


5844

## Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: <b>3</b>		<b>Food Establishment Inspection Report</b>		Page 1 of <b>2</b>	
Establishment type: <u>Permanent</u> Temporary Mobile Other			Date: <b>7/22/25</b>		
Establishment: <b>DeLucca's Wiches Bages LLC</b>			Time In: <b>10:55</b> AM/PM Time Out: _____ AM/PM		
Address: <b>157 Quinn Street</b>			LHD: <b>NVHD</b>		
Town/City: <b>Naugatucket</b>			Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder: <b>Stacey DeLucca</b>			Reinspection Other		



FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS													
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.													
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													
Supervision				Protection from Contamination				Time/Temperature Control for Safety					
IN	OUT	N/A	N/O	V	COS	R	IN	OUT	N/A	N/O	V	COS	R
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf	<input type="checkbox"/>	<input type="checkbox"/>	15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/C	<input type="checkbox"/>	<input type="checkbox"/>
Person/Alternate Person in charge present, demonstrates knowledge and performs duties							Food separated and protected						
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C	<input type="checkbox"/>	<input type="checkbox"/>	16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>	<input type="checkbox"/>
Certified Food Protection Manager for Classes 2, 3, & 4							Food-contact surfaces: cleaned & sanitized						
<b>Employee Health</b> 3 <input checked="" type="checkbox"/> Management, food employee and conditional employee; knowledge, responsibilities and reporting P/Pf <input type="checkbox"/> 4 <input checked="" type="checkbox"/> Proper use of restriction and exclusion P <input type="checkbox"/> 5 <input checked="" type="checkbox"/> Written procedures for responding to vomiting and diarrheal events Pf <input type="checkbox"/>							17 <input checked="" type="checkbox"/> Proper disposition of returned, previously served, reconditioned, and unsafe food P <input type="checkbox"/>						
							<b>Good Hygienic Practices</b>						
							18 <input checked="" type="checkbox"/> Proper cooking time and temperatures P/Pf/C <input type="checkbox"/>						
							19 <input checked="" type="checkbox"/> Proper reheating procedures for hot holding P <input type="checkbox"/>						
6 <input checked="" type="checkbox"/> Proper eating, tasting, drinking, or tobacco products use P/C <input type="checkbox"/>							20 <input checked="" type="checkbox"/> Proper cooling time and temperatures P <input type="checkbox"/>						
7 <input checked="" type="checkbox"/> No discharge from eyes, nose, and mouth C <input type="checkbox"/>							21 <input checked="" type="checkbox"/> Proper hot holding temperatures P <input type="checkbox"/>						
<b>Preventing Contamination by Hands</b> 8 <input checked="" type="checkbox"/> Hands clean and properly washed P/Pf <input type="checkbox"/> 9 <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"/> Adequate handwashing sinks, properly supplied/accessible Pf/C <input type="checkbox"/>							22 <input checked="" type="checkbox"/> Proper cold holding temperatures P <input type="checkbox"/>						
							<b>Approved Source</b>						
							23 <input checked="" type="checkbox"/> Proper date marking and disposition P/Pf <input type="checkbox"/>						
11 <input checked="" type="checkbox"/> Food obtained from approved source P/Pf/C <input type="checkbox"/>							24 <input checked="" type="checkbox"/> Time as a public health control: procedures and records P/Pf/C <input type="checkbox"/>						
12 <input checked="" type="checkbox"/> Food received at proper temperature P/Pf <input type="checkbox"/>							<b>Consumer Advisory</b>						
13 <input checked="" type="checkbox"/> Food in good condition, safe, and unadulterated P/Pf <input type="checkbox"/>							25 <input checked="" type="checkbox"/> Consumer advisory provided: raw/undercooked food Pf <input type="checkbox"/>						
14 <input checked="" type="checkbox"/> Required records available: molluscan shellfish identification, parasite destruction P/Pf/C <input type="checkbox"/>							<b>Highly Susceptible Population</b>						
<b>GOOD RETAIL PRACTICES</b>							26 <input checked="" type="checkbox"/> Pasteurized foods used; prohibited foods not offered P/C <input type="checkbox"/>						
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.													
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													
Safe Food and Water				Proper Use of Utensils				Utensils and Equipment					
OUT	N/A	N/O	V	COS	R	OUT	V	COS	R	OUT	V	COS	R
30	<input type="checkbox"/>	<input type="checkbox"/>	P	<input type="checkbox"/>	<input type="checkbox"/>	43	<input type="checkbox"/>	C	<input type="checkbox"/>	47	<input type="checkbox"/>	P/Pf/C	<input type="checkbox"/>
31 <input type="checkbox"/> Pasteurized eggs used where required						44 <input type="checkbox"/> In-use utensils: properly stored						Food and non-food contact surfaces cleanable, properly designed, constructed, and used P/Pf/C <input type="checkbox"/>	
32 <input checked="" type="checkbox"/> Water and ice from approved source P/Pf/C <input type="checkbox"/>						45 <input type="checkbox"/> Utensils/equipment/linens: properly stored, dried, & handled Pf/C <input type="checkbox"/>						48 <input type="checkbox"/> Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available Pf/C <input type="checkbox"/>	
33 <input type="checkbox"/> Variance obtained for specialized processing methods Pf <input type="checkbox"/>						46 <input type="checkbox"/> Single-use/single-service articles: properly stored & used P/C <input type="checkbox"/>						49 <input type="checkbox"/> Non-food contact surfaces clean C <input type="checkbox"/>	
<b>Food Temperature Control</b>						<b>Physical Facilities</b>							
34 <input type="checkbox"/> Proper cooling methods used; adequate equipment for temperature control Pf/C <input type="checkbox"/>						50 <input type="checkbox"/> Hot and cold water available; adequate pressure Pf <input type="checkbox"/>							
35 <input type="checkbox"/> Plant food properly cooked for hot holding Pf <input type="checkbox"/>						51 <input type="checkbox"/> Plumbing installed; proper backflow devices P/Pf/C <input type="checkbox"/>							
36 <input type="checkbox"/> Approved thawing methods used Pf/C <input type="checkbox"/>						52 <input type="checkbox"/> Sewage and waste water properly disposed P/Pf/C <input type="checkbox"/>							
37 <input type="checkbox"/> Thermometers provided and accurate Pf/C <input type="checkbox"/>						53 <input type="checkbox"/> Toilet facilities: properly constructed, supplied, & clean Pf/C <input type="checkbox"/>							
<b>Food Identification</b>						54 <input type="checkbox"/> Garbage and refuse properly disposed; facilities maintained C <input type="checkbox"/>							
38 <input type="checkbox"/> Food properly labeled; original container Pf/C <input type="checkbox"/>						55 <input type="checkbox"/> Physical facilities installed, maintained, and clean P/Pf/C <input type="checkbox"/>							
<b>Prevention of Food Contamination</b>						56 <input type="checkbox"/> Adequate ventilation and lighting; designated areas used C <input type="checkbox"/>							
39 <input type="checkbox"/> Insects, rodents, and animals not present Pf/C <input type="checkbox"/>						57 <input type="checkbox"/> Natural rubber latex gloves not used per CGS §19a-36f							
40 <input type="checkbox"/> Contamination prevented during food preparation, storage & display P/Pf/C <input type="checkbox"/>													
41 <input type="checkbox"/> Personal cleanliness Pf/C <input type="checkbox"/>													
42 <input type="checkbox"/> Wiping cloths: properly used and stored C <input type="checkbox"/>													
43 <input type="checkbox"/> Washing fruits and vegetables P/Pf/C <input type="checkbox"/>													
Permit Holder shall notify customers that a copy of the most recent inspection report is available.													
Person in Charge (Signature) <i>Stacey DeLucca</i> Date <b>7-22-25</b>						Violations documented						Date corrections due	
Person in Charge (Printed) <b>Stacey DeLucca</b>						Priority Item Violations							
Inspector (Signature) <i>Amey Durand</i> Date <b>7/22/25</b>						Priority Foundation Item Violations							
Inspector (Printed) <b>Amey Durand</b>						Core Item Violations							
						Risk Factor/Public Health Intervention Violations							
						Repeat Risk Factor/Public Health Intervention Violations							
						Good Retail Practices Violations							
						Requires Reinspection - check box if you intend to reinspect							

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

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LHD NVHD

Inspection Report Continuation Sheet

Date 7/22/25

Establishment DeRocco's Wiches

Town Naugatuck

## TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
handsink	90°F	walk in cooler ambient	39°F		
Chive cream cheese	40°F	Salmon	37°F		
Edam cream cheese	39°F	cheese walk in cooler	36°F		
sliced deli ham	39°F				
sliced tomatoes	38°F				
roast beef	37°F				
no hot holding observed					

## OBSERVATIONS AND CORRECTIVE ACTIONS

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.

Item Number	
	CFPM: Stacey DeRocco 7/28/25 *
	Handsink stocked ✓ signage ✓ hot h2o ✓
	vinyl glove ✓
	labeling ✓ datemarking ✓ thermometers ✓
	sanitizer quat - 3 bay 200ppm ✓ strips ✓
	allergen ✓ Hoods good ✓
	good inspection ☺
	<del>CFPM expiring - provided list of updated classes</del>

Person in Charge (Signature)

*Stacey DeRocco*

Date

7-22-25

Inspector (Signature)

*Amy Durand*

Date

7/22/25