

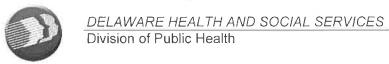
Inspector (Signature) NCC-EHSII-044

DELAWARE HEALTH AND SOCIAL SERVICES Division of Public Health

Violations cited in the 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),

| | F | ood Establishment I | nspection Report | | | Page 1 c | | |
|--|--|--|---|------------------|----------------|---------------|---------------|--|
| Delaware Division of Public Health Office of Food Protection | | No. of Risk Factor/li | ntervention Violations | 8 | Date 01/29/20: | 20 | | |
| | | No. of Repeat Risk Factor/I | ntervention Violations | 0 | Time In 12:15 | PM | | |
| 17 Federal St., I | Dover, DE 19901 | | • | Score (optional) | | Time Out 2:00 |) PN | |
| stablishment | | Address | City/State | Zip Code | | Telephone | | |
| oyful Garden | | 829 North Tatnall Street | Wilmington, DE | 19801 | | 302-571-1889 |) | |
| icense/Permit# | | Permit Holder | Purpose of Inspection | Est. Type | | | Risk Category | |
| 005019 | | De Feng Yu | Routine | Permanent | | Medium | | |
| 000010 | FOODBORNE IL | | UBLIC HEALTH INTERVENTIONS/G | | TICES | | | |
| | | | Supervision | | | | | |
| Compliance Status | | | | | cos | F | R | |
| 01 OU | | | onstrates knowledge, and perform duties of Protection Manager | | Х | | _ | |
| 02 114 | | Certified Foc | 1 Totection Manager | | | | | |
| Mary and the same | | | Employee Health | | | | | |
| Compliance Status | | | • | | cos | F | R | |
| 03 IN 04 IN | Manag | | al employee, knowledge, responsibilities an restriction and exclusion | d reporting | | | - 25 | |
| 05 IN | | | ng to vomiting and diarrheal events | | | | | |
| | | | X | | | | | |
| | | Goo | od Hygienic Practices | | | | | |
| Compliance Status 06 IN | | Proper eating tag | ting, drinking or tobacco use | | cos | | R | |
| 07 IN | | | om eyes, nose, and mouth | | | | - | |
| | | | | | | = | | |
| | | Preventin | g Contamination by Hands | | | | - A | |
| Compliance Status 08 N/C | 1 | Hands clea | an & properly washed | | cos | | R | |
| 09 . N/C | | | pre-approved alternative procedure properly | / allowed | | | | |
| 10 OU | r | Adequate handwashing sir | nks properly supplied and accessible | | Χ | | | |
| | | | A | | _ | | _ | |
| Compliance Status | | AND AND ADDRESS OF THE PARTY OF | Approved Source | | cos | | R | |
| 11 IN | | | d from approved source | | | | | |
| 12 N/C | | | | | | | | |
| 13 IN 14 N/A | | | shellstock tags, parasite destruction | | | | | |
| | | | 10.00 | | | | | |
| | | Protec | tion from Contamination | | | | | |
| Compliance Status | T 1 | Food con | proted and protected | | COS | | R | |
| | 15 OUT Food separated and protected 16 OUT Food-contact surfaces; cleaned & sanitized | | | | | _ | | |
| 17 IN | | Proper disposition of returned, pre- | eviously served, reconditioned & unsafe foo | d | | | | |
| | | | | | | | | |
| Compliance Status | | Time/Tem | perature Control for Safety | | cos | | R | |
| 18 N/C | | Proper cooki | ng time & temperatures | | 000 | | | |
| 19 N/0 | | | procedures for hot holding | | | | | |
| 20 N/0 21 IN | | | ng time and temperature | | | | | |
| 22 IN | | Proper hot holding temperatures Proper cold holding temperatures | | | | | | |
| 23 N// | | Proper date marking and disposition Time as a Public Health Control; procedures & records | | | | | | |
| 24 OU | | Time as a Public Heal | tin Control, procedures & records | | | | | |
| | | | Consumer Advisory | | | | | |
| | | | | | cos | | R | |
| Compliance Status | 4 | Consumer Advisory pr | rovided for raw/undercooked food | | | | _ | |
| Compliance Status | | 10-11 | O | | _ | | | |
| | | Hignly | Susceptible Populations | | cos | | R | |
| 25 N/ | | | | | | | | |
| | | Pasteurized foods iss | ued; prohibited foods not offered | | | | _ | |
| 25 N/A | | Pasteurized foods iss | ued; prohibited foods not offered | | | | | |
| 25 N/A | | Pasteurized foods iss | ued; prohibited foods not offered | | | | | |
| 25 N/A | 4 | Pasteurized foods iss | ued; prohibited foods not offered | re: | | | | |

Follow-up: YES Follow-up Date: 01/30/2020



Inspector (Signature) NCC-EHSII-044

Violations cited in the 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 I | nspection Report | | | Page 2 of 5 | |
|---|--------------------|--|---|----------------------------|------------------|--|--|
| Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901 Establishment Address | | No. of Risk Factor/Ir | No. of Risk Factor/Intervention Violations | | Date 01/29/2020 | | |
| | | No. of Repeat Risk Factor/In | tervention Violations | 0 | Time In 12:15 PM | | |
| | | THO TO THO POLICY HOLD TO SELECT | Score (optional) | | Time Out 2:00 PM | | |
| | | | City/State | Zip Code | | Telephone | |
| 200 Next Tatasli Classi | | Wilmington, DE | 19801 | | 302-571-1889 | | |
| ful Garder ense/Perr | | 829 North Tatnall Street Permit Holder | Purpose of Inspection | Est. Type | | Risk Category | |
| 5040 | | Da Fana Viv | D - 14: | Damasant | | Medium | |
| 5019 | FOODBO | De Feng Yu PRNE ILLNESS RISK FACTORS AND P | Routine UBLIC HEALTH INTERVENTIONS/G | Permanent OOD RETAIL PRACT | ICES | Iwediam | |
| | | | | | | | |
| mpliance | a Statue | Food/Color Ac | Iditives and Toxic Substances | | cos | R | |
| 27 | N/A | Food additives; a | approved & properly used | | 003 | T IX | |
| 28 | IN | | perly identified, stored, & used | | | | |
| - | | Conformanc | e with Approved Procedures | | 7 | X | |
| mpliance | | 320 2 31 1 1 1 1 | | | cos | R | |
| 29 | N/A | Compliance with varian | ice/specialized process/HACCP | | | | |
| | | Sa | fe Food and Water | | 0.00 | | |
| mpliance 30 | e Status | Pacteurized en | gs used where required | | cos | R | |
| 31 | | | rom approved source | | | | |
| 32 | | Variance obtained for s | specialized processing methods | | | | |
| | | Food | Temperature Control | | | | |
| | e Status | | | | cos | R | |
| 33 | | Proper cooling methods used; adequate equipment for temperature control Plant food properly cooked for hot holding | | | | | |
| 35 | OUT | Approved thawing methods used | | | | | |
| 36 | | Thermometer | 's provided & accurate | | | | |
| U, II | | - R F | ood Identification | | | | |
| omplianc 37 | e Status | Food properly la | abeled; original container | | cos | R | |
| | | | | | | | |
| muliano | o Status | Prevention | on of Food Contamination | | cos | R | |
| mplianc 38 | OUT | Insects, rodents | s, & animals not present | | 003 | K | |
| 39 | | Contamination prevented duri | ing food preparation, storage & display | | | | |
| 40 | | Personal cleanliness Wiping cloths: properly used & stored | | | | | |
| 41 | | | fruits & vegetables | | | | |
| | | Dec | oper Use of Utensils | | | | |
| | e Status | | | | cos | R | |
| 43 | | | nsils: properly stored | | | | |
| 45 | | Utensils, equipment & linens: properly stored, dried, & handled Single-use/single-service articles: properly stored & used | | | | | |
| 46 | | | s used properly | | | | |
| | to the second | Utensils | , Equipment and Vending | | _ | | |
| | e Status | | | | cos | R | |
| 47 48 | | | anable, properly designed, constructed, & ι alled, maintained, & used; test strips | ised | | | |
| 49 | OUT | | ontact surfaces clean | | | | |
| | | T T T T T T T T T T T T T T T T T T T | Physical Facilities | 11 , = 1, 2 | - | 5 July 10 July | |
| omplianc | e Status | | | | cos | R | |
| 50 | | | vailable; adequate pressure | | | | |
| 51 | | Plumbing installe | d; proper backflow devices | | | | |
| | | | | | | | |
| rson In C | Charge (Signature) | | Date | e: | | | |
| | | | | | | | |

Follow-up: YES Follow-up Date: 01/30/2020



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|---|--------------------------------------|---|-------------------|-----------|--|--|
| Delaware Division of Public Health Office of Food Protection 417 Federal St., Dover, DE 19901 | | No. of Risk Factor/Intervention Violations No. of Repeat Risk Factor/Intervention Violations Score (optional) | | 8 | Date 01/29/2020 | |
| | | | | 0 | 0 Time In 12:15 PM Time Out 2:00 PM | |
| | | | | | | |
| stablishment | | | | Telephone | | |
| loyful Garden | 829 North Tatnall Street | Wilmington, DE | 19801 | 19801 3 | | |
| icense/Permit # Permit Holder | | Purpose of Inspection | Est. Type | Est. Type | | |
| N005019 De Feng Yu | | Routine | Permanent | Permanent | | |
| | FOODBORNE ILLNESS RISK FACTORS AND P | PUBLIC HEALTH INTERVENTIONS/G | SOOD RETAIL PRACT | ICES | | |
| | | Physical Facilities | | | | |
| 52 | Sewage & wast | Sewage & waste water properly disposed | | | | |
| 53 | | Toilet facilities: properly constructed, supplied, & cleaned | | | | |
| 54 | Garbage & refuse prope | Garbage & refuse properly disposed; facilities maintained | | | | |
| 55 | Physical facilities in | Physical facilities installed, maintained, & clean | | | | |
| 56 | Adequate ventilation 8 | Adequate ventilation & lighting; designated areas used | | | | |

| Decree to Observa (Girenbury) | Date: |
|-------------------------------------|---|
| Person In Charge (Signature) | Date. |
| | |
| Inspector (Signature) NCC-EHSII-044 | Follow-up: YES Follow-up Date: 01/30/2020 |



Inspector (Signature) NCC-EHSII-044

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| | | No. of Repeat Risk Factor/li | ntervention Violations | 0 | Time In 12:15 PM | |
| 417 Fede | ral St., Dover, DE 199 | 901 | • | Score (optional) | | Time Out 2:00 PM |
| Establishm | | Address | City/State | Zip Code | | Telephone |
| Joyful Garde | an . | 829 North Tatnall Street | Wilmington, DE | 19801 | | 302-571-1889 |
| License/Per | | Permit Holder | Purpose of Inspection | Est. Type | | Risk Category |
| N005019 | | De Feng Yu | Routine | Permanent | | Medium |
| 1000010 | | | IS AND CORRECTIVE ACTIONS | | | |
| Item Number | | | | | | |
| 01 | 2-102_11/Demonstration(P PIC did not demonstrate ki | riority Foundation) nowledge of cleaning equipment and disl | hes | | | |
| | Corrected On Site-PIC has | s been taught to clean with soap, rinse, a | nd sanitize | | | |
| 10 | 5-205,11/Using a Handwa hand sink next to 3 bay sir | shing Sink-Operation and Maintenance(F ik used for food prep | Priority Foundation) | | | |
| | Corrected On Site-PIC has | s been told to use hand sink for hand was | shing only | | | |
| 24 | | Health Control(Priority Foundation) place for time as public health control | | | | |
| 38 | FE has pest service once Person in charge (PIC) ha | roughout food establishment (FE) on floo every 3 months s been fold to clean and sanitize all surfa | ors, bottom of prep tables and counter aces with pest presence, all food contact sur sanitized. Entry points are to be sealed, Pe | faces shall be cleaned an st control report shall be p | d saņi resen | tized, any areas where a t at follow up inspection. |
| 15 | | Inpackaged Food-Separation, Packaging in refrigerator over raw shrimp | , and Segregation(Priority) | | | |
| 16 | | -Contact Surfaces and Utensils-Frequen cleaned prior to sanitizing after soiled | cy(Priority) | | | |
| 35 | | (frozen) found thawing at room temperat under refrigeration or to let cool water ru | | | | |
| 49 | large amount of grease ar | d-Contact Surfaces, Nonfood-Contact Sund food debris found on stove top n and sanitize areas with accumulation of | | | | |
| | | | | | | |
| | | IN IN | ISPECTION NOTES | | | |
| | | oss, unsanitary conditions and rodent inf | estation s, and removal of rodent droppings with clear | ning and sanitization | | |
| FE has be | | | | | | |
| FE has be | | | | | | |
| FE has be | | | | | | |

Follow-up: YES Follow-up Date: 01/30/2020



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| | | | | | Time In 12:15 PM |
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| Joyful Garden | 829 North Tatnall Street | Wilmington, DE | 19801 | ; | 302-571-1889 |
| License/Permit # | Permit Holder | Purpose of Inspection | Est. Type | | Risk Category |
| N005019 | De Feng Yu | Routine | Permanent | | Medium |
| | OBSERVATION | IS AND CORRECTIVE ACTIONS | | | |

| Person In Charge (Signature) | Date: |
|-------------------------------------|---|
| 1 Groot III Gridige (Gightaters) | |
| | |
| | |
| Inspector (Signature) NCC-EHSII-044 | Follow-up: YES Follow-up Date: 01/30/2020 |