

Inspection Report

Fulton County Health Department 700 E. Oak St. Canton, IL 61520 (309) 647-1134	No. of Risk Factor/Intervention Violations 12	Date 03/22/2017 Time In 10:00 am Time Out 11:25 am		
	No. of Repeat Risk Factor/Intervention Violations 0			
	Score (optional) 90.00			
Establishment SPOON RIVER VALLEY SCHOOL #4	Address 35265 N IL HWY 97	City/State LONDON MILLS, IL	Zip Code 61544	Telephone (309) 778-2201
License/Permit # PT0000214	Permit Holder	Purpose of Inspection ROUTINE INSPECTION	Est. Type	Risk Category

IN = IN COMPLIANCE OUT = OUT OF COMPLIANCE N/A = NOT APPLICABLE N/O = NOT OBSERVED COS = COMPLIED ON SITE RPT = REPEAT VIOLATION VD = VIOLATION DEGREE

Foodborne Illness Risk Factors and Public Health Interventions

1	Compliance with Certified Manager Requirement <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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Employee Health

2	Proper ill practices, no ill workers present <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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Good Hygienic Practices

A	Good Hygienic Practices Total Points - 8 pts. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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3	Gloves used properly <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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4	Proper eating, tasting, drinking, or tobacco use <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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5	Good Personal habits and cleanliness <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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Preventing Contamination by Hands

B	Preventing Contamination by Hands - 9 pts. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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6	Hands Clean and Properly Washed <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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7	No bare hand contact with RTE foods or approved alternate method properly followed <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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8	Adequate handwashing facilities supplied & accessible <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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Approved Source

C	Approved Source - 9 pts. <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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9	Food obtained from approved source <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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10	Food received at proper temperature <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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11	Food in good condition, safe, & unadulterated <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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12	Required records available: shellstock tags <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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Stacy Thompson

Stacy Thompson Inspector

Critical Violation Form Return Date:	Follow-up: 06/20/2017	Date: 03/22/17
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Foodborne Illness Risk Factors and Public Health Interventions

Protection from Contamination

D	Protection from Contamination 9 pts. <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	9.00
13	Food separated & protected <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
14	Food-contact surfaces: cleaned & sanitized <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT Violation Comments: Provide food-contact surfaces to be cleaned and sanitized. Dish machine in main kitchen did not have booster heater turned on. After the booster was turned on, the maximum rinse temperature only reached 162° F, even after being run multiple times. Temperature gauge on machine does not appear to be correct, and may need replaced. Elementary kitchen dish machine only reached 175° F during the rinse cycle, until booster thermostat was turned up, after which it reached 180° F. Hot water sanitizing requires a rinse temperature between 180 and 195° F. Have dish machine in main kitchen serviced to ensure adequate rinse temperatures. In the meantime, sanitize dishes with bleach or quat in the 3-compartment sink. Ensure that all staff members know to monitor rinse temperatures, and to rerun loads if the rinse temperature is not at least 180° F.	0.00
15	Proper disposition of returned, previously served, reconditioned, & unsafe food <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

Potentially Hazardous Food Time/Temperature

E	Potentially Hazardous Food Time/Temp - 9 pts. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
16	Proper cooking time & temperatures <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
17	Proper reheating procedures for hot holding <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
18	Proper cooling time & temperatures <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
19	Proper hot holding temperatures <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
20	Proper cold holding temperatures <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
21	Proper date marking & disposition <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
22	Time as a public health control: procedures & records <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

Consumer Advisory

23	Consumer advisory provided for raw or undercooked foods <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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Highly Susceptible Populations

24	Pasteurized foods used, prohibited foods not offered <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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Foodborne Illness Risk Factors and Public Health Interventions

Chemical

F	Chemicals - 9 pts. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
25	Food Additives: approved and properly used <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
26	Toxic substances properly identified, stored, and used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

Conformance with Approved Procedures

27	Compliance with variance, specialized process, and HACCP plan <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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Good Retail Practices

Safe Food and Water

G	Safe Food and Water - 3 pts. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
28	Egg and Egg products properly used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
29	Water and ice from approved source <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
30	Variance obtained for specialized processing methods <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

Food Temperature Control

H	Food Temperature Control - 3 pts. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
31	Proper cooling methods used and adequate equipment for temperature control <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
32	Plant food properly cooked for hot holding <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
33	Approved thawing methods used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
34	Thermometers provided and accurate <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

Food Identification

35	Food properly labeled; original container <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
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Prevention of Food Contamination

I	Prevention of Food Contamination - 3 pts. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00
36	Insects, rodents, and animals not present, and no unauthorized persons <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT	0.00

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Good Retail Practices			
37	Contamination prevented during food preparation, storage, and display <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		0.00
38	Food products properly prepared and stored <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		0.00
39	Wiping cloths: properly used and stored <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		0.00
40	Washing fruits and vegetables <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		0.00
Proper Use of Utensils			
J	Proper Use of Utensils - 1 pt. <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		0.00
41	In-use utensils: properly stored <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		0.00
42	Utensils, equipment and linens: properly stored, dried, and handled <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		0.00
43	Single-use and single service articles: properly stored and used <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		0.00
44	Food contact surfaces clean <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		0.00
Utensils, Equipment and Vending			
K	Utensils, Equipment and Vending - 1 pt. <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		1.00
45	Food and non-food contact surfaces cleanable, properly designed, constructed, and used <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT Violation Comments: Provide for food and non-food contact surfaces to be easily cleanable, properly designed, constructed and used. Shelves of fridge in elementary kitchen are chipped and rusty. Repaint or replace in order to prevent contamination of food by paint chips, and to provide a smooth, easily cleanable surface.		0.00
46	Warewashing facilities: installed, maintained, and used; test strips <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT Violation Comments: Provide for proper test strips for the sanitizer. Elementary school kitchen does not have test strips for the quat sanitizer being used. Obtain test strips so that sanitizer concentrations can be monitored. In addition, be aware that using cotton cloths in quat sanitizer can affect the sanitizer concentration. Ask supplier about cloths that are better suited for use with quat.		0.00
47	Non-food contact surfaces clean <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT Violation Comments: Provide for non-food contact surfaces to be clean. Clean metal vent grate in dry storage area, and fans in walk in cooler, where a layer of dust has accumulated.		0.00
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Good Retail Practices Physical Facilities

L	Physical Facilities - 3 pts.		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		
48	Hot and cold water available; adequate pressure		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		
49	Plumbing installed; proper backflow device		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		
50	Sewage and waste water properly disposed		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		
51	Toilet facilities: properly constructed, supplied and cleaned		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		
52	Garbage and refuse properly disposed; facilities maintained		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		
53	Physical facilities installed, maintained, and clean		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		
54	Adequate ventilation and lighting; designated areas used		0.00
	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> RPT		

Temperature Observations

Item/Location	Temp	Item/Location	Temp	
Air/Milk cooler - left - Elementary	40 F	Air/Upright freezer	21 F	
Air/Milk cooler	36 F	Air/Milk cooler - right- Elementary	36 F	
Air/Stainless cooler	37 F	Air/Drinks cooler	41 F	
Mashed potatoes/Just cooked	155 F	Air/Walk in	38 F	
Air/Fridge - Elementary	37 F			

Certified Food Managers

Name	Certificate	Expiration	Name	Certificate
Sharp, Victoria	01533281	6/14/2016 12:00:00A		
Wilcoxon, Karen	01308920	11/17/2019 12:00:00A		
Reeder, Marie	01644296	7/7/2019 12:00:00AM		
Quick, Nancy	01640273	5/31/2019 12:00:00A		
Ellsworth, Lori	01439547	9/25/2018 12:00:00A		
Utsinger, Linda	01025716	11/26/2016 12:00:00A		
Bull, Kristy	01611341	6/27/2018 12:00:00A		

Overall Inspection Comments:

HACCP 2

Stacy Thompson Inspector

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