## Food Establishment Inspection Report

Page 1 of 2

Local Health Department Name and Address						No. of Risk Factor/Intervention Violations 0 Date 04/04							/2022	2	
Logan County Department of Public Health													AM		
109 3rd St, P.O. Box 508, Lincoln, IL 62656         Phone: (217) 735-2317           Establishment         License/Permit #					No. of Repeat Risk Factor/Intervention Violations 0 Time Out 10:1							10:1	5 AM		
Christian Child Care 362					Pe	Permit Holder Risk Category									
Street Address						Christian Child Care, Inc. High/Class I									
721 Wyatt Ave.						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							<b>Bick factors</b> are important practices or procedures identified as the							
IN=in compliance OUT=not in compliance N/O=not observed N/A=not a Mark "X" in appropriate box for COS and/or R								prevalent contributing factors of foodborne illness or injury. Public							
COS=corrected on-site during inspection R=repeat violation							interventions are control measures to prevent foodborne illness or i							ry.	
Compliance Status COS						R Compliance Status COS							R		
		Supervision		_		Protection from Contamination									
1	In	Person in charge present, demonstra	tes knowledge, and			1	15	In	Food separated and p	otected					
2	In	performs duties Certified Food Protection Manager (C	CDM)		_		16	In	Food-contact surfaces						
2		Employee Health				1	17	In	Proper disposition of r reconditioned and uns		reviously serve	d,			
	12	Management, food employee and co	nditional employee;	1		Time/Temperature Control for Safety								_	
3	In	knowledge, responsibilities and report					18	N/O	Proper cooking time a	nd temper	atures				
4	In	Proper use of restriction and exclusio		-			19	N/O	Proper reheating proc	edures for	hot holding				
5	In	Procedures for responding to vomitin Good Hygienic Practices	ig and diarrheal events	_			20	N/O	Proper cooling time ar	id tempera	ature				
6	In	Proper eating, tasting, drinking, or to	hacco use	Ť.	<u> </u>		21	N/O	Proper hot holding ter	•				_	
7	In	No discharge from eyes, nose, and m					22 23	In	Proper cold holding te				_		
1		Preventing Contamination by I				1	23	In N/A	Proper date marking a Time as a Public Healtl			ecords	_	-	
8	In	Hands clean and properly washed					24	17/6	Consumer A		procedures & r			-	
9	N/O	No bare hand contact with RTE food					25	N/A	Consumer advisory pro		raw/undercool	ed food			
10	alternative procedure properly allowed				-				Highly Susceptible	Populat	ions				
10		Approved Source	y supplied and decessio				26	N/A	Pasteurized foods used	d; prohibit	ed foods not of	fered			
11	In	Food obtained from approved source	!	1		1			d/Color Additives an						
12	N/O	Food received at proper temperature	2				27	In	Food additives: approv		• •		_		
13	In	Food in good condition, safe, and una	adulterated				28	In	Toxic substances prop nformance with App			dused			
14	N/A	Required records available: shellstock destruction	< tags, parasite				29	N/A	Compliance with varia			ACCP	-1	-	
			GOO	D RE1	ΓΑΙΙ	P		CTICES		. 1	, ,	1		_	
		Good Retail Practices are prevent							cals, and physical obj	jects into	foods.			_	
Μ	ark "X" in box if nun	nbered item is not in compliance	Mark "X" in appr	opriate	box	for	COS	and/or R COS=	corrected on-site dur	ing inspe	ction R=r	epeat vi	olatio	n	
COS R					R								cos	R	
20	Destaurised service	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	Variance obtained for specialized processing methods				-	45 Single-use/single-service articles: properly stored and used									
Food Temperature Control						46 Gloves used properly									
33									Utensils, Equipment	and Ven	ding				
34	Plant food properly	Plant food properly cooked for hot holding				47 Food and non-food contact surfaces cleanable, properly designed, con and used				structed,					
35		Approved thawing methods used				48	3		s: installed, maintained,	, & used; t	est strips				
36 Thermometers provided & accurate					_	49	9	Non-food contact sur	faces clean		-				
Food Identification 37 Food properly labeled; original container					_	Physical Facilities									
Prevention of Food Contamination					-	50 Hot and cold water available; adequate pressure									
38 Insects, rodents, and animals not present					-	51	-		roper backflow devices					-	
39	Contamination prevented during food preparation, storage and display					52	-		iter properly disposed				_	_	
40	Personal cleanliness					53     Toilet facilities: properly constructed, supplied, & cleaned       54     Garbage & refuse properly disposed; facilities maintained						_	_		
41 Wiping cloths: properly used and stored						55	-		alled, maintained, and c			-	-		
42 Washing fruits and vegetables						56	-		and lighting; designated		ed				
									Employee Tra	aining					
						57	7	All food employees ha	ave food handler trainin	g					
						58	3	Allergen training as re	auired						

## Food Establishment Inspection Report

					Page 2 01 3				
Establishment: Christian Child Ca	re	I	Establishment #: 362						
Water Supply: 🛛 Public 🗌 P	rivate Was	ste Water System: 🔀 Public 🗌 P	rivate						
Sanitizer Type: Chlorine		PPM: 100		Heat:					
ltere (Lenstier	Terrer			lterre /l.e.eetiere					
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp				
All Temps in •F									
All Cold Holding Units ≤	41		20						
Butter on top shelf in the kitche	n	milk in fridge in storage area	39						
fridge	38								
French onion dip on middle she									
in kitchen fridge	40								
Raw hamburger meat on bottor									
shelf in kitchen fridge	39								
Shen in kiteren nidge		OBSERVATIONS AND CORRECTIV							
Item           Number	Violatio	ons cited in this report must be correcte No violations noted durir							
CFPM Verification (name, expira	tion date, ID#)	):							
Heather Mcevers 21626539 Exp 09/21/2024									
·	ures for respor	nding to diarrheal and vomiting even	nt						
Super Dailer		Apr 4, 2022							

Person in Charge (Signature)

Date

Follow-up: Yes X No (Check one)

Follow-up Date: N/A