

SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name Token Springs Elementary School		School Address 2120 Stonehaven Dr, Sun Prairie, WI 53590		County Dane	ID Number LICSCD-2018-00547
Person In Charge Teresa Baker, CFPM 1/30/2029		Contact Person Barb Waara, Director of School Nutrition, CFPM 4/7/2027 bmwaara@sunprairieschools.org		Telephone Number (608) 478-5100	
Current Date 2/21/2024	School District Sun Prairie School District	Is operator certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator Nicole O'Malley, Kitchen Coordinator Food Protection Manager Certification expires 11/5/2024	
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: 8/25/2023			

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"/>
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WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three)

SOP Components	SOP Name #3 Employee Health and Illness Reporting	SOP Name #9 Handling a Food Recall	SOP Name #15 Wiping Cloths
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 checked="" type="checkbox"/> No <input 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 type="checkbox"/> No <input checked="" 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 overall review for each of the categories. "Yes" if in compliance, "No" if not in compliance, note in comments.

Date: 10/23/2023	Date: 12/4/2023	Date: 1/19/2024
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments:
Temperature Record Accurate and Consistent	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Corrective Actions Documented	Yes/Not Observed <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"/>	

INSPECTION NARRATIVE:

Facility Name	Date
Token Springs Elementary School	2/21/2024

Note – This school does not handle any raw animal foods. Animal foods received are pre-cooked. Operator does not cool any reheated foods that would be served another day.

I understand and agree to comply with the corrections ordered on this report. Violations must be corrected by the next inspection or within the time period specified in the report.

Teresa Baker *Teresa Baker*
SIGNATURE –Person-in-charge

2/21/2024
Date Signed

Heidi Ward
SIGNATURE - Health Inspector

2/21/2024
Date Signed