



Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802
Phone: 651-201-4500

Food & Beverage Inspection Report

Page: 1

Establishment Info

Laura MacArthur School
720 North Central Avenue
Duluth, MN 558071398
St. Louis County
Parcel:

Phone: 2183368707
childnutrition@isd709.org

License Info

License: 0022247

Risk: High
License: FAIF-1, FBLB-1, HOSP-1,
FBSC-1, FBC2-1
Expires on: 12/31/2025
CFPM: Georgia M Van Allen
CFPM #: 76191; Exp: 12/13/2026

Inspection Info

Report Number: F8010261029
Inspection Type: Full - Single
Date: 2/23/2026 Time: 12:30:00 PM
Duration: minutes
Announced Inspection: No
Total Priority 1 Orders: 0
Total Priority 2 Orders: 0
Total Priority 3 Orders: 0
Delivery: Emailed

No orders were issued for this inspection report.

Food & Beverage General Comment

DISCUSSED THE EXCLUSION OF EMPLOYEES ILL WITH VOMITING OR DIARRHEA FROM THE FOOD ESTABLISHMENT FOR 24 HOURS AFTER SYMPTOMS ARE GONE.

NOTE: All new food equipment must meet the applicable standards of the American National Standards Institute (ANSI). Plans and specifications must be submitted for review and approval prior to new construction, remodeling or alterations.

I acknowledge receipt of the Duluth District Office inspection report number F8010261029 from 2/23/2026

Georgia Van Allen
Kitchen Manager

Deb Kosiak,
Public Health Sanitarian 3
218-302-6176
deb.kosiak@state.mn.us



Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Temperature Observations/Recordings

Page: 1

Establishment Info

Laura MacArthur School
Duluth
County/Group: St. Louis County

Inspection Info

Report Number: F8010261029
Inspection Type: Full
Date: 2/23/2026
Time: 12:30:00 PM

Food Temperature: Product/Item/Unit: SCRAMBLED EGGS; Temperature Process: Hot-Holding

Location: Steam Table at 167 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: SCRAMBLED EGGS; Temperature Process: Hot-Holding

Location: Steam Table at 149 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: SAUSAGE; Temperature Process: Hot-Holding

Location: Steam Table at 157 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; Temperature Process: Cold-Holding

Location: Milk Cooler at 40 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: MILK; Temperature Process: Cold-Holding

Location: Walk-in Cooler at 38 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: SLICED TURKEY; Temperature Process: Cold-Holding

Location: Walk-in Cooler at 41 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: FOODS FROZEN; Temperature Process: Cold-Holding

Location: Walk-in Freezer at Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: SAUSAGE; Temperature Process: Hot-Holding

Location: Steam Table at 156 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: Product/Item/Unit: TATOR TOTS; Temperature Process: Hot-Holding

Location: Steam Table at 135 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** TATOR TOTS; **Temperature Process:** Hot-Holding

Location: Steam Table at 136 Degrees F.

Comment:

Violation Issued?: No

Food Temperature: **Product/Item/Unit:** TATOR TOTS; **Temperature Process:** Hot-Holding

Location: HOT HOLDING UNIT at 145 Degrees F.

Comment:

Violation Issued?: No



Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

Sanitizer Observations/Recordings

Page: 1

| Establishment Info | Inspection Info |
|--|---|
| Laura MacArthur School Duluth County/Group: St. Louis County | Report Number: F8010261029 Inspection Type: Full Date: 2/23/2026 Time: 12:30:00 PM |

Sanitizing Chemical: Product: Chlorine; **Sanitizing Process:** Wiping Cloth Bucket

Location: Kitchen **Equal To** 100 PPM

Comment:

Violation Issued?: No

Sanitizing Equipment: Product: Hot Water; **Sanitizing Process:** Dish Machine

Location: Dishwashing Area **Equal To** 160 Degrees F.

Comment: TEMP TAPE TURNED BLACK

Violation Issued?: No

Food Establishment Inspection Report



Duluth District Office
Minnesota Department of Health
11 East Superior Street, Suite 290
Duluth, MN 55802

| | | |
|---|---|-----------------|
| No. of Risk Factor/Intervention/Violations | 0 | Date: 2/23/2026 |
| No. of Repeat Risk Factor/Intervention/Violations | | Time: 12:30 PM |
| Score (optional) | | Dur: min |

| | | | | |
|--|--------------------------------------|--------------------------------|-------------------|------------------------|
| Establishment: Laura MacArthur School | Address: 720 North Central Avenue | City/State: Duluth, MN | Zip: 558071398 | Phone: 2183368707 |
| License/Permit #: 0022247 | Permit Holder: | Purpose of Inspection: Full | Est. Type: | Risk Category: High |

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

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 | Person in charge present, demonstrate knowledge and performs duties | | |
| 2 | IN | Certified Food Protection Manager | | |
| Employee Health | | | | |
| 3 | IN | knowledge, responsibilities, and reporting | | |
| 4 | IN | Proper use of restriction and exclusion | | |
| 5 | IN | Response to vomiting, diarrheal events | | |
| Good Hygienic Practices | | | | |
| 6 | IN | Proper eating, tasting, drinking, tobacco use | | |
| 7 | IN | No discharge from eyes, nose, and mouth | | |
| Preventing Contamination by Hands | | | | |
| 8 | IN | Hands clean and properly washed | | |
| 9 | IN | No bare hand contact with RTE foods, alternatives | | |
| 10 | IN | Adequate handwashing sinks supplied and access | | |
| Approved Source | | | | |
| 11 | IN | Food obtained from approved source | | |
| 12 | N/O | Food Received at proper temperature | | |
| 13 | IN | Food in good condition, safe & unadulterated | | |
| 14 | N/A | Records available: shellstock tags, parasite dest. | | |
| Protection From Contamination | | | | |
| 15 | IN | Food separated and protected | | |
| 16 | IN | Food-contact surfaces; cleaned & sanitized | | |
| 17 | IN | Proper Disposition of returned, previously served, reconditioned, & unsafe food | | |

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

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions 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" or OUT 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 | N/A | Pasteurized eggs used where required | | |
| 31 | | Water & ice from approved source | | |
| 32 | N/A | Variance obtained for specialized processing methods | | |
| Food Temperature Control | | | | |
| 33 | | Proper cooling methods used; adequate equipment for temperature control | | |
| 34 | N/O | Plant food properly cooked for hot holding | | |
| 35 | IN | 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; no unauthorized person | | |
| 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 and used | | |
| 46 | | Gloves used properly | | |
| Utensils, 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 and plan review | | |

Person in Charge (signature)

Deborah Kosiak

Inspector (signature)

Follow-up: Follow-up Date: