

664

# Connecticut Department of Public Health

Risk Category:	3	<b>Food Establishment Inspection Report</b>	Page 1 of 2
Establishment type: <u>Permanent</u> Temporary Mobile Other	Date: <u>9/30/25</u>		
Establishment <u>Elizabeth Shelton School</u>	Time In <u>12</u> AM/PM Time Out <u>12:20</u> AM/PM		
Address <u>138 Wilburghy Road</u>	LHD <u>NVHS</u>		
Town/City <u>Shelton</u>	Purpose of Inspection: <u>Routine</u> Pre-op		
Permit Holder <u>Shelton Public Schools</u>	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

Item	Supervision				V	COS	R	Protection from Contamination				V	COS	R		
	IN	OUT	N/A	N/O				IN	OUT	N/A	N/O					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf			15	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Person/Alternate Person in charge present, demonstrates knowledge and performs duties								16	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C			17	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Certified Food Protection Manager for Classes 2, 3, & 4									Proper disposition of returned, previously served, reconditioned, and unsafe food						
<b>Employee Health</b>								<b>Time/Temperature Control for Safety</b>								
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf			18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Management, food employee and conditional employee; knowledge, responsibilities and reporting								19	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Proper use of restriction and exclusion								21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf			22	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Written procedures for responding to vomiting and diarrheal events								23	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Good Hygienic Practices</b>								<b>Consumer Advisory</b>								
6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/C			24	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	Proper eating, tasting, drinking, or tobacco products use									Consumer advisory provided: raw/undercooked food						
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C			<b>Highly Susceptible Population</b>								
	No discharge from eyes, nose, and mouth								26	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
<b>Preventing Contamination by Hands</b>								<b>Food/Color Additives and Toxic Substances</b>								
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf			27	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
	Hands clean and properly washed								28	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C				<b>Conformance with Approved Procedures</b>							
	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed								29	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			Compliance with variance/specialized process/ROP criteria/HACCP Plan								
	Adequate handwashing sinks, properly supplied/accessible															
<b>Approved Source</b>																
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C											
	Food obtained from approved source															
12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	P/Pf											
	Food received at proper temperature															
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf											
	Food in good condition, safe, and unadulterated															
14	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	P/Pf/C											
	Required records available: molluscan shellfish identification, parasite destruction															

### GOOD RETAIL PRACTICES

*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

Item	Safe Food and Water				V	COS	R	Proper Use of Utensils				V	COS	R		
	OUT	N/A	N/O					OUT								
30	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P			43	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Pasteurized eggs used where required								44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			45	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Water and ice from approved source								46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
32	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf			<b>Utensils and Equipment</b>								
	Variance obtained for specialized processing methods								47	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Food Temperature Control</b>								Food and non-food contact surfaces cleanable, properly designed, constructed, and used								
33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Proper cooling methods used; adequate equipment for temperature control								49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf			<b>Physical Facilities</b>								
	Plant food properly cooked for hot holding								50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Approved thawing methods used								52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Thermometers provided and accurate								54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Food Identification</b>								Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available								
37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Food properly labeled; original container								56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Prevention of Food Contamination</b>								Non-food contact surfaces clean								
38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			Physical Facilities								
	Insects, rodents, and animals not present								50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			51	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Contamination prevented during food preparation, storage & display								52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pf/C			53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Personal cleanliness								54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C			55	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	Wiping cloths: properly used and stored								56	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P/Pf/C			Adequate ventilation and lighting; designated areas used								
	Washing fruits and vegetables								Natural rubber latex gloves not used per CGS §19a-36f							

Permit Holder shall notify customers that a copy of the most recent inspection report is available.

Person in Charge (Signature)	<u>Lisa Schlaich</u>	Date	<u>9/30/25</u>
Person in Charge (Printed)	<u>Lisa Schlaich</u>		
Inspector (Signature)	<u>Michael Delos Santos</u>	Date	<u>9/30/25</u>
Inspector (Printed)	<u>Michael Delos Santos</u>		

Violations documented	Date corrections due	#
Priority Item Violations	<u>C.O.S</u>	<u>1</u>
Priority Foundation Item Violations		<u>1</u>
Core Item Violations	<u>12/30/25</u>	<u>1</u>
Risk Factor/Public Health Intervention Violations		<u>1</u>
Repeat Risk Factor/Public Health Intervention Violations		<u>1</u>
Good Retail Practices Violations		<u>1</u>
Requires Reinspection - check box if you intend to reinspect		<u>NO</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

LHD NVHD Inspection Report Continuation Sheet

Date 9/30/25

Establishment Elizabeth Shelton elementary Town Shelton

### TEMPERATURE OBSERVATIONS

Item/Location/Process	Temp	Item/Location/Process	Temp	Item/Location/Process	Temp
Meatball subs/steam table	135°F				
chicken nugget " "	138°F				
cheese / 2 Door cooler	41°F				

### 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

CFRm - on-site - Lisa Schlaich

- P 21 - Meatball subs are at 115°F store on top of steam table lid. - COS - CFRm place food in oven
- C 47 - using milk crates as shelving in dry storage room
- OK - 3 bay sanitizers quat at 300 ppm
- Floors, walls and ceiling clean
- observed use of gloves and tongs to handle ready to eat food

Person in Charge (Signature)

Lisa Schlaich

Date

9/30/25

Inspector (Signature)

[Signature]

Date

9/30/25