



DPI School Inspection Report

<b>Inspection Information</b>			
School Name <b>LONGFELLOW MIDDLE SCHOOL</b>	1900 DENTON ST LA CROSSE , WI 54601	HSAT-7QWVAT	Sanitarian Sam Welch
Person In Charge <b>Jeff Koby</b>	Contact Person	Telephone # <b>(608 )-789-3507</b>	Inspection Date (Current Date) <b>03/23/2015</b>
School District <b>la Crosse</b>	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator <b>Jerrilynn Donley</b>	Inspection Type <b>Second Inspection</b>
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority <b>02/04/2015</b>		

<b>Smoking</b>
Smoking Not Observed

<b>Food Safety Program</b>	<b>Employee Information</b>	<b>Types Of Equipment</b>
Food Service Authority Description Facility Type <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

<b>Written Standard Operating Procedure (SOP) - (Review Three)</b>	<b>SOP Name</b>	<b>SOP Name</b>	<b>SOP Name</b>
<b>SOP Components</b>	Storing & Using Poisonous or Toxic Chemicals	Receiving Deliveries	Glove and Utensil Use
(Policy and Procedure May Include Critical Limits)	<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"/> Yes
Monitoring Instructions	<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"/> Yes
Recording Instructions	<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"/> Yes
Corrective Action Procedures	<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"/> Yes

<b>Written Plan Using HACCP Principles</b>	<b>Process</b>	<b>Comments</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Menu Items Categorized by Process	Process 1 - No Cook <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	yogurt, bagelfuls, cold sandwiches, salad bar items
	Process 2 - Same Day Service <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	chix patties, hamburgers, pizza, hot vegetables, spaghetti, sloppy joes, taco meat
	Process 3- Complex Food Preparation <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	taco meat, sloppy joes
Each Process Identifies	Critical Control Points (CCP's) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Critical Limits Established <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

comments.

<b>Records Review</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
	10/16/2014	12/18/2014	02/26/2015
Temperatures monitored and recorded.	<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"/> Yes
Temperature record accurate and consistent.	<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"/> Yes
Corrective actions documented.	<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"/> Yes
Employee food safety training program in place.	<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"/> Yes

**Comments**  
Fill out and include the kitchen equipment checklist for this school in the plan. Consistently complete the production records with all temperatures, times taken and final disposition of the food.

Person in Charge



Sanitarian



**Sam Welch**  
**(608) 785-9732**



DPI School Inspection Report

<b>Inspection Information</b>			
School Name <b>LONGFELLOW MIDDLE SCHOOL</b>	1900 DENTON ST LA CROSSE , WI 54601	HSAT-7QWVAT	Sanitarian Aron Newberry
Person In Charge <b>Jerrilynn Donley</b>	Contact Person <b>Jerilynn Donley</b>	Telephone # ( )-	Inspection Date (Current Date) <b>03/16/2016</b>
School District <b>L a Crosse</b>	Operator Certified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Name Of Operator <b>Jerrilynn Donley</b>	Inspection Type <b>Second Inspection</b>
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority <b>11/17/2015</b>		

<b>Smoking</b>
Smoking Not Observed

<b>Food Safety Program</b>	<b>Employee Information</b>	<b>Types Of Equipment</b>
Food Service Authority Description Facility Type <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"/> Yes

<b>Written Standard Operating Procedure (SOP) - (Review Three)</b>	<b>SOP Name</b>	<b>SOP Name</b>	<b>SOP Name</b>
<b>SOP Components</b>	Personal Hygiene	Service and Food Service Temperatures	Washing
(Policy and Procedure May Include Critical Limits)	<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"/> Yes
Monitoring Instructions	<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"/> Yes
Recording Instructions	<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"/> Yes
Corrective Action Procedures	<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"/> Yes

<b>Written Plan Using HACCP Principles</b>	<b>Process</b>	<b>Comments</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Menu Items Categorized by Process	Process 1 - No Cook <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Process 2 - Same Day Service <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Process 3- Complex Food Preparation <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
Each Process Identifies	Critical Control Points (CCP's) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	
	Critical Limits Established <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

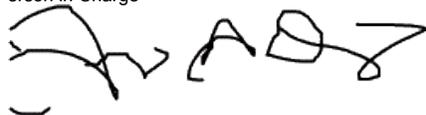
Record three random dates within the last inspection period, give an over all review for each of the categories. "Yes" if in compliance, "No" if not in compliance, note in comments.

<b>Records Review</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
	11/02/2015	02/01/2016	02/09/2016
Temperatures monitored and recorded.	<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"/> Yes
Temperature record accurate and consistent.	<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"/> Yes
Corrective actions documented.	<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"/> Yes
Employee food safety training program in place.	<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"/> Yes

**Comments**

PIC is enrolled in a certified food manager course in April 2016.  
 Must record cook, cool, reheat, hot/cold hold temperatures.

Person in Charge



Sanitarian



**Aron Newberry**  
 (608) 785-9730



Retail Food Establishment Inspection Report

<b>Establishment Information</b>	
Facility Name LONGFELLOW MIDDLE SCHOOL	Facility Type DPI School
Facility ID # HSAT-7QWVAT	Facility Telephone # 608 789-7969
Facility Address 1900 DENTON ST LA CROSSE , WI 54601	
Licensee Name SCHOOL DISTRICT OF LA CROSSE	Licensee Address 807 EAST AVENUE SOUTH LA CROSSE , WI 54601

<b>Inspection Information</b>		
Inspection Type Routine	Inspection Date 10/13/2016	Total Time Spent

<b>Equipment Temperatures</b>	
Description	Temperature (Fahrenheit)
walk-in cooler	37
walk-in freezer	3
milk bunkers	38
reach in cooler	38,36

<b>Food Temperatures</b>	
Description	Temperature (Fahrenheit)
Sausage hot hold	175
cherry tomato cold hold (salad bar)	43
pork patty re-heat	185
sliced cucumber cold hold (salad bar)	40
salad cold hold	41.5

<b>Warewashing Info</b>						
Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type	Temperature
3 compartment sink	chemical	FAILED	300	Quaternary ammonium		
Jackson dish machine	high temperature		200	Quaternary ammonium		
wiping bucket	chemical			Quaternary ammonium		

<b>Certified Manager</b>		
Name SHANNON N DAILY	Certificate # KBRN-99GRKR	Certificate Expiration 5/9/2018

**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

**Observed Violations**

**Total # 2**

**Good Retail Practices - 46 - Warewashing facilities: installed, maintained, & used: test strips**

This is a priority foundation item

**OBSERVATION:** The temperature of the wash solution of the high temperature dishmachine is less than 180°F.

**CORRECTIVE ACTION(S):** Maintain the wash temperature in the high temperature warewashing machine at a temperature indicated in 4-501.110(A) or indicated by the manufacturer. Correct By: 21-Oct-2016

**CODE CITATION:** 4-501.110 (A) The temperature of the wash solution in spray type warewashers that use hot water to SANITIZE may not be less than:

- (1) For a stationary rack, single temperature machine, 74°C (165°F); [Pf]
- (2) For a stationary rack, dual temperature machine, 66°C (150°F); [Pf]
- (3) For a single tank, conveyor, dual temperature machine, 71°C (160°F); [Pf] or
- (4) For a multitank, conveyor, multitemperature machine, 66°C (150°F). [Pf]

**Risk/Intervention - 08 - Adequate handwashing facilities supplied and accessible**

This is a core item

**OBSERVATION:** Automatic handwashing facility inoperable.

**CORRECTIVE ACTION(S):** Automatic handwashing facilities shall be installed according to manufacturers directions. Correct By: 21-Oct-2016

**CODE CITATION:** 5-202.12 (D) An automatic handwashing facility shall be installed in accordance with manufacturer's instructions.

**Comments**

Menu review and risk assessment conducted.  
No longer on a Time as a Public Health Control plan, discussed details of removing the school from the plan. Dishes are to be sanitized in a quaternary ammonium solution and air dried until the high temp dish machine passed a test from the health dept.  
Hand sink in the kitchen area part is already on order and will be repaired ASAP. Discussed the importance of active managerial control on hand washing until the sink is repaired.

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

A re-inspection to assess your correction of these violations will be conducted on, or about, 10/21/2016

Person in Charge



**Jerrilynn Donley**

Sanitarian



**Aron Newberry**  
**(608) 785-9730**