

Food Establishment Inspection Report

Page 1 of 3

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	04/04/2024
Establishment Fieldcrest High School cafeteria		License/Permit #	24 004	No. of Repeat Risk Factor/Intervention Violations	0
Street Address 1 Dornbush Drive		Permit Holder Fieldcrest CUSD #6		Risk Category I	
City/State Minonk, IL		ZIP Code 61760		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
Supervision			
1	In	Person in charge present, demonstrates knowledge, and performs duties	
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	

Compliance 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/O	Proper reheating procedures for hot holding	
20	N/O	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	N/A	Pasteurized foods used; prohibited foods not offered	
Food/Color Additives and Toxic Substances			
27	N/A	Food additives: approved and properly used	
28	Out	Toxic substances properly identified, stored, and used	X
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
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		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
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	

Establishment: Fieldcrest High School cafeteria

Establishment #: 24 004

Water Supply: ☒ Public ☐ Private Waste Water System: ☒ Public ☐ Private

Sanitizer Type: Chlorine

PPM: >200/100

Heat: 190

TEMPERATURE OBSERVATIONS

Item/Location	Temp		Item/Location	Temp		Item/Location	Temp
Mostaccioli/steam table	138		Shredded cheese/RIC	36		Yogurt/RIC	40
Green beans/steam table	136		Peeled hard-boiled eggs/RIC	39		Cut lettuce/salad bar	41
			Diced turkey/RIC	36		Diced turkey/salad bar	38
			Diced ham/RIC	38		Diced eggs/salad bar	40
			Precooked ground beef/RIC	38			
			Milk/WIC	38			
			Cut lettuce/WIC	37			
			Cheese sticks/RIC	40			
			Cottage cheese/RIC	40			

OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

CFPM Verification (name, expiration date, ID#): Susan Swartz

Susan Swartz
21914127 - NRFSP
Exp. 2/2028

Mary Moore
21914130 - NRFSP
Exp. 2/2028

Billie Stokowski
2765792 - Always Food Safe
Exp. 9/2028

Lisa Junker
21906806 - ServSafe
Exp. 3/2027

HACCP Topic: TCS food temperature requirements, no bare hand contact with ready-to-eat food, employee health policy requirements

Susie Swartz
Person In Charge (Signature)

Apr 4, 2024

Date _____

Inspector (Signature) Paul Wilkey wgo

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date:

Food Establishment Inspection Report

Page 3 of 3

Establishment: Fieldcrest High School cafeteria

Establishment #: 24 004

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 shall have CFPM certification and be on the premises during all hours of operation

Please note that if establishment or group fundraiser is cooking/preparing/serving food outside of kitchen facility (concessions, grill, barbecue, steak-fry, cook-out, etc.), a temporary food/drink permit must be applied for & approved by WCHD.

WCHD provides free food safety in-services to establishments & their staff

Food handler certification is required for all food employees without CFPM certification. "Food employee" means an individual working with unpackaged food, food equipment or utensils, or food-contact surfaces. Food handler certification is required within 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 posted at entrances & exits; no smoking or vaping or e-cigarette use in food & drink prep area, dishwashing area, storage area, and within building structure.

Susie Swartz
Person In Charge (Signature)

Apr 4, 2024

Date

Paul Wilson
Inspector (Signature)

Follow-up: ☐ Yes ☒ No (Check one)

Follow-up Date: _____