Food Establishment Inspection Report

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Local Health Department Name and Address							No. of Rick Factor / Intervention Vielations O Date 12/0						/2019	9
Logan County Department of Public Health						No. of Risk Factor/Intervention Violations 0 Take 12/0 Time In 10::						-		
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317						No. of Depart Rick Factor (Intervention Violations 0							_	
Establishment License/Permit #											U AM	-+		
Community Action Head Start Logan 2 242						Permit Holder Risk Category CAPCIL High/Class I								
Street Address						Purpose of Inspection								_
200 Centennial Courts														
City/State ZIP Code Lincoln, IL 62656							Routine Inspection							
Line	FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													_
			INTERVENTIO	JNS										
Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered i IN=in compliance OUT=not in compliance N/O=not observed N/A=not a								Risk factors are	e important practic	es or proce	edures identifi	ied as th	e mo	st
	IN=in compliance	OUT=not in compliance N/O Mark "X" in appropriate box for		appi	licat	ble		ibuting factors of f	•					
	COS=0	corrected on-site during inspectio			interventions are control measures to prevent foodborne illness or i						r injur	°у.		
							Com	pliance Status					cos	R
Compliance Status COS Supervision								R Compliance Status COS Protection from Contamination COS COS						
		Person in charge present, demonstra	tes knowledge, and				15	In	Food separated and					_
1	In	performs duties	tes momeage, and				16	In	Food-contact surface		and sanitized			
2	In	Certified Food Protection Manager (C	CFPM)			1			Proper disposition o	· ·		d.		
		Employee Health					17	In	reconditioned and u	<i>/</i> /	,	.,		
3	In	Management, food employee and co				Time/Temperature Control for Safety								
		knowledge, responsibilities and reporting				$\left \right $	18	N/O	Proper cooking time	and temper	atures			
4	In	Proper use of restriction and exclusio		_		$\left \right $	19	N/O	Proper reheating pro	ocedures for	hot holding			
5	In	Procedures for responding to vomitin					20	N/O	Proper cooling time	and tempera	ature			
6		Good Hygienic Practices					21	In	Proper hot holding t	emperature	S			
6 7	In	Proper eating, tasting, drinking, or to				$\left \right $	22	In	Proper cold holding	temperature	25			
/	In	No discharge from eyes, nose, and m					23	In	Proper date marking	g and disposi	tion			
		Preventing Contamination by I	Hands				24	N/A	Time as a Public Hea	Ith Control;	procedures & re	ecords		
8	In	Hands clean and properly washed No bare hand contact with RTE food	ar a pro approved	_		-			Consumer	Advisory				
9	N/O	alternative procedure properly allow					25	N/A	Consumer advisory	provided for	raw/undercook	ed food		
10						1			Highly Susceptib	ole Populat	ions			
		Approved Source					26	In	Pasteurized foods us			iered		
11	In	Food obtained from approved source	2			1			d/Color Additives					
12	N/O	Food received at proper temperature	2				27	In	Food additives: appr					
13	In	Food in good condition, safe, and una	adulterated			1	28	In	Toxic substances pro			l used		_
14	N/A	N/A Required records available: shellstock tags, parasite							nformance with A	-				
destruction						29 N/A Compliance with variance/specialized process/HACCP						ACCP		
		Good Retail Practices are prevent								2				
IVI	ark "X" in box if hur	nbered item is not in compliance	Mark "X" in appro		xod	Tor	COS	and/or R COS=0	corrected on-site d	uring inspe	ection R=r	epeat vie		_
Cos R						Proper Lise of Litensils						COS	R	
20	Doctourized organ	Safe Food and Water			_	Proper Use of Utensils								
30 31	Pasteurized eggs used where required Water and ice from approved source				-	43 In-use utensils: properly stored 44 Utensils, equipment & linens: properly stored, dried, & handled							-+	
32	Water and ice from approved source Variance obtained for specialized processing methods					45 Single-use/single-service articles: properly stored and used								
	Food Temperature Control					46 Gloves used properly							-+	
33 Proper cooling methods used; adequate equipment for temperature control						-			Utensils, Equipme	nt and Ven	ding			
34	Plant food properly cooked for hot holding				_			Food and non-food co	<i>i</i> 1 1		0	structed,	1	_
35	Approved thawing methods used					47		and used						
36		Thermometers provided & accurate			\neg	48		Warewashing facilitie		ed, & used; t	est strips			
Food Identification						49	9	Non-food contact sur	faces clean					
37 Food properly labeled; original container									Physical Fa					
	Prevention of Food Contamination					50		Hot and cold water av						\square
38	Insects, rodents, and animals not present					51		Plumbing installed; pr	-					
39	Contamination prevented during food preparation, storage and display					52		Sewage and waste wa						
40	Personal cleanliness					- 53 Toilet facilities: properly constructed, supplied, & cleaned								
41	Wiping cloths: properly used and stored					54 Garbage & refuse properly disposed; facilities maintained								
42 Washing fruits and vegetables						55		Physical facilities insta			1			
							יו	Adequate ventilation			ea			
						57			Employee 1	-				
								All food employees ha		ling				-+
					58	5	Allergen training as re	quirea						

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Establishm	nent: Community Action	Head Start	t Logan 2		Establishmer	it #: 242				
Water Sup	ply: 🛛 Public 🗌 Priv	ate W	/aste Water Syste	em: 🛛 Public 🗌] Private					
Sanitizer T	ype: Quat			PPM: 200	Heat:					
			TEMPE	RATURE OBSERV	ATIONS					
Item/Location Te			lte	em/Location	Temp	Item/Location	Temp			
	All Temps in ∘F									
All C	old Holding Units ≤	41								
Diced P	Pears in kitchen fridge	40								
Pork chop, staying warm in oven		136								
	Γ		OBSERVATIO	NS AND CORREC	TIVE ACTIONS	5				
ltem Number										
	No Violations Noted During Inspection									
	ification (name, expiratio	on date, ID)#):							
	hannon Skelton 16499457 Exp: 5/22/2023									
	pic: Discussed critical lin	hits for ten	nperatures used	with food served a	at establishmen	t				

Sham SO

Dec 9, 2019

Date

Person in Charge (Signature)

Ins ature)

Follow-up: Yes X No (Check one)