

# 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 0	Date 05/22/2023
Establishment Stepping Stones Daycare		No. of Repeat Risk Factor/Intervention Violations 0	Time In 11:10 AM
		Permit Holder Hayley A. Tibbs Enterprises LLC	Time Out 12:10 PM
Street Address 101 Delaney Drive		Risk Category I	
City/State El Paso, IL		Purpose of Inspection Routine Inspection	

## 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	Compliance Status	COS	R
<b>Supervision</b>						
1	In	Person in charge present, demonstrates knowledge, and performs duties		15	In	Food separated and protected
2	In	Certified Food Protection Manager (CFPM)		16	In	Food-contact surfaces; cleaned and sanitized
<b>Employee Health</b>						
3	In	Management, food employee and conditional employee; knowledge, responsibilities and reporting		17	In	Proper disposition of returned, previously served, reconditioned and unsafe food
4	In	Proper use of restriction and exclusion		<b>Time/Temperature Control for Safety</b>		
5	In	Procedures for responding to vomiting and diarrheal events		18	In	Proper cooking time and temperatures
<b>Good Hygienic Practices</b>						
6	In	Proper eating, tasting, drinking, or tobacco use		19	N/O	Proper reheating procedures for hot holding
7	In	No discharge from eyes, nose, and mouth		20	N/O	Proper cooling time and temperature
<b>Preventing Contamination by Hands</b>						
8	In	Hands clean and properly washed		21	In	Proper hot holding temperatures
9	In	No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed		22	In	Proper cold holding temperatures
10	In	Adequate handwashing sinks properly supplied and accessible		23	In	Proper date marking and disposition
<b>Approved Source</b>						
11	In	Food obtained from approved source		24	N/A	Time as a Public Health Control; procedures & records
12	N/O	Food received at proper temperature		<b>Consumer Advisory</b>		
13	In	Food in good condition, safe, and unadulterated		25	N/A	Consumer advisory provided for raw/undercooked food
14	N/A	Required records available: shellstock tags, parasite destruction		<b>Highly Susceptible Populations</b>		
<b>GOOD RETAIL PRACTICES</b>						
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	COS		R	
<b>Safe Food and Water</b>						
30	Pasteurized eggs used where required		43	Proper Use of Utensils		
31	Water and ice from approved source		44	In-use utensils: properly stored		
32	Variance obtained for specialized processing methods		45	Utensils, equipment & linens: properly stored, dried, & handled		
<b>Food Temperature Control</b>						
33	Proper cooling methods used; adequate equipment for temperature control		46	Single-use/single-service articles: properly stored and used		
34	Plant food properly cooked for hot holding		47	Gloves used properly		
35	Approved thawing methods used		<b>Utensils, Equipment and Vending</b>			
36	Thermometers provided & accurate		48	Food and non-food contact surfaces cleanable, properly designed, constructed, and used		
<b>Food Identification</b>						
37	Food properly labeled; original container		49	Warewashing facilities: installed, maintained, & used; test strips		
<b>Prevention of Food Contamination</b>						
38	Insects, rodents, and animals not present		50	Non-food contact surfaces clean		
39	Contamination prevented during food preparation, storage and display		<b>Physical Facilities</b>			
40	Personal cleanliness		51	Hot and cold water available; adequate pressure		
41	Wiping cloths: properly used and stored		52	Plumbing installed; proper backflow devices		
42	Washing fruits and vegetables		53	Sewage and waste water properly disposed		
<b>Employee Training</b>						
57	All food employees have food handler training		54	Toilet facilities: properly constructed, supplied, & cleaned		
58	Allergen training as required		55	Garbage & refuse properly disposed; facilities maintained		
			56	Physical facilities installed, maintained, and clean		
			57	Adequate ventilation and lighting; designated areas used		

# Food Establishment Inspection Report

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Establishment: Stepping Stones Daycare

Establishment #: 23 081

Water Supply:  Public  Private

Waste Water System:  Public  Private

Sanitizer Type: Quaternary ammonium

PPM: 200

Heat: 183

## TEMPERATURE OBSERVATIONS

## OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below.
	No violations observed at time of inspection.

CFPM Verification (name, expiration date, ID#): Delois Wilkey

Delois Wilkey L2SC-3-017355 - Learn 2 Serve Exp. 2/2027	Hayley Tibbs L2SC-3-018726 - Learn 2 Serve Exp. 3/2027	Allyssa Zehr 17835262 - ServSafe Exp. 5/2024	Bethany Schmidt 17788202 - ServSafe Exp. 4/2024
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## HACCP Topic: TCS food temperature requirements, no bare hand contact with ready-to-eat food, employee health policy

DeLois W  
Person In Charge (Signature)

May 22, 2023

Person in Charge (Signature)

Follow-up:  Yes  No (Check one)

**Follow-up Date:**

Inspector (Signature)

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Establishment: Stepping Stones Daycare

Establishment #: 23 081

## OBSERVATIONS AND CORRECTIVE ACTIONS

Devon W.  
Person in Charge (Signature)

May 22, 2023

Date

Person in Charge (Signature)

**Follow-up:**  Yes  No (Check one)

**Follow-up Date:**

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Inspector (Signature)