Food Establishment Inspection Report

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Local Health Department Name and Address	No. of Risk Factor/Intervention Violations (n	Date	05/15/2019		
Logan County Department of Public Health			Troi of flish factory intervention violations			Time In	10:15am
109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317					- 1	Tillie III	10.13aiii
Establishment	License/P	ermit #	No. of Repeat Risk Factor/Intervention Violations 0			Time Out	10:45am
Community Action Head Start Logan 2	242		Permit Holder Risk Categoria		• ,	1	
Street Address			CAPCIL	High/C	lass I		
200 Centennial Courts	Purpose of Inspection						
City/State ZIP Code			Routine Inspection				
Lincoln, IL 62656							

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item IN=in compliance OUT=not in compliance N/O=not observed N/A=not applicable Mark "X" in appropriate box for COS and/or R

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

		Mark A in appropriate box for cos ana/or it					
	COS=	corrected on-site during inspection R=repeat violatio	n				
Compliance Status							
	Supervision						
1	In	Person in charge present, demonstrates knowledge, and performs duties					
2	2 In Certified Food Protection Manager (CFPM)						
		Employee Health					
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting					
4	In	Proper use of restriction and exclusion					
5	In	Procedures for responding to vomiting and diarrheal events					
		Good Hygienic Practices					
6	In	Proper eating, tasting, drinking, or tobacco use					
7	In	No discharge from eyes, nose, and mouth					
		Preventing Contamination by Hands					
8	In	Hands clean and properly washed					
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed					
10	In	Adequate handwashing sinks properly supplied and accessible					
		Approved Source					
11	In	Food obtained from approved source					
12	N/O	Food received at proper temperature					
13	In	Food in good condition, safe, and unadulterated					
14	N/A	Required records available: shellstock tags, parasite destruction					
		GOOD	RFT	Δ.			

Co	mpliance Status		cos	R			
Protection from Contamination							
15	In	Food separated and protected					
16	In	Food-contact surfaces; cleaned and sanitized					
17	In	Proper disposition of returned, previously served, reconditioned and unsafe food					
Time/Temperature Control for Safety							
18	N/O	Proper cooking time and temperatures					
19	N/A	Proper reheating procedures for hot holding					
20	N/A	Proper cooling time and temperature					
21	N/O	Proper hot holding temperatures					
22	In	Proper cold holding temperatures					
23	In	Proper date marking and disposition					
24	N/A	Time as a Public Health Control; procedures & records					
		Consumer Advisory					
25	N/A	Consumer advisory provided for raw/undercooked food					
		Highly Susceptible Populations					
26	In	Pasteurized foods used; prohibited foods not offered					
Food/Color Additives and Toxic Substances							
27	N/A	Food additives: approved and properly used					
28	In	Toxic substances properly identified, stored, and used					
Conformance with Approved Procedures							
29	N/A	Compliance with variance/specialized process/HACCP					

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods. Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation

COS R Safe Food and Water Pasteurized eggs used where required

31		Water and ice from approved source					
32		Variance obtained for specialized processing methods					
	Food Temperature Control						
33		Proper cooling methods used; adequate equipment for temperature control					
34		Plant food properly cooked for hot holding					
35		Approved thawing methods used					
36		Thermometers provided & accurate					
		Food Identification					
37		Food properly labeled; original container					
		Prevention of Food Contamination					
38		Insects, rodents, and animals not present					
39		Contamination prevented during food preparation, storage and display					
40		Personal cleanliness					
41		Wiping cloths: properly used and stored					

		cos	R
	Proper Use of Utensils		
43	In-use utensils: properly stored		
44	Utensils, equipment & linens: properly stored, dried, & handled		
45	Single-use/single-service articles: properly stored and used		
46	Gloves used properly		
	Utensils, Equipment and Vending		
47	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
48	Warewashing facilities: installed, maintained, & used; test strips		
49	Non-food contact surfaces clean		
	Physical Facilities		
50	Hot and cold water available; adequate pressure		
51	Plumbing installed; proper backflow devices		
52	Sewage and waste water properly disposed		
53	Toilet facilities: properly constructed, supplied, & cleaned		
54	Garbage & refuse properly disposed; facilities maintained		
55	Physical facilities installed, maintained, and clean		
56	Adequate ventilation and lighting; designated areas used		
	Employee Training		
57	All food employees have food handler training		
58	Allergen training as required		

Washing fruits and vegetables

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Establishment: Commun	ty Action Head Start	t Logan 2	Establishm	ent #: 242	
Water Supply: 🛛 Publ	c 🗌 Private W	/aste Water System: 🔀 F	Public Private		
Sanitizer Type: Quat		PPM	: 200	Heat:	
		TEMPERATURE	OBSERVATIONS		
Item/Location	Temp	Item/Locati	on Temp	Item/Location	Temp
All Temps in ∘F					
All Cold Holding Ur	its ≤ 41				
Milk in cooler	37				
Pickles in kitchen fi	idge 36				
		OBSERVATIONS AND	CORRECTIVE ACTION	NS	
Item	Viola	ations cited in this report mus			
Number	• • • • • • • • • • • • • • • • • • • •	Trions ened in this report mus	The second color of the se	e time frames below.	
		No Violations	Noted During Inspecti	on	
		NO VIOIATIONS	Noted During inspecti	011	
CFPM Verification (name)#): 		1	
Shannon Skelto 16499457	n				
Exp:05/22/202	3				
HACCP Topic: Discussed	Cleaning Schedule				
Quiz m. he		May 15, 2019			
Person in Charge (Signature)		Date			
Inspector (Signature)					
Jay Se-		Follow-up:	☐ Yes 🔀 No (Check	one) Follow-up Date: N/A	
Inspector (Signature)					