

# 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	08/06/2024
Establishment Stepping Stones Daycare		License/Permit #	24 041	No. of Repeat Risk Factor/Intervention Violations	0
Street Address 101 Delaney Drive		Permit Holder	Hayley A. Tibbs Enterprises LLC	Risk Category	I
City/State El Paso, IL		ZIP Code	61738	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
<b>Supervision</b>			
1	In		
Person in charge present, demonstrates knowledge, and performs duties			
2	In		
Certified Food Protection Manager (CFPM)			
<b>Employee Health</b>			
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			
<b>Good Hygienic Practices</b>			
6	In		
Proper eating, tasting, drinking, or tobacco use			
7	In		
No discharge from eyes, nose, and mouth			
<b>Preventing Contamination by Hands</b>			
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			
<b>Approved Source</b>			
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
<b>Protection from Contamination</b>			
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			
<b>Time/Temperature Control for Safety</b>			
18	In		
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			
<b>Consumer Advisory</b>			
25	N/A		
Consumer advisory provided for raw/undercooked food			
<b>Highly Susceptible Populations</b>			
26	In		
Pasteurized foods used; prohibited foods not offered			
<b>Food/Color Additives and Toxic Substances</b>			
27	N/A		
Food additives: approved and properly used			
28	In		
Toxic substances properly identified, stored, and used			
<b>Conformance with Approved Procedures</b>			
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
<b>Safe Food and Water</b>			
30			
Pasteurized eggs used where required			
31			
Water and ice from approved source			
32			
Variance obtained for specialized processing methods			
<b>Food Temperature Control</b>			
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			
<b>Food Identification</b>			
37			
Food properly labeled; original container			
<b>Prevention of Food Contamination</b>			
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
<b>Proper Use of Utensils</b>			
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			
<b>Utensils, Equipment and Vending</b>			
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			
<b>Physical Facilities</b>			
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			
<b>Employee Training</b>			
57			
All food employees have food handler training			
58			
Allergen training as required			

# Food Establishment Inspection Report

Establishment: Stepping Stones Daycare

Establishment #: 24 041

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

Sanitizer Type: Quaternary ammonium/Chlorine

PPM: 200

Heat: 183

## TEMPERATURE OBSERVATIONS

[illegible]

### OBSERVATIONS AND CORRECTIVE ACTIONS

[illegible]

CFPM Verification (name, expiration date, ID#): Hayley Tibbs

Delois Wilkey  
L2SC-3-017355 - Learn 2 Serve  
Exp. 2/2027

Hayley Tibbs  
L2SC-3-018726 - Learn 2 Serve  
Exp. 3/2027

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

Person in Charge (Signature)

Aug 6, 2024

Date \_\_\_\_\_

Inspector (Signature)

**Follow-up:** ☐ Yes ☒ No (Check one)

Follow-up Date:

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