

SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name <i>Taylor Prairie Elementary School</i>		School Address <i>900 N Parkview St. Cottage Grove</i>		County <i>Dane</i>	ID Number <i>LICSCM-2010-00097</i>
Person In Charge <i>Debra Fahey</i>		Contact Person <i>dolores.mathys@mgschools.net</i> <i>Dee Mathys School Nutrition Coordinator</i>		Telephone Number <i>(608) 316-1911</i>	
Current Date <i>4-27-17</i>	School District <i>Monona Grove</i>	Is operator certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator <i>Debra Fahey 2-23-2017</i>	
Inspection Type (check one) <input checked="" type="checkbox"/> Second Inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Visit / No Action <input type="checkbox"/> Onsite Visit <input type="checkbox"/> Other		Action Taken (check one) <input type="checkbox"/> License Suspended <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional <input type="checkbox"/> Withhold <input type="checkbox"/> Revoke <input type="checkbox"/> Other			
Is the Food Safety Plan onsite? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Plan last reviewed by Food Service Authority Date: <i>1-30-17</i>			

FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Employee Information Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Types of equipment: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three

SOP Components	SOP Name <i>food Safety + HACCP Training Program #1</i>	SOP Name <i>Milk Barrels #27</i>	SOP Name <i>New Employee + Substitute Worker Orientation #2</i>
Policy and Procedure (may include critical limits)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Monitoring Instructions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recording Instructions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corrective Action Procedures	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Written Plan using HACCP principles Yes No

Menu items categorized by process	Process 1 - No Cook	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 2 - Same Day Service	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 3 - Complex Food Preparation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Each Process Identifies	Critical Control Points (CCP's)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Critical Limits Established	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

RECORDS REVIEW

Record three random dates within the last inspection period, give an over all review for each of the categories. "Yes" if in compliance, "No" if not in compliance, note in comments.

Date: <i>10-31-16</i>	Date: <i>1-31-17</i>	Date: <i>2-28-17</i>
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments: <i>#27: Update to reflect current procedure.</i> <i>#2: Add corrective actions.</i> <i>Record dish machine water pressure.</i>
Temperature Record Accurate and Consistent	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Corrective Actions Documented	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is an employee food safety training program in place?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Debra J. Fahey 4.27.17

Heidi Ward 4-27-17

SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name <i>Monona Grove High School</i>		School Address <i>4400 Monona Dr. Monona</i>	County <i>Dane</i>	ID Number <i>LICSCM-2010-00094</i>
Person In Charge <i>Debby Wienke</i>		Contact Person <i>Dee Matthys, Food Service Director</i>	Telephone Number <i>(608) 316-1911</i>	
Current Date <i>4-26-17</i>	School District <i>Monona Grove</i>	Is operator certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator <i>Debby Wienke 8-20-2017</i>
Inspection Type (check one) <input checked="" type="checkbox"/> Second Inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Visit / No Action <input type="checkbox"/> Onsite Visit <input type="checkbox"/> Other		Action Taken (check one) <input type="checkbox"/> License Suspended <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional <input type="checkbox"/> Withhold <input type="checkbox"/> Revoke <input type="checkbox"/> Other		
Is the Food Safety Plan onsite? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Plan last reviewed by Food Service Authority Date: <i>1-30-17</i>		

FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Employee Information Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Types of equipment: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three

SOP Components	SOP Name <i>Cooling Foods #17</i>	SOP Name #3 <i>Employee Health and Personal Hygiene</i>	SOP Name #19 <i>Transportation of foods from Central kitchen to satellites</i>
Policy and Procedure (may include critical limits)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Monitoring Instructions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recording Instructions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corrective Action Procedures	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Written Plan using HACCP principles Yes No

Menu items categorized by process	Process 1 - No Cook	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 2 - Same Day Service	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 3 - Complex Food Preparation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Each Process Identifies	Critical Control Points (CCP's)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Critical Limits Established	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

RECORDS REVIEW

Record three random dates within the last inspection period, give an over all review for each of the categories. "Yes" if in compliance, "No" if not in compliance, note in comments.

Date: <i>10-3-16</i>	Date: <i>1-3-17</i>	Date: <i>3-1-17</i>
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments: <i>Employee Health + Personal Hygiene SOP: add details of Employee Health - staff review and sign Reporting Agreement. Corrective Action procedures needed.</i> <i>Cooling Foods SOP: Add to corrective actions. Ex. retrain staff. What happens if food is not cooled properly?</i> <i>Record dish machine water pressure.</i>
Temperature Record Accurate and Consistent	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Corrective Actions Documented	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is an employee food safety training program in place?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

*SOP # 19: need corrective actions.
 Deboang Wienke 4/26/17*

*Heidi Ward
 4-26-17*

SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name <i>Cottage Grove Elementary School</i>		School Address <i>470 N Main St., Cottage Grove Dane</i>		County <i>Dane</i>	ID Number <i>LICSCM-2010-00096</i>
Person In Charge <i>Sharon Bates</i>		Contact Person <i>dolores.matthys@mgschools.net</i>		Telephone Number <i>(608) 316-1911</i>	
Current Date <i>4-27-17</i>	School District <i>Monona Grove</i>	Is operator certified? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator <i>Sharon Bates 11-8-2019</i>	
Inspection Type (check one) <input checked="" type="checkbox"/> Second Inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Visit / No Action <input type="checkbox"/> Onsite Visit <input type="checkbox"/> Other		Action Taken (check one) <input type="checkbox"/> License Suspended <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional <input type="checkbox"/> Withhold <input type="checkbox"/> Revoke <input type="checkbox"/> Other			
Is the Food Safety Plan onsite? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Plan last reviewed by Food Service Authority Date: <i>1-30-17</i>			

FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Employee Information Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Types of equipment: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three

SOP Components	SOP Name <i>Eating + Drinking in the Workplace #10B</i>	SOP Name <i>Use of Thermometers #9</i>	SOP Name <i>Thawing Foods #11</i>
Policy and Procedure (may include critical limits)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Monitoring Instructions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recording Instructions	Yes <input type="checkbox"/> No <input type="checkbox"/> <i>N/A</i>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corrective Action Procedures	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Written Plan using HACCP principles Yes No

Menu items categorized by process	Process 1 – No Cook	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 2 – Same Day Service	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 3 – Complex Food Preparation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Each Process Identifies	Critical Control Points (CCP's)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Critical Limits Established	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

RECORDS REVIEW

Record three random dates within the last inspection period, give an over all review for each of the categories. "Yes" if in compliance, "No" if not in compliance, note in comments.

Date: <i>9-6-16</i>	Date: <i>10-1-16</i>	Date: <i>12-13-16</i>
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments: <i>⊕ Add corrective actions to SOPs.</i>
Temperature Record Accurate and Consistent	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Corrective Actions Documented	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is an employee food safety training program in place?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<i>⊕ Record dish machine water pressure.</i>

Sharon K. Bates 4-27-17

Heidi Ward 4-27-17

SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name <i>Winnequah Elementary School</i>		School Address <i>800 Greenway Rd. Monona</i>	County <i>Dane</i>	ID Number <i>LICSCM-2010-00098</i>
Person In Charge <i>Ruth Crosby-Kratochvil</i>		Contact Person <i>dolores.matthys@mqschools.net Dee Matthys, Food Service Director</i>	Telephone Number <i>(608) 316-1911</i>	
Current Date <i>4-26-17</i>	School District <i>Monona Grove</i>	Is operator certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Name of Certified Operator <i>Ruth Crosby-Kratochvil</i>	
Inspection Type (check one) <input checked="" type="checkbox"/> Second Inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Visit / No Action <input type="checkbox"/> Onsite Visit <input type="checkbox"/> Other		Action Taken (check one) <input type="checkbox"/> License Suspended <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional <input type="checkbox"/> Withhold <input type="checkbox"/> Revoke <input type="checkbox"/> Other		
Is the Food Safety Plan onsite? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Plan last reviewed by Food Service Authority Date: <i>1-30-17</i>		

FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Employee Information Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Types of equipment: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three

SOP Components	SOP Name <i>Holding Foods #16</i>	SOP Name <i>Calibration of Thermometers #10</i>	SOP Name <i>Pest Control #26</i>
Policy and Procedure (may include critical limits)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Monitoring Instructions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recording Instructions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corrective Action Procedures	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Written Plan using HACCP principles Yes No

Menu items categorized by process	Process 1 – No Cook	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 2 – Same Day Service	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 3 – Complex Food Preparation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Each Process Identifies	Critical Control Points (CCP's)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Critical Limits Established	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

RECORDS REVIEW

Record three random dates within the last inspection period, give an over all review for each of the categories. "Yes" if in compliance, "No" if not in compliance, note in comments.

Date: <i>10-3-16</i>	Date: <i>12-4-16</i>	Date: <i>3-1-17</i>
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments: <i>#16: Update frequency of temp recordings - not done every 2 hours Need corrective actions. Update cold food section. #10: Need corrective actions. #26: Need corrective actions.</i>
Temperature Record Accurate and Consistent	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Corrective Actions Documented	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is an employee food safety training program in place?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

⊗ Record dish machine water pressure.

Ruth Crosby-Kratochvil 4/26/17

Heidi Ward 4-26-17

SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name <i>Glacial Drumlin Middle School</i>		School Address <i>801 Damascus Trail, Cottage Grove</i>		County <i>Dane</i>	ID Number <i>LICSCM-2010-00095</i>
Person In Charge <i>Linda Ammann</i>		Contact Person <i>dolores.matthys@mgschools.net Dee Matthys, Food Service Director</i>		Telephone Number <i>(608) 316-1911</i>	
Current Date <i>4-27-17</i>	School District <i>Monona Grove</i>	Is operator certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator <i>Linda Ammann 8-20-2017</i>	
Inspection Type (check one) <input checked="" type="checkbox"/> Second Inspection <input type="checkbox"/> Complaint <input type="checkbox"/> Visit / No Action <input type="checkbox"/> Onsite Visit <input type="checkbox"/> Other		Action Taken (check one) <input type="checkbox"/> License Suspended <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Conditional <input type="checkbox"/> Withhold <input type="checkbox"/> Revoke <input type="checkbox"/> Other			
Is the Food Safety Plan onsite? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Plan last reviewed by Food Service Authority Date: <i>1-30-17</i>			

FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Employee Information Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Types of equipment: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three

SOP Components	SOP Name <i>Preparing and Cooking Hot Foods #14</i>	SOP Name <i>Reheating Foods #18</i>	SOP Name <i>Service Temperatures #8</i>
Policy and Procedure (may include critical limits)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Monitoring Instructions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recording Instructions	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Corrective Action Procedures	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Written Plan using HACCP principles Yes No

Menu items categorized by process	Process 1 – No Cook	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 2 – Same Day Service	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Process 3 – Complex Food Preparation	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Each Process Identifies	Critical Control Points (CCP's)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Critical Limits Established	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

RECORDS REVIEW

Record three random dates within the last inspection period, give an over all review for each of the categories. "Yes" if in compliance, "No" if not in compliance, note in comments.

Date: <i>10-3-16</i>	Date: <i>1-3-17</i>	Date: <i>3-1-17</i>
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments: <i>SOP #8 and #14: add details to corrective actions. SOP #18: Add corrective actions applicable to reheating.</i>
Temperature Record Accurate and Consistent	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Corrective Actions Documented	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Is an employee food safety training program in place?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

⊗ Record dish machine water pressure.

Linda Ammann 4/27/17

Heidi Ward 4-27-17