/ Identification	
					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							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							Permit Requirement, Prerequisite for Operation	
					24. Required records available (shellstock tags; parasite destruction); Packaged Food labeled							30. Food Establishment Permit (Current & Valid) 5/31/23	
					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	
					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							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

O U T	I N	N O	N A	C O S	Description	R	O U T	I N	N O	N A	C O S	Description	R
					Prevention of Food Contamination							Food Identification	
					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							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:	Print: SADIQ ALI	Title: Person In Charge/ Owner
Inspected by:	Print: Sean Gilbert	Business Email:

Form EH-06 (Revised 09-2015)

* 43) Provide a new bulb to one of the lights that are out w/ in the walkin cooler
 * 33) Provide a mop sink for proper disposal of mop water + for cleaning mops + other maintenance equipment.
 * Kitchen is not currently being used @ this time.



Texas Department of State Health Services Retail Food Establishment Inspection Report

Date: 4/13/23	Time in:	Time out:	License/Permit #	Est. Type	Risk Category 1A	Page 1 of 1
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: Whimsical Annie's Garden/Gifts			Contact/Owner Name:		* Number of Repeat Violations: _____ ✓ Number of Violations COS: _____	
Physical Address: 12411 Bandera Rd Ste #104			City/County: Harris		Zip Code: 78623	
			Phone:		Follow-up: Yes No (circle one)	

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

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Time and Temperature for Food Safety (F = degrees Fahrenheit)							Employee Health						
													12. Management, food employees and conditional employees; knowledge, responsibilities, and reporting
													13. Proper use of restriction and exclusion; No discharge from eyes, nose, and mouth
Approved Source							Preventing Contamination by Hands						
													14. Hands cleaned and properly washed/ Gloves used properly
													15. No bare hand contact with ready to eat foods or approved alternate method properly followed (APPROVED Y N)
Protection from Contamination							Highly Susceptible Populations						
													16. Pasteurized foods used; prohibited food not offered Pasteurized eggs used when required
Chemicals							Water/ Plumbing						
													17. Food additives; approved and properly stored; Washing Fruits & Vegetables
													18. Toxic substances properly identified, stored and used
													19. Water from approved source; Plumbing installed; proper backflow device
													20. Approved Sewage/Wastewater Disposal System, proper disposal

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

Compliance Status						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Demonstration of Knowledge/ Personnel							Food Temperature Control/ Identification						
													27. Proper cooling method used; Equipment Adequate to Maintain Product Temperature
													28. Proper Date Marking and disposition
Safe Water, Recordkeeping and Food Package Labeling							Permit Requirement, Prerequisite for Operation						
													29. Thermometers provided, accurate, and calibrated; Chemical/ Thermal test strips
													30. Food Establishment Permit (Current & Valid) 5/31/23
Conformance with Approved Procedures							Utensils, Equipment, and Vending						
													31. Adequate handwashing facilities: Accessible and properly supplied, used
													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						R	Compliance Status						R
OUT	IN	NO	NA	COS			OUT	IN	NO	NA	COS		
Prevention of Food Contamination							Food Identification						
													41. Original container labeling (Bulk Food)
Proper Use of Utensils							Physical Facilities						
													42. Non-Food Contact surfaces clean
													43. Adequate ventilation and lighting; designated areas used
													44. Garbage and Refuse properly disposed; facilities maintained
													45. Physical facilities installed, maintained, and clean
													46. Toilet Facilities; properly constructed, supplied, and clean
													47. Other Violations

Received by: <i>Paula Warden</i> <small>(signature)</small>	Print: <i>Paula Warden</i>	Title: Person In Charge/ Owner
Inspected by: <i>Sean Gilbert</i> <small>(signature)</small>	Print: <i>Sean Gilbert</i>	Business Email: