

SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name Westside Elementary School		School Address 1320 Buena Vista Dr, Sun Prairie, WI 53590		County Dane	ID Number LICSCD-2010-00115
Person In Charge Stephanie Boyd, CFPM 4/27/2028		Contact Person Barb Waara, Director of School Nutrition, bmwaara@sunprairieschools.org		Telephone Number (608) 834-7503	
Current Date 2/19/2024	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 Barb Waara Food Protection Manager Certification expires 4/7/2027	
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"/>

WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three)

SOP Components	SOP Name #6 Controlling Time and Temperature During Preparation	SOP Name #8 Date Marking Ready-to- Eat, Potentially Hazardous Food	SOP Name #11 Preventing Cross- Contamination During Storage and Preparation
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: 11/30/2023	Date: 1/3/2024	Date: 2/9/2024
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 <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


Westside Elementary School

Date

2/19/2024

Note – This school does not handle any raw animal foods. Animal foods received are pre-cooked. Operator does not cool any reheated foods for service on 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.


SIGNATURE - Person-in-charge

2/19/2024
Date Signed


SIGNATURE - Health Inspector

2/19/2024
Date Signed