

Cottage Food Operations Inspection Guidance

The intent of this document is to provide guidance procedures for conducting an investigation at a home/farm-based cottage food operation. The local health department shall conduct an inspection in accordance with Public Act 102-0633. The approved cottage food operation complaint or foodborne illness investigation report shall be used during the inspection. The approved investigation form can be modified for local health department use but it must remain substantially similar to the approved investigation form. Each local health department may add their department branding to the form. The form can be provided to the operator in an electronic, emailed, or printed format.

Authority

Public Act 102-0633 Section 4 Cottage Food Operation

(d) In the event of a consumer complaint or foodborne illness outbreak, upon notice from a different local health department, or if IDPH or a local health department has reason to believe that an imminent health hazard exists or that a cottage food operation's product has been found to be misbranded, adulterated, or not in compliance with the conditions for cottage food operations set forth in this section, IDPH or the local health department may:

- (1) Inspect the premises of the cottage food operation in question;
- (2) set a reasonable fee for the inspection; and
- (3) invoke penalties and the cessation of the sale of cottage food products until it deems that the situation has been addressed to the satisfaction of IDPH or local health department; if the situation is not amenable to being addressed, the local health department may revoke the cottage food operation's registration following a process outlined by the local health department.

(e) A local health department that receives a consumer complaint or a report of foodborne illness related to a cottage food operator in another jurisdiction shall refer the complaint or report to the local health department where the cottage food operator is registered.

Investigation Report Form

The following is a line by line description of how to complete the investigation form with corresponding number for each line on the investigation form:

1. Name and address of local health department (LHD) conducting the investigation.
2. Name of LHD representative(s).
3. Date of investigation.
4. Cottage food operation (CFO) name.
5. Name of CFO operator.
6. CFO registration number from LHD, should place name of LHD county or town in front of number.

7. Time the investigation started, and time investigation ended.
8. CFO Address.
9. CFO phone number(s).
10. CFO email.
11. Circle or place an X on purpose of investigation.
12. Mark each item either IN, OUT, N/A, N/O. All boxes must be completed. IN means in compliance, OUT means out of compliance, N/A means not applicable, N/O means not observed.
13. Document all Certified Food Protection Manager certificates.
14. Document water supply – city or private well.
15. Document wastewater system - city or private.
16. Document temperature and sanitizer observations here.
17. Document the item you are observing, such as a food item or what kind of sanitizer is being used.
18. Document the location of the item such as a refrigerator or kitchen sink.
19. Document the temperature of the food item.
20. Document the concentration of any sanitizer being used.
21. Document the reason for the investigation either a complaint and what the complaint was **or** a possible foodborne illness and what was the product involved in the illness.
22. Document each out of compliance observation and the corrective action in this section. Can add more boxes if needed to document all of the observations and corrective actions. The corrective actions should be similar to the current food code that is used in the state of Illinois and the same follow up/reinspection criteria be used as well and documented in the correction box.
23. Document if the CFO is in good standing and enter the name of the CFO.
24. If not in good standing, check this box and enter the reason for cessation of the cottage food operation or possible suspension of the registration and the name of the CFO and registered person.
25. Document the person's name who was interviewed.
26. Have the person interviewed sign the report.
27. Document the LHD representative's name.
28. LHD representative sign the report.
29. Mark if a follow-up investigation is required or not.
30. Determine a date that the corrective actions can be completed by.
31. LHD may charge a fee for the investigation and any follow up investigations; the Food Handling Regulation Enforcement Act states "set a reasonable fee for the inspection."

Cottage Food Operation Complaint/Foodborne Illness Investigation Report

1 _____ Local Health Department (LHD) Address: City/State/ZIP:		2 Name of LHD representative:	3 Date:
4 Cottage Food Operation (CFO) Name:	5 Name of Cottage Food Operator:	6 CFO Registration Number:	7 Time In: Time Out:
8 Address of CFO: Address: City/State/ZIP:	9 CFO Phone number(s):	10 CFO Email:	11 Purpose of Inspection: Complaint <input type="checkbox"/> Foodborne Illness <input type="checkbox"/> Follow-up <input type="checkbox"/>

12 Mark each item: IN=in compliance Out=out of compliance NA=not applicable NO=not observed

CFO operating with valid registration; annual registration; copy provided; may submit self-certification checklist	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Certified Food Protection Manager Certificate(s) provided	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
CFO located in person's primary domestic residence where operator resides or appropriately designed/equipped kitchen on a farm under the control of CFO	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Labels: Name of CFO and LHD; Registration number and LHD; common name of product; ingredients listed; produced in home kitchen on label; Process date; Allergens	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Only approved food prepared	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Point of sale placard; website notice	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Canned tomato approved recipe or commercial lab results annually	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Direct sales to consumers-no resale; public events; farmers markets; delivery	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Approved recipes for fermented/acidified foods; Food Safety Plan submitted annually; pH testing every three years	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	In-state sales only by website; only non-potentially hazardous foods shipped; tamper seal	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Fermented or acidified canned must be processed in boiling water in Mason jar or glass container	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Cessation of sale; suspension of registration	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Fermented or acidified not canned shall be sold in new container and at 41 degrees or below	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Private water well-provide a copy of water test results showing satisfactory E. coli/Coliform bacteria results	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Baked food with cheese LHD may require commercial lab testing to verify it is non-potentially hazardous	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Proper hot and/ or cold, frozen temperatures	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Employees are trained and follow good hygienic practices; No ill employees or workers; hair restrained; Employees shall not contaminate food	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Separate domestic activities from CFO operations	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
No eating, drinking, chewing gum is allowed	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Toxic chemicals properly labeled; used according to label; stored away from food	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
No smoking, vaping, tobacco use inside	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Food contact surfaces (kitchen equipment and utensils) are clean and in good condition	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Adequate handwashing sink; soap and paper towels supplied; hands washed prior to food preparation; proper glove use; avoid bare hand contact	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Food is properly stored; food free from contamination and adulteration including during transportation	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
No rodents or insects within CFO	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	All food contact surfaces, equipment, utensils used for the preparation, packaging, or handling shall be washed, rinsed, and sanitized before each use	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
No pets in kitchen during CFO hours of operation	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Proper functioning sink in toilet room for handwashing	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO

Adequate equipment for temperature control; Thermometers provided and accurate	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	Utensils used for tasting used once	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
Sleeping quarters are excluded from areas of food prep or storage	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO	OTHER: _____	<input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> NA <input type="checkbox"/> NO
All items listed on this investigation report are from the Food Handling Regulation Enforcement Act Section 4- Cottage Food Operation and the Cottage Food Operation Registration form, Food Safety Plan, and the Self-Certification Checklist.			

13 Certified Food Protection Manager(s) (CFPM) Verification (name, ID#, expiration date):		

14Water Supply: _____ **15**Waste Water System: _____

16 TEMPERATURE AND SANITIZER OBSERVATIONS

Item	Location	Temperature °F	ppm
17	18	19	20

Observations/Comments Section

21 Local Health Department received a complaint or possible foodborne illness regarding:

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22 OBSERVATIONS AND CORRECTIVE ACTIONS

Observation	Corrective Action	Correct By Date or Corrected On Site

23 The cottage food registration for CFO named above is in good standing at this time..

OR

24 Due to item(s) observed above this cottage food operation must cease until all corrections noted on this investigation form have been corrected and determined to be in compliance by the local health department.

25 Name of person interviewed: _____ **26** Signature: _____

27 LHD Representative: _____ **28** Signature: _____

29 Follow-up: Yes No

30 Follow-up Date: _____

31 Note: The local health department may impose a fee for this inspection.