

OFFICE OF THE DIRECTOR

July 11, 2018

Donna Mahoney Crestmoor Swim Club 640 W. Summit Avenue Wilmington, DE 19804

Dear Ms. Mahoney:

Closure of Food Establishment for Failure to Obtain a Permit

The Division of Public Health (DPH) formally mandates you to cease and desist all food establishment activities effective immediately at Crestmoor Swim Club, Wilmington, DE.

Delaware law, 16 **Del. C § 122** establishes the authority for Department of Health and Social Services to regulate food establishments. A routine pool inspection on Wednesday, July 10, 2018 found that you failed to obtain a permit to offer prepared food for sale to the public.

In addition, please refer to the State of Delaware Food Code, for information regarding prerequisites for operation of a food establishment.

The Division prohibits all food establishment activities until you have obtained a valid permit

If you have any questions or concerns, please contact the Environmental Health Field Services – New Castle County office at

Sincerely,

Karyl T. Rattay, MD, MS

Director

Pc:

HSP Administration

OFP

EHFS - NCC

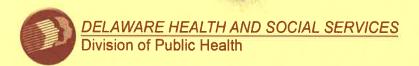
File





Violations cited in this report shall be corrected within the time frames specified below, but within a period not to exceed 3 calendar days for priority items, 10 days for priority foundation items (8-405.11) or 90 days for core items (8-406.11).

	Food Establishment Inspection Report Pageof															
Delaware Division of Public Health								No. of Risk Factor/Intervention Violations Date								
Office of Food Protection									No. of Repeat Risk Factor/Intervention Violations Time In							
417 Federal St., Dover, DE 19901									Score (optional) At Time Out 195							
Establishment Address City/State										Zip Code		Telephone				
Crestmoor Jum Club to 40 W Symmit Ave									W	1	mination, De	1991)4	66295	45	
Lic	License/Permit # Permit Holder										f Inspection	Est. Type	1	Risk Cate	gory	
None Crestmoor Swim Club											Closure	4	E	Direc	d)	
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 COS and/or R															
IN=in compliance OUT=not in compliance N/O=not observed N/A=not								pplic	oplicable COS=corrected on-site during inspection R=repeat violation							
Compliance Status Compliance Status													COS R			
Supervision										17 IN OUT Proper disposition of returned, previously serve						
1	INI (TUC		Person in charge pre-	sent, demonstrate	s knowledge,					reconditioned	8 unsafe food				
				and performs duties								ature Control	for Safe	ity		
2	IN 0	N TUC									`QUT N/A N/O Proper cooki	ng time & tempe	eratures			
	Employee Health									_		ting procedures	for hot	holding		
3	IN C	TUC		Management, food er	mployee and cond	litional employee:			_		OUT N/A N/O Proper coolin	g time and tem	perature	•		
				knowledge, responsib					_	-	OUT N/A N/O Proper hot he	olding temperatu				
		OUT Proper us		Proper use of restrict	e of restriction and exclusion						OUT NXA N/O Proper cold h	olding tempera				
5	IN (TUC		Procedures for respon		d diarrheal events				-		marking and dis				
				Good Hygie	nic Practices				24	4 1		lic Health Contro		dures & records		
•	IN C	_		Proper eating, tasting	, drinking, or toba	cco use		0		-		sumer Advisor				
7	IN (TUC	N/O	No discharge from ey	es, nose, and mo	uth	1		2:	41 5	LOUT N/A Consumer adv	isory provided fo	r raw/und	dercooked food		
				Preventing Conta	mination by Han	ds	1			-		ceptible Popu	lations			
8	IN C	DUT	N/O	Hands clean & prope	rly washed	1	1	1	29	8 IV	1100	ods used; prohil		NAME AND ADDRESS OF TAXABLE PARTY.		
9	IN C	DUT N	I/A N/O	No bare hand contact	t with RTE food or	a pre-approved	1	+			Food/Color Addi	tives and Toxic	c Subst	ances		
				alternative procedure		The more and		/_			OUT N/A Food additive	es: approved & j	properly	used		
10	IN C	TUC		Adequate handwashing		lied and accessible	/		28	BIN		ces properly ide				
				100000000000000000000000000000000000000	ed Source				1	1	Conformance	vith Approved	Proced	ures		
	IN C			Food obtained from a					25	9 11	OUT N/A Compliance w	ith variance/spec	ialized p	rocess/HACCP		
-			I/A N/O	Food received at prop	per temperature	1	_	1		_						
13	IN OUT Food in good cond			ion, safe, & unadulterated						Dick factors are immediate are	hi6 th					
14	IN C	N OUT N/A N/O Required records available: shellstock tags,					Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health									
parasite destruction interventions are control								interventions are control meas								
_	Protection from Contamination															
		OUT N/A N/O Food separated and protected OUT N/A Food-contact surfaces; cleaned & sanifized					_									
10	IIA C	אוטכ	DA.	Food-contact surface	s; cleaned & sanit	GOOD RI	e reprise		DD 44	C TI	CEC					
-		-														
Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.																
Mark "X" in box if numbered item is not in compliance Mark "X" in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation																
COS R Safe Food and Water Proper Use of Utensils									COS R							
3	0	-	D		7					43		The second secon	115		T	
3	_			rized eggs used where					_	43 44	In-use utensils; proper		An David Cal	race of the second		
3:	_		V	& ice from approved s						45	Utensils, equipment & l		7.			
J			variano	ce obtained for special	and the same of th	ternoos			_	46	Single-use/single-service	e articles: prope	rry store	d & used		
			Dro		rature Control	mont for		1.		70	Gloves used properly	quipment and \	/ending	1	1, 1	
3:	3		14	cooling methods used	i, adequate equipi	ment for						il—ilio				
3,	4		14.107	ature control	e hot heldle -				4	47	Food & non-food control		,			
34 35			Plant food properly cooked for hot holding				-			48	properly designed, cor			SCAPALICA CARACTER		
36			Approved thawing methods used Thermometers provided & accurate						-	49	Warewashing facilities:		ied, & us	sed; test strips	\vdash	
30		The state of the s				-	-		+0	Non-food contact surf						
Food Identification Physical Facilities Food properly labeled; original container Food properly labeled; original container										1 1						
	_		rood pi				-		_	51	Plumbing installed; pro			B		
38		Prevention of Food Contamination Insects, rodents, & animals not present				1			52	Sewage & waste wate						
39			Contamination prevented during food preparation, storage & display							53	Toilet facilities: proper	West Devices and the second	CONTRACTOR OF THE PARTY OF THE	l & cleared		
4(_	Personal cleanliness							54	Garbage & refuse proper						
4	_	Wiping cloths: properly used & stored						_	55	Physical facilities insta						
_	42 Washing fruits & vegetables						_	56	Adequate ventilation 8		Maria and the					
			, racini		1	00					Introducto ventuación d	ngmang, design	Lucu di	335 4364		
			- Hearth - Am		0	Girlich	-	7		Г		Date:	10	18	-	
Insp	nspector (Signature) NCC-EHS/1-D44 Follow-up: YES/NO (Circle one) Follow-up Date:															



	i i	nspection Report	Page of
Commun 417 Fede	e Division of Public Health nity Environmental Health Services eral St, Dover DE 19901	License/Permit # None	Date 7 10 18
Establishn	near Sum Club 640 W Suma	City/State	Zip Code Telephone (689545
J KZ+W			
	OBSERVAT	IONS AND CORRECTIVE ACTION	NS
Item Number	During a pool inspec	hin, an unpermi	Hed Food establishment
	French fries hot doas	approve abieves	nucants were here
	French Fries, hot dogs	(process)	
	Management has bee of prepared food. Pac Sodas is permitted.	n told to cease a	nd desist operations
	or prepared tood Pac	kaged we cream,	candy, chips, and
	Plan review application	ill be sont to	(Four)
	I sent reaction with it contion	will be sent to	The state of the s
	Address is Crestmo	Catalogue Control of the Control of	
		Summit Ave	
	Williams	gton, DE 19804	
		5	
	. 4		
		<u>}</u>	
	0 9		
	1/1		
Person in (Charge (Signature) X Dany 3 D Signature) NCC - EHS 11 - 044	ucai-	Date 7/0/18
Inenestes	Signature ALACTEH CUT OYL		1, 1, 5
inspector (Signature) / C C C C C C C C C C C C C C C C C C		Date 7 10 17