

ME



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

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

Page 1 of 2

Delaware Division of Public Health
Office of Food Protection
417 Federal St., Dover, DE 19901

No. of Risk Factor/Intervention Violations 0
No. of Repeat Risk Factor/Intervention Violations 0
Score (optional) N/A
Date 9/5/19
Time In 2:05
Time Out 2:50

Establishment: Little Caesar's
Address: 2613 Kirkwood Hwy
City/State: Wilmington, DE
Zip Code: 19308
Telephone: (302) 916-0896
License/Permit #: 11161376
Permit Holder: Mark Bohn
Purpose of Inspection: Complaint
Est. Type: FF
Risk Category: Med

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 applicable, COS=corrected on-site during inspection, R=repeat violation

Table with columns for Compliance Status, Description, and COS/R boxes. Includes sections for Supervision, Employee Health, Good Hygienic Practices, Preventing Contamination by Hands, Approved Source, and Protection from Contamination.

Table with columns for Compliance Status, Description, and COS/R boxes. Includes sections for Time/Temperature Control for Safety, Consumer Advisory, Highly Susceptible Populations, Food/Color Additives and Toxic Substances, and Conformance with Approved Procedures.

Risk factors are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public health interventions are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

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

Table with columns for Compliance Status, Description, and COS/R boxes. Includes sections for Safe Food and Water, Food Temperature Control, Food Identification, and Prevention of Food Contamination.

Table with columns for Compliance Status, Description, and COS/R boxes. Includes sections for Proper Use of Utensils, Utensils, Equipment and Vending, and Physical Facilities.

Person in Charge (Signature): [Signature] Date: 9/5/19
Inspector (Signature): [Signature] Follow-up: YES NO (Circle one) Follow-up Date: TBD



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health

Inspection Report

Page 2 of 2

Delaware Division of Public Health
Health Systems Protection
417 Federal St., Dover, DE 19901

License/Permit # N161376

Date 9/5/19

Establishment
Little Caesars

Address
3613 Kirkwood Hwy

City/State
Wilmington, DE

Zip Code
19807

Telephone
(302) 996-0396

OBSERVATIONS AND CORRECTIVE ACTIONS

Item Number	
	A Complaint was received regarding mold. The complainant reports that there are visible signs of black mold in the customer waiting area on the ceiling grid and the air conditioning/heat diffusers. Suspects it would also be found in the kitchen. [redacted] reported the mold to an employee at the counter, but not a manager.
	During the investigation I observed mold around the air conditioning/heating diffusers. I also saw mold against the wall behind the 3 compartment sink. Some mold around air conditioning diffuser in kitchen area.
	8-31-20
	Little Caesars has changed ownership without informing Health Department and obtaining a permit. A permit may not be transferred from one person to another person. Therefore Little Caesars is operating without a permit
	8-30-11 A person may not operate a food Establishment without a valid permit to operate issued by the Regulatory Authority
	8-14-11 Little Caesars must immediately discontinue operations, due to operating without a permit.
	A change of ownership Application must be completed and submitted to the New Castle County Environmental Health Department for review and approval. Once approved an inspection will be conducted to determine if a permit may be obtained.
	Clean all mold from air conditioning/heating diffusers and behind 3 compartment sink. If mold cannot be removed a professional mold removal company will have to service store.

Person in Charge (Signature)

Date: 9/5/19

Inspector (Signature)

NC-1532-038

Date: 9/5/19