

# Montgomery County Health Department

11191 Illinois Route 185  
Hillsboro IL 62049

Division of Environmental Health  
(217) 532-2001

## Retail Food Sanitary Inspection Report

Establishment <b>Lily Pad Learning Center</b>	Permit# <b>28525</b>	Date <b>4-26-18</b>	Grade <b>A</b>	Score (100 - demerits) <b>100</b>
Address <b>402 W. St. John St.</b>	Establishment Code <b>01</b>	Risk <b>1</b>	Time in <b>10:00am</b>	
City <b>Litchfield</b>	State <b>IL</b>	Zip <b>62056</b>	Phone Number <b>(717) 374-2090</b>	Time out <b>10:40am</b>
Owner/Agent <b>Jennifer Halgen</b>	Compliant with the Smoke-Free Illinois Act? <b>YES NO (circle one)</b>			

Purpose of inspection (circle one): **(Routine)** Follow-up Pre-opening Smoking Complaint Educational Other

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item  
Mark "X" in appropriate box for C and/or R  
IN=in compliance OUT=out of compliance N/O=not observed N/A=not applicable  
C=corrected on-site during inspection R=repeat violation (2X demerits)

Compliance Status	C	R	Points
<b>Demonstration of Knowledge 5 points</b>			
1 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Compliance with Certified Manager Requirement
<b>Employee Health 5 points</b>			
2 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Employee health policy and procedures
<b>Good Hygienic Practices 6 points</b>			
3 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NA <input type="radio"/> NO			Proper glove use
4 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO			Proper eating, tasting, drinking, tobacco use
5 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO			Personal hygiene and cleanliness
<b>Preventing Contamination by Hands 8 points</b>			
6 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> NO			Hands clean, handwashing procedures
7 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			No bare hand contact with RTE foods
8 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Adequate handwashing facilities supplied & accessible
<b>Approved Source 5 points</b>			
9 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food obtained from approved source
10 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Food received at proper temperature
11 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Food in good condition, safe, unadulterated
12 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Required records available; shellstock tags
<b>Protection from Contamination 6 points</b>			
13 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Food separated & protected
14 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Food contact surfaces clean & sanitized
15 <input checked="" type="radio"/> IN <input type="radio"/> OUT			No re-use of foods or single service previously served

Compliance Status	C	R	Points
<b>Potentially Hazardous Food Time/Temperature 9 points</b>			
16 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Proper cooking time & temperature
17 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Proper reheating procedures for hot holding
18 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Proper cooling time & temperature
19 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> NO			Proper hot holding temperature
20 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Proper cold holding temperature
21 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Proper date marking & disposition of PHF
22 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Time as a public health control: approved procedure & records
<b>Consumer Advisory 3 points</b>			
23 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Consumer advisory provided for raw or undercooked foods
<b>Highly Susceptible Populations 5 points</b>			
24 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Proper foods used for susceptible populations
<b>Chemical 5 points</b>			
25 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> NO			Sanitizing solutions in excess of allowable limits
26 <input checked="" type="radio"/> IN <input type="radio"/> OUT			Toxic items properly identified, stored & used
<b>Approved Procedures 3 points</b>			
27 <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A			Compliance with variance, HACCP, policy

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness and injury. Public Health Interventions are control measures to prevent foodborne illness or injury. Greater weight is given to these violations.

### GOOD RETAIL PRACTICES/STANDARD OPERATING PROCEDURES

Good Retail Practices and Standard Operating Procedures are preventative measures to control the addition of pathogens, chemicals, and physical objects into food.  
Mark "X" in appropriate box for C and/or R  
C=corrected on-site during inspection R=repeat violation (2X demerits)

Pts	C	R	Points
<b>Safe Water &amp; Sewage Disposal</b>			
28			3 Water & ice from approved source
29			3 Plumbing installed; backflow protection
30			3 Sewage & wastewater disposal
<b>Food Equipment</b>			
31			1 Facilities to maintain product temperature
32			2 Approved thawing methods
33			1 Thermometers/gauges provided, used & accurate
<b>Food Identification</b>			
34			1 Food properly labeled; original container
<b>Prevention from Contamination</b>			
35			3 Insects/rodents/animals present; unauthorized persons; openings
36			2 Food protection during food preparation, storage & display
37			2 Personal cleanliness (presentation)
38			1 Wiping cloths: properly used & stored
39			1 Fruits & vegetables properly washed before use

Pts	C	R	Points
<b>Proper Use of Utensils</b>			
40			1 In-use utensils; properly stored
41			1 Utensils, equipment & linens; properly stored, washed & handled
42			1 Single-service articles: storage & dispensing
43			2 Food (ice) contact surfaces: constructed, installed, maintained
44			1 Non-food contact surfaces: constructed, installed, maintained
45			1 Warewashing facilities: installed, maintained & used; test strips
46			1 Non-food contact surfaces clean
<b>Physical Facilities</b>			
47			3 Hot & cold water available, adequate pressure
48			1 Physical facilities clean
49			1 Cleaning equipment properly stored
50			1 Toilet facilities constructed, supplied & cleaned, self-closing doors
51			1 Refuse properly disposed; facilities maintained
52			1 Physical facilities properly installed & maintained
53			1 Adequate ventilation & lighting; designated areas used

Received by (Signature) <b>Cecilia Gerl</b>	Received by (printed) <b>Cecilia Gerl</b>	Title <b>Director</b>
Inspector (Signature) <b>Mark King</b>	Follow-up required? <b>YES (NO) (circle one)</b>	Follow-up date:

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Establishment <i>Lily Pad Learning Center</i>	Permit# <i>28525</i>	Date <i>4-26-18</i>	
TEMPERATURE OBSERVATIONS		SANITIZER OBSERVATIONS	
Item/Location	Temperature	Item/Location	Concentration/ Temperature
<i>meatballs</i>	<i>-5 °F</i>	<i>milk</i>	<i>39 °F</i>
<i>milk</i>	<i>34 °F</i>	<i>milk</i>	<i>38 °F</i>
	<i>°F</i>	<i>nuggets</i>	<i>0 °F</i>
	<i>°F</i>		<i>°F</i>
	<i>°F</i>		<i>°F</i>
	<i>°F</i>		<i>°F</i>
	<i>°F</i>		<i>°F</i>

MANAGER CERTIFICATION REQUIREMENT				
Manager Name	Illinois Certification Number	Expiration Date	Present During Inspection?	Original Copy Posted in Facility?
<i>Jennifer Helgen</i>	<i>01673909</i>	<i>5-7-20</i>	<input checked="" type="checkbox"/> YES NO	<input checked="" type="checkbox"/> YES NO
			YES NO	YES NO
			YES NO	YES NO
			YES NO	YES NO
			YES NO	YES NO
			YES NO	YES NO

ITEM OBSERVATIONS AND CORRECTIVE ACTIONS		
Item #	Explanation of Violation and Recommendations for Correction	Correct By (NRI = Next Routine Inspection)

Received by (Signature): *Cecilia Gend*      Inspector (Signature): *Mark King*

Updated 3/2013