Food Establishment Inspection Report

Page 1 of 3

| Local Health Department Name and Address | | | | | | | No. of Rick Factor / Intervention Vielations O Date 05/0. | | | | | | /2022 | 2 |
|---|---|---|---------------------------|-----|-----|--|--|---------------------------|---|--------------|------------------|-----------|--------|----------|
| Logan County Department of Public Health | | | | | | | | | | | | | - | |
| 109 3rd St, P.O. Box 508, Lincoln, IL 62656 Phone: (217) 735-2317 | | | | | | No. of Ronast Rick Easter/Intervention Violations | | | | | | | | |
| Establishment License/Permit # | | | | | | | | | | | | | 5 AM | |
| Community Action Head Start Logan 1 & 3 288 | | | | | | Permit Holder Risk Category | | | | | | | | |
| Street Address | | | | | | Community Action Partnership of Central IL High/Class I | | | | | | | | |
| 2018 N Kickapoo St | | | | | | 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 i | | | | | | | | | | | | | | . |
| IN=in compliance OUT=not in compliance N/O=not observed N/A=not a | | | | | | | pplicable Risk factors are important practices or procedures identified as the m prevalent contributing factors of foodborne illness or injury. Public here | | | | | | | |
| Mark "X" in appropriate box for COS and/or R | | | | | | | interventions are control measures to prevent foodborne illness or injury. | | | | | | | |
| COS=corrected on-site during inspection R=repeat violation | | | | | | | | | | • | | | | <i>'</i> |
| Compliance Status COS | | | | | | | R Compliance Status COS R | | | | | | | |
| Supervision | | | | | | | | | Protection from (| Contamina | ition | | | |
| 1 | In | Person in charge present, demonstra performs duties | tes knowledge, and | | | | 15 | In | Food separated and p | | | | | |
| 2 | ln | Certified Food Protection Manager (C | `EDM) | | | $\left\{ \right\}$ | 16 | In | Food-contact surface | | | | | |
| 2 | | Employee Health | | | | 11 | 17 | In | Proper disposition of reconditioned and ur | | reviously served | d, | | |
| | | Management, food employee and co | nditional employee | | | Time/Temperature Control for Safety | | | | | | | | |
| 3 | In | knowledge, responsibilities and repo | | | | | 18 | N/O | Proper cooking time | | | | - 1 | _ |
| 4 | In | Proper use of restriction and exclusion | n | | | | 19 | N/O | Proper reheating pro | | | | | |
| 5 | In | Procedures for responding to vomitir | ng and diarrheal events | | | 1 | 20 | N/O | Proper cooling time a | | | | | |
| | | Good Hygienic Practices | | | | | 20 | N/O | Proper hot holding te | | | | | |
| 6 | In | Proper eating, tasting, drinking, or to | bacco use | | | | 22 | In | Proper cold holding to | • | | | | |
| 7 | In | No discharge from eyes, nose, and m | outh | | | | 23 | In | Proper date marking | | | | | |
| | | Preventing Contamination by | Hands | | 1 | 1 | 24 | N/A | Time as a Public Heal | | | cords | | |
| 8 | In | Hands clean and properly washed | | | | 1 | 24 | IN/A | Consumer | | procedures & re | corus | | |
| 9 | ln | No bare hand contact with RTE food | or a pre-approved | | | 1 | 25 | N/A | Consumer advisory p | • | raw/undercook | ad food | | |
| | | alternative procedure properly allow | ed | | | | 25 | IN/A | Highly Susceptibl | | | | | |
| 10 | In | Adequate handwashing sinks properl | y supplied and accessible | 2 | | | 26 | N/A | Pasteurized foods use | • | | arad | - 1 | |
| | | Approved Source | | | 1 | | 20 | | d/Color Additives a | | | ereu | | |
| 11 | In | Food obtained from approved source | 2 | | | | 27 | In | Food additives: appro | | | | | |
| 12 | N/O | Food received at proper temperature | 2 | | | | 28 | In | Toxic substances pro | | | lucod | | |
| 13 | In | Food in good condition, safe, and una | adulterated | | | | 20 | | nformance with Ap | | | useu | I | |
| 14 | N/A Required records available: shellstock tags, parasite destruction | | | | | | 29 | N/A | Compliance with vari | • | | ACCP | - 1 | _ |
| | | | 6005 | | ГЛП | | | CTICES | | | | | | |
| | | Cood Patail Practices are provent | | | | | | | | nineta inte | foods | | | |
| Ma | | Good Retail Practices are prevent nbered item is not in compliance | Mark "X" in appro | | | | | | corrected on-site du | | | epeat vio | olatio | n |
| | | | | cos | R | T | | | | | | · . | cos | R |
| Safe Food and Water | | | | | | Proper Use of Utensils | | | | | | | | |
| 30 | Pasteurized eggs used where required | | | | | 43 In-use utensils: properly stored | | | | | | | | |
| 31 | Water and ice from | Water and ice from approved source | | | | 44 | 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 Proper cooling methods used; adequate equipment for temperature control | | | | | | | | l | Utensils, Equipmen | t and Ven | ding | | | |
| 34 | Plant food properly cooked for hot holding | | | | | 47 Food and non-food contact surfaces cleanable, properly designed, construct | | | | | | structed, | | |
| 35 | Approved thawing | Approved thawing methods used | | | | | | and used | | J O | | | | - |
| 36 Thermometers provided & accurate | | | | 1 | | 48 49 | | Warewashing facilities | | u, & used; t | est strips | | | |
| Food Identification | | | | | | 49 | 1 | Non-food contact surf | | ailition | | | | _ |
| 37 | Food properly labeled; original container | | | | | 50 | | Hot and cold water av | Physical Fac | | | | | |
| | Prevention of Food Contamination | | | | | 51 | - | | | | | | | |
| 38 | Insects, rodents, and animals not present | | | | | | | | | | | | | |
| 39 | Contamination prevented during food preparation, storage and display | | | | | 52 Sewage and waste water properly disposed 53 Toilet facilities: properly constructed, supplied, & cleaned | | | | | | | | |
| 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 | | Physical facilities insta | | | | | | |
| 42 Washing fruits and vegetables | | | | | | 56 | | Adequate ventilation | | | d | | | -+ |
| | | | | | | F | | | Employee T | | | | | |
| | | | | | | 57 | 7 | All food employees ha | | - | | | - | |
| | | | | | | 58 | - | Allergen training as re | | | | | | |
| | | | | | | 1.0 | 1 | · | | | | | | |

Food Establishment Inspection Report

| | | | | | | Page 2 01 3 | | | | |
|--------------------|---|------------------|-------------------------------|--------------|----------------------|-------------|--|--|--|--|
| Establishment | Community Action | Head Start | : Logan 1 & 3 | Establishme | Establishment #: 288 | | | | | |
| Water Supply: | 🛛 Public 🗌 Priv | ate W | /aste Water System: 🔀 Publ | ic 🗌 Private | | | | | | |
| Sanitizer Type: | Chlorine | | PPM: 10 | 00 | Heat: | | | | | |
| | | | TEMPERATURE OB | SERVATIONS | | | | | | |
| ltem | n/Location | Temp | Item/Location | Temp | Item/Location | Temp | | | | |
| All T | emps in ∘F | | | | | | | | | |
| All Cold H | Holding Units ≤ | 41 | | | | | | | | |
| | | | | | | | | | | |
| | e compartment of | | | | | | | | | |
| _ | ı main kitchen | 39 | | | | | | | | |
| | on middle shelf in | | | | | | | | | |
| _ | main kitchen | 37 | | | | | | | | |
| | lle shelf in fridge in | | | | | | | | | |
| sto | rage area | 39 | | | | | | | | |
| ltere | | | OBSERVATIONS AND CO | | | | | | | |
| ltem Number | Violations cited in this report must be corrected within the time frames below. | | | | | | | | | |
| | | | | | | | | | | |
| | No violations noted during inspection | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| CFPM Verifica | tion (name, expiration | on date, ID |)#): | | | | | | | |
| | lle Ruestman | | | | | | | | | |
| | 1245196 | | | | | | | | | |
| | 11/9/2026 Discussed procedure | l es for resp | onding to a vomiting and diar | rheal event | I | | | | | |
| | | | onang to a vonnting and uld | | | | | | | |
| M | witch Bur | 9A- | — May 5, 2022 | | | | | | | |
| Person in Charge (| | | Date | | | | | | | |

Anton

Follow-up: 🗌 Yes 🔀 No (Check one)

Follow-up Date: N/A

Page 2 of 3