



Food Establishment Inspection Report

Establishment Name Champaign Bickford Cottage (2 Kitchens: Main & Memory Care)	Permit # 1019	Owner/Manager Mike Eby	Date	09/05/2024	
			Time In	07:30 AM	
Street Address 1002 S Staley RD	City/State Champaign, IL	ZIP Code 61822	Purpose of Inspection Follow-Up	Time Out	08:50 AM
			No. of Risk Factor/Intervention Violations: 8	Risk Category	1
			No. of Repeat Risk Factor/Intervention Violations: 4	Inspection Result	Red

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		
SUPERVISION				PROTECTION FROM CONTAMINATION					
1	IN OUT			15	IN OUT N/A N/O		X		
Person in charge present, demonstrates knowledge, and performs duties				Food separated and protected					
2	IN OUT N/A			16	IN OUT N/A				
Certified Food Protection Manager				Food-contact surfaces: cleaned & sanitized					
EMPLOYEE HEALTH				TIME/TEMPERATURE CONTROL FOR SAFETY					
3	IN OUT			17	IN OUT				
Management, food employee and conditional employee; knowledge, responsibilities and reporting				Proper disposition of returned, previously served, reconditioned & unsafe food					
4	IN OUT			18	IN OUT N/A N/O				
Proper use of restriction and exclusion				Proper cooking time & temperatures					
5	IN OUT			19	IN OUT N/A N/O				
Procedures for responding to vomiting and diarrheal events				Proper reheating procedures for hot holding					
GOOD HYGIENIC PRACTICES				Proper cooling time and temperature					
6	IN OUT N/O			20	IN OUT N/A N/O				
Proper eating, tasting, drinking, or tobacco use				Proper hot holding temperatures					
7	IN OUT N/O			21	IN OUT N/A N/O				
No discharge from eyes, nose, and mouth				Proper cold holding temperatures					
PREVENTING CONTAMINATION BY HANDS				Proper date marking and disposition					
8	IN OUT N/O			22	IN OUT N/A N/O				
Hands clean & properly washed				Proper hot holding temperatures					
9	IN OUT N/A N/O			23	IN OUT N/A N/O				
No bare hand contact with RTE food or a pre-approved alternative procedure properly allowed				Proper cold holding temperatures					
10	IN OUT		X	24	IN OUT N/A N/O				
Adequate handwashing sinks properly supplied and accessible				Time as a Public Health Control; procedures & records					
APPROVED SOURCE				CONSUMER ADVISORY					
11	IN OUT			25	IN OUT N/A				
Food obtained from approved source				Consumer advisory provided for raw/undercooked food					
12	IN OUT N/A N/O			HIGHLY SUSCEPTIBLE POPULATIONS					
Food received at proper temperature				26 IN OUT N/A					
13	IN OUT			27 IN OUT N/A					
Food in good condition, safe, & unadulterated				28 IN OUT N/A					X
14	IN OUT N/A N/O			FOOD/COLOR ADDITIVES AND TOXIC SUBSTANCES					
Required records available: shellstock tags, parasite destruction				29 IN OUT N/A					
				CONFORMANCE WITH APPROVED PROCEDURES					
				29 IN OUT 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.
 In the sections below, red circle=out of compliance Mark "X" in appropriate box for COS and/or R COS=corrected on site during inspection R=repeat violation

Compliance Status		COS	R	Compliance Status		COS	R		
SAFE FOOD AND WATER				PROPER USE OF UTENSILS					
30	OUT			43	OUT				
Pasteurized eggs used where required				In-use utensils: properly stored					
31	OUT			44	OUT				
Water & ice from approved source				Utensils, equipment & linens: properly stored, dried, & handled					
32	OUT			45	OUT				
Variance obtained for specialized processing methods				Single-use/single-service articles: properly stored & used					
FOOD TEMPERATURE CONTROL				46 OUT					
33	OUT			Gloves used properly					
Proper cooling methods used; adequate equipment for temperature control				UTENSILS, EQUIPMENT, AND VENDING					
34	OUT			47	OUT				
Plant food properly cooked for hot holding				Food & non-food contact surfaces cleanable, properly designed, constructed & used					
35	OUT			48	OUT				
Approved thawing methods used				Warewashing facilities: installed, maintained & used; test strips					
36	OUT			49	OUT				
Thermometers provided & accurate				Non-food contact surfaces clean					
FOOD IDENTIFICATION				PHYSICAL FACILITIES					
37	OUT			50	OUT				
Food properly labeled; original container				Hot & cold water available; adequate pressure					
PREVENTION OF FOOD CONTAMINATION				51	OUT				
38	OUT		X	Plumbing installed; proper backflow devices					
Insects, rodents, & animals not present				52	OUT				
39	OUT			Sewage & waste water properly disposed					
Contamination prevented during food preparation, storage & display				53	OUT				
40	OUT			Toilet facilities: properly constructed, supplied, & cleaned					
Personal cleanliness				54	OUT				
41	OUT			Garbage & refuse properly disposed; facilities maintained					
Wiping cloths: properly used & stored				55	OUT				
42	OUT			Physical facilities installed, maintained & clean					
Washing fruits & vegetables				56	OUT				
				Adequate ventilation & lighting; designated areas used					
				EMPLOYEE TRAINING					
				57	OUT				
				All food employees have food handler training					
				58	OUT				
				Allergen training as required					

Food Establishment Inspection Report

Establishment Name: Champaign Bickford Cottage (2 Kitchens: Main & Memory Care)

Permit #: 1019

Water Supply: Public Private

Waste Water System: Public Private

Sanitizer Type: _____ PPM: _____ Heat: _____

CFPM AND HACCP

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

Exp. Date: ID #:	Exp. Date: ID #:	Exp. Date: ID #:	Exp. Date: ID #:
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HACCP Topic:

OBSERVATIONS AND CORRECTIVE ACTIONS

Item No.	P	Pf	C	R	Violations cited in this report must be corrected within the timeframes below. NRI=Next Routine Inspection	Correction Date
8	X				2-301.14 (I): When to Wash-After Other Activities Contaminating Hands Employees were observed adjusting their hat and resuming food preparation.	
13	X				3-101.11: FOOD Condition-Safe/Unadulterated/Honestly Presented 1. There was a rotten head of lettuce sitting on the shelf amongst fresh vegetables (in the kitchen hallway). 2. There were 2 spoiled/rotten eggplants stored with the squash on the food storage shelf in the hallway of the kitchen area.	
15	X			X	3-302.11 (A)(1)(a-c): Cross Contamination-Separating Raw Animal FOODS from RTE FOODS or Fruits/Vegetables Before Washed The below items were all located inside the 2-door cooler: 1. (Non Pasteurized) Eggs were sitting directly above RTE lettuce. 2. Raw chicken was stored directly above Pasteurized eggs. 3. A large open (wrapped in saran wrap) "chub" of ham was sitting in the same container as a raw log of ground beef. The blood from the raw ground beef was making direct contact with the deli ham. There was also a container of hot dogs sitting inside the same tub.	
28	X			X	7-201.11: POISONOUS OR TOXIC MATERIALS Stored There were chemicals stored directly over paper towels on the chemical storage rack in the room with the two refrigeration units.	
1		X			2-102.11 (A,B,C): (A) PIC Demonstrated Knowledge-no PRIORITY ITEM Violations (B)The PERSON IN CHARGE shall demonstrate this knowledge by: Being a certified FOOD protection manager who has shown proficiency of required information through passing a test that is part of an ACCREDITED PROGRAM (C) The PERSON IN CHARGE shall demonstrate this knowledge by: Responding correctly to the inspector's questions as they relate to the specific FOOD operation. The areas of knowledge listed: 1-16. The persons in charge did not demonstrate adequate food safety knowledge based on the repeated violations as well as the additional violations cited during today's follow-up inspection.	
10		X		X	6-301.12 (A-D): Hand Drying 1. The paper towel dispenser at the hand sink located in the hallway between the dish room and kitchen was not working properly. There were no backup paper towels available. *It should be noted that the kitchen hand washing sink did not have paper towels inside of the dispenser but, there was a roll of paper towels located in front of the hand sink (on the island).	
10		X		X	5-205.11 (B): HANDWASHING SINK No Other Uses 1. There were coffee stains in the basin of the hallway hand sink. Providing enough evidence of the hand sink being used for other purposes outside of hand washing. 2. The dining room hand sink had coffee stains in the basin as well as a spoon. Providing evidence that the hand sink was being used for non-hand washing purposes.	
2			X		2-102.12 (A): PIC shall be a Certified FOOD Protection Manager (CFPM) The PIC was not a CFPM.	NRI
38			X	X	6-501.112: Removing Dead or Trapped Pests There were dead cockroaches found throughout the dry storage room and the dish room.	NRI
43			X		3-304.12 (B): During Pauses in FOOD preparation or Dispensing, UTENSILS Stored: In Non-TCS FOOD with Handles Above the Top of the FOOD Within Containers or EQUIPMENT that can be Closed The handle of the scoop was in contact with the ice inside of the ice machine.	NRI
Inspection Comments		At 8:55 AM on 9/5/2024 the food service was closed and the health permit was suspended due to (an imminent health hazard/ uncontrolled foodborne illness risk factors/ or unsatisfactory compliance with local ordinance). All food handling, preparation, and service must cease as of this time. A red Closed placard was posted at a location determined by the health officer. This placard is the property of C-UPHD/ CCPHD and shall not be removed, copied, or altered in any way under penalty of law. All required paperwork and further instruction was shared with management before the inspector's departure. Contact me with any questions at rwilson@c-uphd.org				

Person in Charge (Signature) Jay Nadonga, Employee	Date: 09/05/2024
Environmental Health Specialist (Signature) Rami Wilson	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Follow-up Date: