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June 19, 2014

Via Electronic Mail

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IN REPLY REFER TO FILE NO.

EP-1

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Ms. Erica Burkert
EcoLoab
1601 W. Diehl Road
Naperville, Illinois 60563
inspections@activeviewhdi.com

Re: Freedom of Information Act Request

Dear Ms. Burkert:

The Village of Elmwood Park is in receipt of your June 12, 2014 Illinois Freedom of Information Act (5 ILCS 140/1 *et seq.*) ("FOIA") request for the following records:

1. **Elmwood Park Cusd #401**
7607 Courtland Elmwood Park, IL 60707
Permit No.: 3386

Please send any inspections performed AFTER 09/26/2013. If there are no inspections after that date, please let us know. We do not need any inspections performed on or before 09/26/2013.

Enclosed are records responsive to your request. However, please be advised that certain information in the records being provided has been determined to be exempt from disclosure under FOIA, and that information has been redacted from the records being provided.

Section 7(1)(b) of FOIA provides that "private information" is exempt from disclosure. "Private information" is defined in FOIA as, "unique identifiers, including a person's social security number, driver's license number, employee identification number, biometric identifiers, personal financial information, passwords or other access codes, medical records, home or personal telephone numbers, and personal email addresses. Private information also includes home address and personal license plates, except as otherwise provided by law or when compiled without possibility of attribution to any person." 5 ILCS 140/2(c-5). Consequently, certain unique identifiers, including signatures, have been redacted from the records being provided.

STORINO, RAMELLO & DURKIN

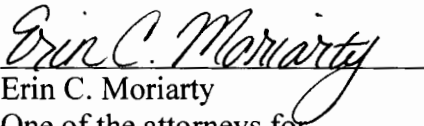
Ms. Erica Burkert
June 19, 2014
Page 2

The person responsible for the decision to deny a portion of your request is the Village of Elmwood Park Freedom of Information Officer, Gina Pesko. In accordance with Section 9(a) of FOIA, you are hereby notified that you have the right to file a Request for Review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer with the Public Access Counselor at the Illinois Attorney General's Office. You can file your Request for Review with the Public Access Counselor by writing to:

Sarah Pratt, Acting Public Access Counselor
Office of the Attorney General
500 South 2nd Street
Springfield, Illinois 62706
Fax: 217-782-1396
E-mail: publicaccess@atg.state.il.us

Also, you are notified that you have the right to judicial review regarding the decision made by the Village of Elmwood Park Freedom of Information Officer pursuant to Section 11 of FOIA.

Sincerely,


Erin C. Moriarty
One of the attorneys for
the Village of Elmwood Park

Enclosures

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment

- Food Service Establishment
- Retail Food Store
- Temporary
- Mobile

**Sanitary Inspection Report
Food Service Establishment**

Reason for Inspection

- Routine Recheck
- Complaint License

Name of Establishment ELMWOOD SCHOOL Address 2319 76 AVE
 Owner or Operator DIS 401 Phone 583-6257

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION
FOOD								FLOORS, WALLS AND CEILINGS			
*1		5	Source, Wholesome, No Spoilage	*20		4	Sanitization rinse: clean, temperature, concentration	36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
2		1	Original Container, Properly Labeled	21		1	Wiping cloths: clean, use restricted	37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
FOOD PROTECTION								LIGHTING			
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation	22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents	38		1	Lighting provided as required, fixtures shielded
*4		4	Facilities to maintain product temperature	23		1	Non-food contact surfaces of equipment and utensils clean	VENTILATION			
5		1	Thermometers provided and conspicuous	24		1	Storage, handling of clean equipment/utensils	39		1	Rooms and equipment - vented as required
6		2	Potentially hazardous food properly thawed	25		1	Single-service articles, storage, dispensing	DRESSING ROOMS			
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION	26		2	No re-use of single-service articles	40		1	Rooms clean, lockers provided, facilities clean
8	X	2	Food protection during storage, preparation, display, service and transportation	WATER				OTHER OPERATIONS			
9		2	Handling of food (ice) minimized, methods	*27		5	Water source, safe: hot and cold under pressure	*41		5	Toxic items properly stored, labeled and used
10		1	Food (ice) dispensing utensils properly stored	SEWAGE				42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
PERSONNEL								PLUMBING			
*11		5	Personnel with infections restricted	29		1	Installed, maintained	43		1	Complete separation from living/sleeping quarters, laundry
*12		5	Hands washed and clean, good hygienic practices	*30		5	Cross-connection, back siphonage, back flow	44		1	Clean, soiled linen properly stored
13		1	Clean clothes, hair restraints	TOILET AND HAND-WASHING FACILITIES				45			Management personnel certified Yes _____ No _____
FOOD EQUIPMENT AND UTENSILS								GARBAGE AND REFUSE DISPOSAL			
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	*31		4	Number, convenient, accessible, designed, installed	46			Public restroom clean and sanitary Yes _____ No _____
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue	47			Dumpster/grease barrel properly enclosed Yes _____ No _____
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean	48			No smoking section in dining room provided Yes _____ No _____
17		1	Accurate Thermometers, chemical test kits provided, gauge clock	34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration	49			Bartenders properly licensed Yes _____ No _____
18		1	Pre-flushed, scraped, soaked	INSECT, RODENT, ANIMAL CONTROL							
19		2	Wash, rinse water: clean, proper temperature	*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals				

Temperatures: Temp/PPM Chemical _____ Hot Foods _____ Cold Foods 41.1

Manager Certification No.: 01605665 4-10-18

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
8.	ALL MEATS BELOW FRESH FOODS: (SANDWICH MEATS ABOVE FRUITS)	ADICE

Report and Instructions Received By [Signature] (Signature of Owner or Representative)

Date 3/6/14 Time 9:54 A.M. P.M. Sanitation Score 98% (100 Minus Demerits)

(Report must be posed on premises.) By [Signature] (Inspector)

Page 1 of 1

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment
 Food Service Establishment
 Retail Food Store
 Temporary
 Mobile

Sanitary Inspection Report Food Service Establishment

Reason for Inspection
 Routine Recheck
 Complaint License

Name of Establishment Elm Jr. High Address 7606 Courtland
 Owner or Operator Dist 401 Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION
			FOOD				FLOORS, WALLS AND CEILINGS				
*1		5	Source, Wholesome, No Spoilage	*20		4	Sanitization rinse: clean, temperature, concentration	36		1	Floors: constructed, drained, clean, good repair, covering installation, dustless cleaning methods
2		1	Original Container, Properly Labeled	21		1	Wiping cloths: clean, use restricted				
			FOOD PROTECTION				LIGHTING				
*3		5	Potentially hazardous food meets, temperature requirements during storage preparation, display, service and transportation	22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents	37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
*4		4	Facilities to maintain product temperature	23		1	Non-food contact surfaces of equipment and utensils clean				
5		1	Thermometers provided and conspicuous	24		1	Storage, handling of clean equipment/utensils	38		1	Lighting provided as required, Fixtures shielded
6		2	Potentially hazardous food properly thawed	25		1	Single-service articles, storage, dispensing	VENTILATION			
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION	26		2	No re-use of single-service articles	39		1	Rooms and equipment - vented as required
			PERSONNEL				WATER				
8		2	Food protection during storage, preparation, display, service and transportation	*27		5	Water source, safe: hot and cold under pressure	40		1	Rooms clean, lockers provided, facilities clean
9		2	Handling of food (ice) minimized, methods				SEWAGE				
10		1	Food (ice) dispensing utensils properly stored	*28		4	Sewage and waste water disposal	*41		5	Toxic items properly stored, labeled and used
			FOOD EQUIPMENT AND UTENSILS				PLUMBING				
*11		5	Personnel with infections restricted	29		1	Installed, maintained	42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
*12		5	Hands washed and clean, good hygienic practices	*30		5	Cross-connection, back siphonage, back flow	43		1	Complete separation from living/sleeping quarters, laundry
13		1	Clean clothes, hair restraints				TOILET AND HAND-WASHING FACILITIES	44		1	Clean, soiled linen properly stored
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located	*31		4	Number, convenient, accessible, designed, installed	45			Management personnel certified Yes _____ No _____
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean: Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue	46			Public restroom clean and sanitary Yes _____ No _____
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated				GARBAGE AND REFUSE DISPOSAL	47			Dumpster/grease barrel properly enclosed Yes _____ No _____
17		1	Accurate Thermometers, chemical test kits provided, gauge clock	33		2	Containers or receptacles covered; adequate number, insect/rodent proof, frequency, clean	48			No smoking section in dining room provided Yes _____ No _____
18		1	Pre-flushed, scraped, soaked	34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration	49			Bartenders properly licensed Yes _____ No _____
19		2	Wash, rinse water: clean, proper temperature	*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals				

Temperatures: Temp/PPM Chemical _____ Hot Foods _____ Cold Foods _____

Manager Certification No.: 01263202 5/25/18

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
	<i>NO RECOMMENDATIONS.</i>	
	<i>NOTE COVER FOR EXHAUST MOTOR.</i>	

Report and Instructions Received By _____ (Signature of Owner or Representative)

Date 3/6/14 Time 9:30 (A.M.) P.M. Sanitation Score 100% (100 Minus Demerits)

(Report must be posed on premises.)

Page 1 of 1 By _____ (Inspector) pa

ELMWOOD PARK HEALTH DEPARTMENT

Type of Establishment

- Food Service Establishment
- Retail Food Store
- Temporary
- Mobile

**Sanitary Inspection Report
Food Service Establishment**

Reason for Inspection

- Routine
- Complaint
- Recheck
- License

Name of Establishment JOHN MILLS Address 2824 76th
 Owner or Operator DIS 401 Phone _____

Based on an inspection this day, the items marked below identify the violation in operation or facilities which must be corrected by the next routine inspection or such shorter period of time as may be specified in writing by the health authority. Failure to comply with this notice may result in immediate suspension of your permit.

*** = Indicates Critical Items Requiring Immediate Correction.**

ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION	ITEM	X	WT	DESCRIPTION
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2		1	Original Container, Properly Labeled	21		1	Wiping cloths: clean, use restricted				
			FOOD PROTECTION	22		2	Food-contact surfaces of equipment/utensils clean, free of abrasives and detergents	37		1	Walls, ceiling, attached equipment: constructed, good repair, clean surfaces, dustless cleaning methods
*3		5	Potentially hazardous food meals, temperature requirements during storage preparation, display, service and transportation	23		1	Non-food contact surfaces of equipment and utensils clean				
*4		4	Facilities to maintain product temperature	24		1	Storage, handling of clean equipment/utensils	38		1	Lighting provided as required, Fixtures shielded
5		1	Thermometers provided and conspicuous	25		1	Single-service articles, storage, dispensing				
6		2	Potentially hazardous food properly thawed	26		2	No re-use of single-service articles	39		1	Rooms and equipment - vented as required
*7		4	Unwrapped and potentially hazardous food not reserved CROSS CONTAMINATION				WATER				VENTILATION
8	X	2	Food protection during storage, preparation, display, service and transportation	*27		5	Water source, sale: hot and cold under pressure	40		1	Rooms clean, lockers provided, facilities clean
9		2	Handling of food (ice) minimized, methods				SEWAGE				DRESSING ROOMS
10		1	Food (ice) dispensing utensils properly stored	*28		4	Sewage and waste water disposal	*41		5	Toxic items properly stored, labeled and used
			PERSONNEL				PLUMBING				OTHER OPERATIONS
*11		5	Personnel with infections restricted	29		1	Installed, maintained	42		1	Premises: maintained, free of litter, unnecessary articles, cleaning/maintenance equipment properly stored, authorized personnel
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			FOOD EQUIPMENT AND UTENSILS	32		2	Toilet rooms enclosed, self-closing doors, fixtures, good repair, clean; Hand cleanser sanitary towels/hand drying devices provided, proper waste receptacles, tissue	45			Management personnel certified Yes _____ No _____
14		2	Food (ice) contact surfaces: designed, constructed, maintained, installed, located				GARBAGE AND REFUSE DISPOSAL	46			Public restroom clean and sanitary Yes _____ No _____
15		1	Non-Food contact surfaces: designed, constructed, maintained, installed, located	33		2	Containers or receptacles covered: adequate number, insect/rodent proof, frequency, clean	47			Dumpster/grease barrel properly enclosed Yes <input checked="" type="checkbox"/> No _____
16		2	Dishwashing facilities: designed, constructed, maintained, installed, located, operated	34		1	Outside storage area, enclosures properly constructed, clean: controlled incineration	48			No smoking section in dining room provided Yes _____ No _____
17		1	Accurate Thermometers, chemical test kits provided, gauge clock				INSECT, RODENT, ANIMAL CONTROL	49			Bartenders properly licensed Yes <u>N/A</u> No _____
18		1	Pre-flushed, scraped, soaked	*35		4	Presence of insects/rodents, outer openings protected, no birds, turtles, other animals				
19		2	Wash, rinse water: clean, proper temperature								

Temperatures: Temp/PPM Chemical _____ Hot Foods PREP 166 3 Cold Foods 38/42
 Manager Certification No.: 01578013 8/2/17

ITEM	Remarks and Recommendations For Corrections	CORRECTED BY
8	PERSONAL ITEMS STORED TO PRODUCT	DOCK
#708-4523957		
ATTN JANET		

Report and Instructions Received By [Signature] (Signature of Owner or Representative)
 Date 8/6/14 Time 10¹⁵ (A.M.) P.M. Sanitation Score 98% (100 Minus Demerits)
 (Report must be posed on premises.)
 Page _____ of _____ By [Signature] (Inspected)