

Clay County Food Inspection and Enforcement Procedures

This document lists the enforcement procedures to be followed to obtain correction of violations by:

- a. Setting time periods for correction.
- b. Taking required action upon violations.
- c. Assuring personnel responsible perform required actions in necessary sequence and properly document all activities.

Limitations of Authority

Nothing in this document may limit nor be construed to limit the ability of the Health Authority to skip any or all procedures outlined below if the Health Authority deems it appropriate or necessary in order to ensure compliance with proper and safe food handling procedures.

Time Periods For Correction

The completed inspection report shall specify a reasonable period of time for the correction of violations found. Correction of the violations must be accomplished within the period specified, unless an extension is granted by the Health Authority.

Time Extensions

The Health Authority may grant a time extension for a cited violation reasonable to the activities involved in achieving compliance.

Imminent Health Hazard

If an imminent health hazard exists, such as a complete lack of refrigeration or sewage backup into the establishment, the establishment shall immediately cease food operations. If the establishment does not voluntarily cease food operations, the Health Authority shall issue a permit suspension. Operations shall not be resumed until authorized by the Health Authority.

Enforcement of Critical Violations

All critical violations (4- or 5- point weighted items) shall be corrected immediately or as soon as possible; as deemed appropriate by the health authority. If not corrected immediately, a follow-up inspection shall be conducted to confirm correction.

Enforcement of Minor Violations

All 1- or 2- point weighted items shall be corrected as soon as possible but in any event by the time of the next routine inspection.

Notice to Correct

A “NOTICE TO CORRECT” will be issued to an establishment when it has: a repeat violation, a score below 80 on an inspection, or more than two critical violations. This notice will include the nature of the violation or violations, and the time period necessary for correction. At the end of the allotted time period, a re-inspection will take place to ensure compliance.

An educational seminar will be offered and recommended to the establishment’s management. This seminar would be presented by the Clay County Health Department to the establishment management and employees. The seminar’s contents would include critical item correction and compliance (i.e. sanitizing concentrations, proper food temperatures, sewage and waste control, vector and vermin control). This short presentation will help all staff understand the reasons behind keeping an establishment sanitary, thereby meeting public health standards.

Order to Abate

After a “NOTICE TO CORRECT” is issued, a re-inspection will take place. If the re-inspection reveals that the cited violations still exist, an “ORDER TO ABATE” will be issued to the permit holder. This order will request the owner of the establishment/manager to attend a conference with the Environmental Health Director and the Health Department Administrator. The conference will discuss the cited violations and the corrective actions required. The conference will determine a time period for correction. A re-inspection will normally take place near the end of the allotted time to ensure compliance.

Formal Hearing

If the cited violations still exist after “AN ORDER TO ABATE” re-inspection, a “FORMAL HEARING” will take place. This will require the owner of the establishment/manager to attend a hearing with the Environmental Health Director, Health Administrator, and the States Attorney. This hearing will discuss “SUSPENSION” or “REVOCAATION” of the operating permit.

Suspension/Revocation

If the cited violations still exist after “FORMAL HEARING” re-inspection, a “SUSPENSION” or “REVOCAATION” will occur.

Procedure for Serving of Notices

Whenever the CCHD makes an inspection of a food service establishment or retail food store, and discovers that any of the requirements of the Clay County Food Ordinance have been violated, he shall notify the permit holder or operator of such violation by means of an inspection report form or other written notice. In such notification, the CCHD shall:

- Set forth the specific violations found.
- Establish a specific and reasonable period of time for violation correction.

The following may also be included in the notification when appropriate:

- State that failure to comply with any notice issued in accordance with the provisions of this ordinance may result in immediate suspension of the permit or other enforcement action.
- State that an opportunity for appeal from any notice or inspection finding will be provided if a written request for a hearing is filed with the Health Authority within the period of time established in the notice of correction.

Notices provided for under this section shall be deemed properly served when a copy of the inspection report form or other notice has been delivered personally to the permit holder or person-in-charge or such notice has been sent by registered or certified mail, return address of the permit holder. A copy of such notice shall be filed with the records of that food service establishment.

Procedure When Infection of Food or Employee is Suspected

When the CCHD has reasonable cause to suspect the possibility of disease transmission from any food service establishment or retail food store employee, the CCHD shall secure a morbidity history of the suspected employee, or make such other investigation as may be indicated, and take appropriate action. The CCHD may require any or all of the following measures:

- the immediate exclusion of the employee from all food service establishments or food stores.
- the immediate closure of the food service establishment or food store concerned until, in the opinion of the Health Authority, no further danger of disease outbreak exists.
- restriction of the employee's services to some area of the establishment or store where there would be no danger of transmitting disease.
- adequate medical and laboratory examination of the employee, of other employees, and of his/her body discharges.

Certified Letter

NOTICE TO CORRECT

Date

Name

Address

City State ZIP

Dear *Owner/Manager*:

A (routine, follow-up) inspection of your establishment was conducted on (*date*) by (*inspector's name*) of the Clay County Health Department. At that time, (*repeat, critical*) violations of the Clay County Food Ordinance were noted and recorded on the inspection report. The violations requiring attention include:

Item(s)	Rule(s)	Description(s)
#		

These items should be corrected as soon as possible, but not later than (*date*). A re-inspection will be performed on or about (*date*) to verify that the items have been corrected. Failure to correct the violations will result in further administrative action.

Please be informed that you may request, in writing, a hearing before the health officer. If you have any questions regarding this matter, please contact me.

Sincerely,

Director's Name

Environmental Health Director

pc: File

Certified Letter

ORDER TO ABATE

Date

Name

Address

City State ZIP

Dear *Owner/Manager*:

A re-inspection of your establishment was conducted on (*date*) by (*inspector's name*) of the Clay County Health Department. At that time, the following violations of the Clay County Food Ordinance had not been corrected.

Item(s)	Rule(s)	Description(s)
#		

These items should be corrected as soon as possible, but not later than (*date*). A re-inspection will be performed on or about (*date*) to verify that the items have been corrected. Failure to correct the violations will result in further administrative action.

Our office must be informed of your plans to correct these items. Your presence is therefore requested at an informal hearing to be held at the Clay County Health Department. The hearing time and date shall be at (*time*) on (*date*).

Please contact this office if you have any questions regarding this matter.

Sincerely,

Director's Name
Environmental Health Director

Administrator's Name
Administrator

pc: *State Attorney's Name*, Clay County State's Attorney
IL Dept. of Public Health, Marion Regional Office, Div. of Food, Drugs & Dairies
File

Certified Letter

FORMAL HEARING NOTICE

Date

Name

Address

City State ZIP

Dear *Owner/Manager*:

A series of inspections of your establishment has been made, and these inspections have shown a lack of compliance on follow-up inspections following health authority notices.

Therefore, you are required to appear at a formal hearing at (*location*) at (*time*) on (*date*) to discuss the suspension or revocation of your operating permit. Clay County Health Department and Clay County State's Attorney representatives will be in attendance. Failure to appear at this scheduled formal hearing will result in immediate revocation of your operating permit.

Contact this office if you have any questions regarding this matter.

Sincerely,

Director's Name
Environmental Health Director

Administrator's Name
Administrator

pc: *State Attorney's Name*, Clay County State's Attorney
IL Dept. of Public Health, Marion Regional Office, Div. of Food, Drugs & Dairies
File

Certified Letter

PERMIT SUSPENSION NOTICE

Date

Name

Address

City State ZIP

Dear *Owner/Manager*:

This letter is to confirm the suspension of your permit to operate your food establishment which took place on (*date*) at (*time*). All foodservice operations should have been immediately discontinued as of that time.

Please be informed that continued operation and subsequent conviction will result in a fine per day of up to two hundred dollars (\$200.00) at the discretion of the court having jurisdiction. Each and every violation of the provisions of the Clay County Food Ordinance shall constitute a separate offense.

You may apply in writing for a reinstatement of the permit when the conditions causing such suspension have been corrected. When we verify that the corrections have been satisfactorily completed, your permit to operate will be reinstated.

Contact this office if you have any questions regarding this matter.

Sincerely,

Director's Name

Environmental Health Director

Administrator's Name

Administrator

pc: *State Attorney's Name*, Clay County State's Attorney
IL Dept. of Public Health, Marion Regional Office, Div. of Food, Drugs & Dairies
File

Certified Letter

PERMIT REVOCATION NOTICE

Date

Name

Address

City State ZIP

Dear *Owner/Manager*:

This letter is to formally confirm that your permit to operate (*will be / was*) revoked at (*time*) on (*date*). This action (as become / became) necessary due to non-compliance with the permit requirements. We regret that this action had to become necessary and would like to work with you so that you may again operate your establishment.

You should be advised that continued operation and subsequent conviction will result in a fine of up to two hundred dollars (\$200.00) per day. Each and every violation of the provisions of the Clay County Food Ordinance shall constitute a separate offense.

You may file a written request for a hearing to appeal this decision. If the Health Authority does not receive the Hearing request prior to the revocation date, the revocation automatically becomes effective.

Contact this office if you have any questions regarding this matter.

Sincerely,

Director's Name

Environmental Health Director

Administrator's Name

Administrator

pc: *State Attorney's Name*, Clay County State's Attorney
IL Dept. of Public Health, Marion Regional Office, Div. of Food, Drugs & Dairies
File