

Food Establishment Inspection Report

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|--|----------------------------|---|---|--------------------|------------|
| Local Health Department Name and Address Woodford County Health Department 1831 S. Main Street, Eureka, IL 61530 | | No. of Risk Factor/Intervention Violations | 1 | Date | 01/31/2020 |
| | | No. of Repeat Risk Factor/Intervention Violations | 0 | Time In | 10:20 AM |
| Establishment Woodford County Jail kitchen | License/Permit # 20 054 | Permit Holder Consolidated Correctional Foods | | Risk Category I | |
| Street Address 111 E. Court Street | | Purpose of Inspection Routine Inspection | | | |
| City/State Eureka, IL | ZIP Code 61530 | | | | |

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
COS=corrected on-site during inspection **R**=repeat violation

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.

| Compliance Status | COS | R | Description |
|--|-----|---|---|
| Supervision | | | |
| 1 | In | | Person in charge present, demonstrates knowledge, and performs duties |
| 2 | Out | | 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 |

| Compliance Status | COS | R | Description |
|--|-----|---|--|
| 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 | In | | Proper cooking time and temperatures |
| 19 | N/O | | Proper reheating procedures for hot holding |
| 20 | In | | Proper cooling time and temperature |
| 21 | In | | 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

| Compliance Status | COS | R | Description |
|---|-----|---|---|
| Safe Food and Water | | | |
| 30 | | | Pasteurized eggs used where required |
| 31 | | | Water and ice from approved source |
| 32 | | | Variance obtained for specialized processing methods |
| Food Temperature Control | | | |
| 33 | X | X | 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 |
| 42 | | | Washing fruits and vegetables |

| Compliance Status | COS | R | Description |
|--|-----|---|--|
| 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 |

Food Establishment Inspection Report

Establishment: Woodford County Jail kitchen

Establishment #: 20 054

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: Quaternary ammonium

PPM: 200

Heat: 181

TEMPERATURE OBSERVATIONS

| Item/Location | Temp | Item/Location | Temp | Item/Location | Temp |
|------------------|------|--------------------------------|------|---------------|------|
| Stroganoff/stove | 157 | Peas/WIC | 41 | WIC/kitchen | 30 |
| Stroganoff/stove | 175 | Hot dogs/WIC | 41 | WIF/kitchen | -8 |
| Broccoli/stove | 206 | Egg salad/WIC | 41 | | |
| | | Ground chicken/WIC | 41 | | |
| | | Stroganoff gravy - cooling/WIC | 162 | | |
| | | | | | |
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OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | Violations cited in this report must be corrected within the time frames below. |
|-------------|--|
| 2 | 2-102.12 (C) Observed documentation that only one (1) food employee has current CFPM or IL FSSM certification. This facility is classified as a Category I food establishment, and the person-in-charge must have current CFPM certification and be on the premises during all hours of operation. Provide an adequate number of staff with approved CFPM certification to ensure that the person-in-charge has CFPM certification and is on the premises during all hours of operation. Please correct this violation within 90 days or at least by next routine inspection. |
| 33 | 3-501.15 (Pf) Observed in WIC large stock pot 1/3 full of Stroganoff gravy in process of cooling down and internal temperature of Stroganoff gravy indicated 162° F using a food temperature measuring device with metal-stem. Stroganoff gravy was made today and placed into WIC at approximately 10:00 am according to person-in-charge. TCS food must cool down from 135° F to 70° F within two hours and from 70° F to 41° F or less within 4 hours. Reviewed TCS food cooling requirements and discussed HACCP concept with person-in-charge. TCS food removed WIC, placed into two (2) separate shallow pans, and placed into WIF for rapid cooling. Recheck internal temperature of Stroganoff gravy at 11:30 am = 100° F. |
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CFPM Verification (name, expiration date, ID#): Valarie Mendez

| | | | |
|--|--|--|--|
| Valarie Mendez 18406191 - ServSafe Exp. 9/2024 | | | |
|--|--|--|--|

HACCP Topic: TCS food cooling temperature requirements, employee health policy requirements, allergy signage

Jan 31, 2020
 Person in Charge (Signature) Date

Follow-up: Yes No (Check one)
Follow-up Date: _____
 Inspector (Signature)

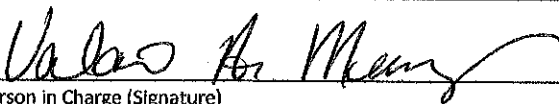
Food Establishment Inspection Report

Establishment: Woodford County Jail kitchen

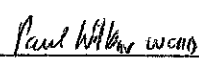
Establishment #: 20 054

OBSERVATIONS AND CORRECTIVE ACTIONS

| Item Number | |
|-------------|---|
| | Violations cited in this report must be corrected within the time frames below. |
| | Please correct any core (C) violations noted above ASAP but at least by next routine inspection |
| | Please go to our website to view/print the WCHD Connection quarterly newsletter and other food safety information |
| | Facility is still classified as a Category I food establishment |
| | The person-in-charge must have CFPM certification and be on the premises during all hours of operation |
| | WCHD provides free food safety in-services to establishments & their staff |
| | Next certified food protection manager 8-hour class & exam offered @ WCHD: March 2020 |
| | Food handler certification is required for all food employees who do not already have CFPM certification. "Food employee" means an individual working with unpackaged food food equipment or utensils, or food-contact surfaces. Food handler certification is required 30 days from the hire date of food employees and valid for three (3) years from date of issuance. |
| | Ensure compliance with Smoke-Free IL Act - public places and places of employment must be completely smoke-free inside and within 15 feet from entrances, exits, windows that open and ventilation intakes; signage must be posted at entrances & exits; no vaping or e-cig use in food preparation area, warewashing area, or storage areas of food establishment. |
| | Observed temperature log sheets for refrigeration units, TCS food cooking temperatures, and final rinse temperature of mechanical warewashing machine. |
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Person in Charge (Signature)

Jan 31, 2020
Date


Inspector (Signature)

Follow-up: Yes No (Check one)

Follow-up Date: _____