Division of Public Health DPH 45029 (04/06)

## STATE OF WISCONSIN

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## SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name  Mount Horeb Intermediate Center	School Address 200 Hanneman B		Blvd, Mt	lvd, Mt Horeb		County Dane		ID Number LICSCD-2010-00103	
Person In Charge Contact Persor Shelley Cleary Michelle Denk						Telephone Nu 608-807-8845			
Current Date School District 2/15/23 Mount Horeb			Is operator certified? Name of Certified Operator  ☐ Yes ☑ No ☐ N/A No proof available						
Inspection Type (check one)				Action Taken (check one)					
✓ Second Inspection ☐ Complaint ☐ Visit / No Action ☐ Onsite Visit ☐ Other				☐ License Suspended☐ Withhold			Operational Revoke	☐ Conditional ☐ Other	
Is the Food Safety Plan onsite?				Plan last reviewed by Food Service Authority					
Yes ■ No □			Date: 04/27/22						
FOOD SAFETY PROGRAM									
Food Service Authority Description									
Facility type(s)  Ves No D Update to Produ	Employee Information			Types of equipment:					
Yes ✓ No ☐ Update to Production   Yes ✓ No ☐				Yes 🗹 No 🗌					
WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three  SOP Name SOP Name SOP Name									
SOP Components	#10	Storing Fo	hoc	#24, Reheating Commercial TCS Fo					
	#10,	Storing i	Jou	#24, Refleating	Commercia	ar 100 1 0003	#21, Olean	——————————————————————————————————————	
Policy and Procedure (may include critical limits)		Yes ✓ No 🗌		Yes ☐ No 🗹		Yes <b>☑</b> No □			
Monitoring Instructions		Yes <b>☑</b> No □		Yes ☑ No 🗌		Yes <b>☑</b> No □			
Recording Instructions		Yes <b>☑</b> No □		Yes 🗹 No 🗌		Yes ☐ No 🗹			
Corrective Action Procedures		Yes 🗹 No 🗌		Yes ☐ No 🗹			Yes <b>☑</b> No □		
Written Plan using HACCP principles Yes No									
	ess 1 – No Cook			Yes ☑ No 🗌					
Menu items categorized by process	s Prod	cess 2 – Same D	ay Serv	Service Yes			✓ No □		
	Process 3 – Complex Food Preparation Yes <b>☑</b> No □								
Each Process Identifies	Criti	cal Control Point	S (CCP's	CCP's) Yo			Yes 🗹 No 🗌		
Lacit i focess identifies	Criti	cal Limits Establi	ished	ed Yes 🗹			No 🗌		
RECORDS REVIEW									
Record three random dates within compliance, "No" if not in complian			give an	overall rev	view for	each of th	ne categories	s. "Yes" if in	
Date: 02/10/23 Date: 02/06/2						Date: 01	/20/23		
Temperatures Monitored and Recorded			Yes 🗹	No 🗌	Comm	nents:			
Temperature Record Accurate and Consistent			Yes 🗹	No 🗌					
Corrective Actions Documented			Yes 🗹	No 🗌					
Is an employee food safety-training program in place?			Yes •	No 🗌					

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## **INSPECTION NARRATIVE:**

Facility Name Mt Horeb Intermediate Center	Date 02/15/23
Food safety plan SOPs are stored out of order; reorganize binder to keep only current SOPs in order per table of contents.	
School receives product directly and washes produce; school type to be updated to production ki	tchen.
No proof of a current food protection manager available onsite. Shelley's certificate expired Sept	
For SOP #24, Reheating Commercially Processed TCS Foods, the procedure does not state that the temp	
Update SOP to include the time limit of 2 hours both in the procedure description. In the correcti	
does not reach 135F within 2 hours, it must be discarded.	
For SOP #21, Cleaning and Sanitizing, monitoring and recording of chemical sanitizer concentrat	ion is not included. Update SOP to include
testing of chemical solution via sanitizer test strips and record on log sheet. Recommend testing	<u> </u>
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I understand and agree to comply with the corrections ordered on this report. Correct v within the period specified in the report.	iolations by the next inspection or
$\sim e^{i\Omega_0}$ $\Lambda$ $\Lambda$ $\Lambda$ $\Lambda$ $\Lambda$	
Michell Oliny	2/15/23
SIGNATURE –Person-in-charge	Date Signed
W/V	2/15/23
SIGNATURE - Health Inspector	Date Signed