



Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975
651-201-4500

Type: Full
Date: 04/05/24
Time: 10:15:00
Report: 1006241053

Food and Beverage Establishment Inspection Report

Page 1

Location:

Homecroft Elementary School
4784 Howard Gresen Road
Duluth, MN558031299
St. Louis County, 69

Establishment Info:

ID #: 0022242
Risk: High
Announced Inspection: No

License Categories:

FAIF, FBLB, HOSP, FBSC, FBC2

Expires on: 12/31/24

Operator:

Ind. School District No. 709

Phone #: 2183368707

ID #: 27942

The violations listed in this report include any previously issued orders and deficiencies identified during this inspection. Compliance dates are shown for each item.

No NEW orders were issued during this inspection.

Surface and Equipment Sanitizers

Hot Water: = at 164f Degrees Fahrenheit

Location: DISH MACHINE

Violation Issued: No

Chlorine: = 100 PPM at Degrees Fahrenheit

Location: SANITIZER BUCKET

Violation Issued: No

Food and Equipment Temperatures

Process/Item: Walk-In Cooler

Temperature: 39 Degrees Fahrenheit - Location: RANCH

Violation Issued: No

Process/Item: Walk-In Cooler

Temperature: 41 Degrees Fahrenheit - Location: TACO MEAT

Violation Issued: No

Process/Item: Re-Heating

Temperature: 166 Degrees Fahrenheit - Location: SAUSAGE

Violation Issued: No

Process/Item: Milk Cooler

Temperature: 40 Degrees Fahrenheit - Location: MILK

Violation Issued: No

Process/Item: Milk Cooler

Temperature: 37 Degrees Fahrenheit - Location: MILK

Violation Issued: No

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Process/Item: Hot Holding
Temperature: 143 Degrees Fahrenheit - Location: FRENCH TOAST STICKS
Violation Issued: No

Process/Item: Upright Cooler
Temperature: 41 Degrees Fahrenheit - Location: SILK
Violation Issued: No

Process/Item: Hot Holding
Temperature: 153 Degrees Fahrenheit - Location: FRENCH TOAST STICKS
Violation Issued: No

Process/Item: Walk-In Freezer
Temperature: Degrees Fahrenheit - Location: ALL FOODS FROZEN
Violation Issued: No

| Total Orders | In This Report | Priority 1 | Priority 2 | Priority 3 |
|--------------|----------------|------------|------------|------------|
| | | 0 | 0 | 0 |

COMMENTS:

KITCHEN IS CLEAN AND ORDERLY.

OBSERVED GOOD HAND WASHING AND GLOVE USE THROUGHOUT INSPECTION.

REMINDER ON THE EMPLOYEE ILLNESS POLICY AND THE EXCLUSION OF EMPLOYEES SICK WITH SYMPTOMS OF VOMITING AND/OR DIARRHEA UNTIL THEY HAVE BEEN SYMPTOM FREE FOR AT LEAST 24 HOURS. ALSO, CONTACT THE DEPARTMENT OF HEALTH IF ANY EMPLOYEES ARE DIAGNOSED WITH HEPATITIS A., SHIGA TOXIN-PRODUCING E. COLI, SALMONELLA, SHIGELLA, OR NOROVIRUS OR IF THERE ARE ANY FOODBORNE ILLNESS COMPLAINTS.

NOTE: Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Minnesota Department of Health inspection report number 1006241053 of 04/05/24.

Certified Food Protection Manager: Jodi Puff

Certification Number: FM6605 Expires: 01/10/25

Inspection report reviewed with person in charge and emailed.

Signed: _____

Jodi Puff
Kitchen Manager

Signed: _____

Callie Harrison
218-302-6173
callie.harrison@state.mn.us

Report #: 1006241053

Food Establishment Inspection Report



Minnesota Department of Health
Food, Pools, & Lodging Services
P.O. Box 64975
Saint Paul, MN 55164-0975

No. of RF/PHI Categories Out 0

Date 04/05/24

No. of Repeat RF/PHI Categories Out 0

Time In 10:15:00

Legal Authority MN Rules Chapter 4626

Time Out

Homecroft Elementary School
Address 4784 Howard Gresen Road

City/State Duluth, MN

Zip Code 558031299

Telephone 2183368707

License/Permit # 0022242

Permit Holder Ind. School District No. 709

Purpose of Inspection Full

Est Type

Risk Category H

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle designated compliance status (IN, OUT, N/O, N/A) for each numbered item

Mark "X" in appropriate box for COS and/or R

IN= in compliance

OUT= not in compliance

N/O= not observed

N/A= not applicable

COS= corrected on-site during inspection

R= repeat violation

| Compliance Status | | COS | R |
|---|----------------|-----|---|
| Supervision | | | |
| 1 | IN OUT | | |
| PIC knowledgeable; duties & oversight | | | |
| 2 | IN OUT N/A | | |
| Certified food protection manager, duties | | | |
| Employee Health | | | |
| 3 | IN OUT | | |
| Mgmt/Staff; knowledge, responsibilities & reporting | | | |
| 4 | IN OUT | | |
| Proper use of reporting, restriction & exclusion | | | |
| 5 | IN OUT | | |
| Procedures for responding to vomiting & diarrheal events | | | |
| Good Hygienic Practices | | | |
| 6 | IN OUT N/O | | |
| Proper eating, tasting, drinking, or tobacco use | | | |
| 7 | IN OUT N/O | | |
| No discharge from eyes, nose, & mouth | | | |
| Preventing Contamination by Hands | | | |
| 8 | IN OUT N/O | | |
| Hands clean & properly washed | | | |
| 9 | IN OUT N/A N/O | | |
| No bare hand contact with RTE foods or pre-approved alternate procedure properly followed | | | |
| 10 | IN OUT | | |
| Adequate handwashing sinks supplied/accessible | | | |
| Approved Source | | | |
| 11 | IN OUT | | |
| Food obtained from approved source | | | |
| 12 | IN OUT N/A N/O | | |
| Food received at proper temperature | | | |
| 13 | IN OUT | | |
| Food in good condition, safe, & unadulterated | | | |
| 14 | IN OUT N/A N/O | | |
| Required records available; shellstock tags, parasite destruction | | | |
| Protection from Contamination | | | |
| 15 | IN OUT N/A N/O | | |
| Food separated and protected | | | |
| 16 | IN OUT N/A | | |
| Food contact surfaces: cleaned & sanitized | | | |
| 17 | IN OUT | | |
| Proper disposition of returned, previously served, reconditioned, & unsafe food | | | |

| Compliance Status | | COS | R |
|---|----------------|-----|---|
| Time/Temperature Control for Safety | | | |
| 18 | IN OUT N/A N/O | | |
| Proper cooking time & temperature | | | |
| 19 | IN OUT N/A N/O | | |
| Proper reheating procedures for hot holding | | | |
| 20 | IN OUT N/A N/O | | |
| Proper cooling time & temperature | | | |
| 21 | IN OUT N/A N/O | | |
| Proper hot holding temperatures | | | |
| 22 | IN OUT N/A | | |
| Proper cold holding temperatures | | | |
| 23 | IN OUT N/A N/O | | |
| Proper date marking & disposition | | | |
| 24 | IN OUT N/A N/O | | |
| Time as a public health control: procedures & records | | | |
| Consumer Advisory | | | |
| 25 | IN OUT N/A | | |
| Consumer advisory provided for raw/undercooked food | | | |
| Highly Susceptible Populations | | | |
| 26 | IN OUT N/A | | |
| Pasteurized foods used; prohibited foods not offered | | | |
| Food and Color Additives and Toxic Substances | | | |
| 27 | IN OUT N/A | | |
| Food additives: approved & properly used | | | |
| 28 | IN OUT | | |
| Toxic substances properly identified, stored, & used | | | |
| Conformance with Approved Procedures | | | |
| 29 | IN OUT N/A | | |
| Compliance with variance/specialized process/HACCP | | | |

Risk factors (RF) are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** are control measures to prevent foodborne illness or injury.

GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Mark "X" in box if numbered item is not in compliance

Mark "X" in appropriate box for COS and/or R

COS= corrected on-site during inspection

R= repeat violation

| Compliance Status | | COS | R |
|---|----------------|-----|---|
| Safe Food and Water | | | |
| 30 | IN OUT N/A | | |
| Pasteurized eggs used where required | | | |
| 31 | | | |
| Water & ice obtained from an approved source | | | |
| 32 | IN OUT N/A | | |
| Variance obtained for specialized processing methods | | | |
| Food Temperature Control | | | |
| 33 | | | |
| Proper cooling methods used; adequate equipment for temperature control | | | |
| 34 | IN OUT N/A N/O | | |
| Plant food properly cooked for hot holding | | | |
| 35 | IN OUT N/A N/O | | |
| Approved thawing methods used | | | |
| 36 | | | |
| Thermometers provided & accurate | | | |
| Food Identification | | | |
| 37 | | | |
| Food properly labeled; original container | | | |
| Prevention of Food Contamination | | | |
| 38 | | | |
| Insects, rodents, & animals not present | | | |
| 39 | | | |
| Contamination prevented during food prep, storage & display | | | |
| 40 | | | |
| Personal cleanliness | | | |
| 41 | | | |
| Wiping cloths: properly used & stored | | | |
| 42 | | | |
| Washing fruits & vegetables | | | |

| Compliance Status | | COS | R |
|--|--|-----|---|
| Proper Use of Utensils | | | |
| 43 | | | |
| In-use utensils: properly stored | | | |
| 44 | | | |
| Utensils, equipment & linens: properly stored, dried, & handled | | | |
| 45 | | | |
| Single-use/single service articles: properly stored & used | | | |
| 46 | | | |
| Gloves used properly | | | |
| Utensil Equipment and Vending | | | |
| 47 | | | |
| Food & non-food contact surfaces cleanable, properly designed, constructed, & used | | | |
| 48 | | | |
| Warewashing facilities: installed, maintained, & used; test strips | | | |
| 49 | | | |
| Non-food contact surfaces clean | | | |
| Physical Facilities | | | |
| 50 | | | |
| Hot & cold water available; adequate pressure | | | |
| 51 | | | |
| Plumbing installed; proper backflow devices | | | |
| 52 | | | |
| Sewage & waste water properly disposed | | | |
| 53 | | | |
| Toilet facilities: properly constructed, supplied, & cleaned | | | |
| 54 | | | |
| Garbage & refuse properly disposed; facilities maintained | | | |
| 55 | | | |
| Physical facilities installed, maintained, & clean | | | |
| 56 | | | |
| Adequate ventilation & lighting; designated areas used | | | |
| 57 | | | |
| Compliance with MCIAA | | | |
| 58 | | | |
| Compliance with licensing & plan review | | | |

Food Recalls:

Person in Charge (Signature)

Date: 04/12/24

Inspector (Signature)