

6111

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <u>3</u>		Food Establishment Inspection Report		Page 1 of <u>2</u>	
Establishment type: <u>Permanent</u> Temporary Mobile Other _____			Date: <u>12/5/24</u>		
Establishment <u>Focaccia's Cafe 2</u>			Time In <u>12:25</u> AM/PM <u>PM</u> Time Out _____ AM/PM		
Address <u>1000 Bridgeport Ave</u>			LHD <u>NVHD</u>		
Town/City <u>Shelton</u>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>New Renaissance Grp LLC - Bledy m yojlani</u>			Reinspection Other _____		
FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS					
<small>Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Interventions are control measures to prevent foodborne illness or injury.</small>					
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed					
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
IN OUT N/A N/O		Supervision		IN OUT N/A N/O	
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input type="checkbox"/>
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O	
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion	P	<input type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O	
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O	
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input checked="" type="checkbox"/>
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O	
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Protection from Contamination		IN OUT N/A N/O	
15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food separated and protected	P/C	<input type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input type="checkbox"/>
IN OUT N/A N/O		Time/Temperature Control for Safety		IN OUT N/A N/O	
18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	P	<input type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cold holding temperatures	P	<input type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking and disposition	P/Pf	<input type="checkbox"/>
24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Consumer Advisory		IN OUT N/A N/O	
25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input type="checkbox"/>
IN OUT N/A N/O		Highly Susceptible Population		IN OUT N/A N/O	
26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input type="checkbox"/>
IN OUT N/A N/O		Food/Color Additives and Toxic Substances		IN OUT N/A N/O	
27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input type="checkbox"/>
28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input type="checkbox"/>
IN OUT N/A N/O		Conformance with Approved Procedures		IN OUT N/A N/O	
29	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input type="checkbox"/>
GOOD RETAIL PRACTICES					
<small>Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.</small>					
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
OUT N/A N/O		Safe Food and Water		OUT N/A N/O	
30	<input type="checkbox"/>	<input type="checkbox"/>	Pasteurized eggs used where required	P	<input type="checkbox"/>
31	<input type="checkbox"/>	<input type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input type="checkbox"/>
32	<input type="checkbox"/>	<input type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input type="checkbox"/>
OUT N/A N/O		Food Temperature Control		OUT N/A N/O	
33	<input type="checkbox"/>	<input type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input type="checkbox"/>
34	<input type="checkbox"/>	<input type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input type="checkbox"/>
35	<input type="checkbox"/>	<input type="checkbox"/>	Approved thawing methods used	Pf/C	<input type="checkbox"/>
36	<input type="checkbox"/>	<input type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input type="checkbox"/>
OUT N/A N/O		Food Identification		OUT N/A N/O	
37	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container	Pf/C	<input type="checkbox"/>
OUT N/A N/O		Prevention of Food Contamination		OUT N/A N/O	
38	<input type="checkbox"/>	<input type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input type="checkbox"/>
39	<input type="checkbox"/>	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input type="checkbox"/>
40	<input type="checkbox"/>	<input type="checkbox"/>	Personal cleanliness	Pf/C	<input type="checkbox"/>
41	<input type="checkbox"/>	<input type="checkbox"/>	Wiping cloths: properly used and stored	C	<input type="checkbox"/>
42	<input type="checkbox"/>	<input type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input type="checkbox"/>
OUT N/A N/O		Proper Use of Utensils		OUT N/A N/O	
43	<input type="checkbox"/>	<input type="checkbox"/>	In-use utensils: properly stored	C	<input type="checkbox"/>
44	<input type="checkbox"/>	<input type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input type="checkbox"/>
45	<input type="checkbox"/>	<input type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input type="checkbox"/>
46	<input type="checkbox"/>	<input type="checkbox"/>	Gloves used properly	C	<input type="checkbox"/>
OUT N/A N/O		Utensils and Equipment		OUT N/A N/O	
47	<input type="checkbox"/>	<input type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input type="checkbox"/>
48	<input type="checkbox"/>	<input type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input type="checkbox"/>
49	<input type="checkbox"/>	<input type="checkbox"/>	Non-food contact surfaces clean	C	<input type="checkbox"/>
OUT N/A N/O		Physical Facilities		OUT N/A N/O	
50	<input type="checkbox"/>	<input type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input type="checkbox"/>
51	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input type="checkbox"/>
52	<input type="checkbox"/>	<input type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input type="checkbox"/>
53	<input type="checkbox"/>	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input type="checkbox"/>
54	<input type="checkbox"/>	<input type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input type="checkbox"/>
55	<input type="checkbox"/>	<input type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input type="checkbox"/>
56	<input type="checkbox"/>	<input type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input type="checkbox"/>
Natural rubber latex gloves not used per CGS §19a-36f					
Violations documented		Date corrections due		#	
Priority Item Violations				0	
Priority Foundation Item Violations		<u>COS</u>		2	
Core Item Violations		<u>3/5/24</u>		2	
Risk Factor/Public Health Intervention Violations				2	
Repeat Risk Factor/Public Health Intervention Violations				2	
Good Retail Practices Violations				2	
Requires Reinspection - check box if you intend to reinspect				1	
Person in Charge (Signature) <u>CMV</u> Date _____ Person in Charge (Printed) <u>Carmen M. Verano</u> Inspector (Signature) <u>Amanda Ruchin</u> Date <u>12/5/24</u> Inspector (Printed) <u>Amanda Ruchin</u>					
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.					

Food Establishment Inspection Report

Page 2 of 2

LHD NVHD

Inspection Report Continuation Sheet

Date 12/5/24

Establishment Foraccia's Cafe 2

Town Shelton

TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
True 1 Door fridge	35°F	→ cooked Chicken	60°F	Showcase	39°F
True 1 Door freezer	0°F	Raw Chicken	46°F	- cucumbers	37°F
2dr freezer	9°F	Tom Basil Soup	41°F	- diced tom	37°F
Bm/reach in	38°F	Broc Cheddar	39°F	- Fruit Salad	45°F
- sausage patty	35°F	→ patty	36°F	HH - pasta	147°F
- grilled chx	32°F	2dr reach-in	36°F	- chx cutlet	180°F
- sliced ham	41°F			- egg plant	135°F
- Sliced Cheese	39°F			- Beef Empanada	140°F

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 & 8-406.11 of the food code.
	4/14/27
CFPM	- Carmen Verrano - on-site ✓
	Handsink - stocked ✓
	Sanitizer - Quat 200-400 spray bottle ✓, Test strips ✓
	microwave ✓, vinyl gloves ✓, Poly gloves ✓
	Labels ✓, date stickers ✓, hoods - ok ✓
*	provided Allergen poster ✓
C 37	FOH Area - Sugar in container / white substance not labeled + other seasonings in clear containers not labeled
C 10	No handwashing Signage - COS, provided ✓
PT 37	No Allergen Awareness Statement - COS - provided ✓
PT 10	Prep sink used to wash hands → Use handsink * - COS, explained to use handsink instead + Label prep sink for awareness

Person in Charge (Signature) CMV

Date

Inspector (Signature) Amanela Ruchi

Date 12/5/24