

## SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name Mount Horeb Early Learning Center		School Address 300 Spellman St, Mount Horeb		County Dane	ID Number LICSCD-2010-00101
Person In Charge Rhonda Ashbrenner		Contact Person Michelle Denk		Telephone Number 608-437-0765	
Current Date 2/3/2026	School District Mount Horeb Area School District	Is operator certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator Michelle Denk, exp 5/5/26	
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 type="checkbox"/> Withhold <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Revoke <input type="checkbox"/> Conditional <input type="checkbox"/> Other			
Is the Food Safety Plan onsite? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		Plan last reviewed by Food Service Authority Date: 02/24/25			

### FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> satellite	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 plan not onsite	SOP Name plan not onsite	SOP Name plan not onsite
<b>Policy and Procedure (may include critical limits)</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Monitoring Instructions</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Recording Instructions</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Corrective Action Procedures</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input 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: 11/03/25	Date: 12/17/25	Date: 01/30/26
Temperatures Monitored and Recorded	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Comments: no temperatures recorded on production worksheets
Temperature Record Accurate and Consistent	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Corrective Actions Documented	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is an employee food safety-training program in place?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

**INSPECTION NARRATIVE:**

**Facility Name** Mount Horeb Early Learning Center

**Date** 02/03/26

-Provide Food Safety Plan binder and keep accessible onsite. Food employee indicated that the records and plan may be at the Primary Ctr.

-Food employees are not monitoring and recording food temperatures on production worksheets. Monitor and record accurate and consistent food temperature readings on production worksheets.

I understand and agree to comply with the corrections ordered on this report. Correct violations by the next inspection or within the period specified in the report.

Colleen Kittleson   
SIGNATURE - Person-in-charge

2-3-2026  
Date Signed

James Blackmore   
SIGNATURE - Health Inspector

2-3-2026  
Date Signed

## SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name Mount Horeb Primary Center		School Address 207 Academy St, Mount Horeb		County DANE	ID Number LICSCD-2010-00104
Person In Charge Rhonda Klarer		Contact Person Michelle Denk		Telephone Number 608-437-7065	
Current Date 2/3/2026	School District Mount Horeb Area School District	Is operator certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator Michelle Denk, 5/5/26	
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 type="checkbox"/> Withhold <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Revoke <input type="checkbox"/> Conditional <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: 02/24/25			

### FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> satellite with extensive	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 #3 No bare hand contact	SOP Name #5 Using and calibrating food thermometers	SOP Name #17 Holding TCS foods
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 type="checkbox"/> No <input checked="" 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: 11/21/25	Date: 12/03/25	Date: 01/14/26
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments: PC and ELC production worksheets were both at PC kitchen at time of visit.
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 Mount Horeb Primary Center

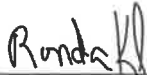
Date 02/03/26

The FSP binder and temp logs for the Early Learning Center were accessible at this kitchen today.

No issues.

I understand and agree to comply with the corrections ordered on this report. Correct violations by the next inspection or within the period specified in the report.

Rhonda Klarer



SIGNATURE - Person-in-charge

2-3-2026

Date Signed

James Blackmore



SIGNATURE - Health Inspector

2-3-2026

Date Signed

## SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name Mount Horeb Intermediate		School Address 200 Hanneman Blvd, Mount Horeb		County Dane	ID Number LICSD-2010-00103
Person In Charge Carolyn Krantz		Contact Person Michelle Denk		Telephone Number 608-437-7065	
Current Date 1-28-2026	School District Mount Horeb Area School District	Is operator certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator Michelle Denk, exp 5-5-26	
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: 02/25/25			

### FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Production Kitchen	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 #17 Holding TCS food	SOP Name #20 preventing CC at food bars/self-service	SOP Name #21 Cleaning and Sanitizing Food Contact Surfaces
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: 12/05/25	Date: 01/12/26	Date: 11/03/25
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments:  All food temps are recorded on production worksheets. There was no ServSafe training in 2025.
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"/>	

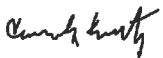
**INSPECTION NARRATIVE:**

Facility Name Mount Horeb Intermediate School

Date 01/28/26

NOTE: there are no Process 3 - Complex Food Preparation foods at this location. All food prep is either Process 1 or 2.

I understand and agree to comply with the corrections ordered on this report. Correct violations by the next inspection or within the period specified in the report.



SIGNATURE —Person-in-charge

1-28-2026

Date Signed



SIGNATURE - Health Inspector

1-28-2026

Date Signed

### SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name Mount Horeb Middle School		School Address 900 E Garfield Street, Mount Horeb		County Dane	ID Number LICSCD-2010-00102
Person In Charge Julia Forner		Contact Person Michelle Denk		Telephone Number 608-437-7065	
Current Date 1-28-2026	School District Mount Horeb Area School District	Is operator certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator Michelle Denk, exp 5/5/26	
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 type="checkbox"/> Withhold <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Revoke <input type="checkbox"/> Conditional <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: 02/25/25			

#### FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> production kitchen	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 #1 Handwashing	SOP Name #3 No BHC	SOP Name #5 Using and calibrating food thermometers
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 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"/>
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: 11/07/25	Date: 11/20/25	Date: 01/07/26
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments:  There was no ServeSafe training offered for staff this year, Michelle Denk is currently CFPM.
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 Mount Horeb Middle School

Date 01/28/26

-Update the Person in Charge listed in #3 (Description of this School Facility). Name currently listed is Tiffany Olson, Head Cook.

I understand and agree to comply with the corrections ordered on this report. Correct violations by the next inspection or within the period specified in the report.



SIGNATURE - Person-in-charge

1-28-2026

Date Signed



SIGNATURE - Health Inspector

1-28-2026

Date Signed

### SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name Mount Horeb High School		School Address 305 S Eighth Street, Mount Horeb		County Dane	ID Number LICSCD-2010-00100
Person In Charge Adam Pollack, head cook		Contact Person Michelle Denk		Telephone Number 608-437-7065	
Current Date 1-28-2026	School District Mount Horeb Area School District	Is operator certified? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Name of Certified Operator Michelle Denk, exp 5-5-26	
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 type="checkbox"/> Withhold <input checked="" type="checkbox"/> Operational <input type="checkbox"/> Revoke <input type="checkbox"/> Conditional <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: 02/26/25			

#### FOOD SAFETY PROGRAM

Food Service Authority Description		
Facility type(s) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Production Kitchen	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 #14 Controlling Time and Temp during prep	SOP Name #23 Cooking PHFs	SOP Name #24 Re-heating
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 type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Recording Instructions	Yes <input type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> No <input 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: 01/27/26	Date: 01/14/26	Date: 11/25/25
Temperatures Monitored and Recorded	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Comments: Michelle is planning to renew her ServeSafe this Spring, all staff training at start of next year.
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 Mount Horeb High School

Date 01/28/26

-Update #3 Name of Person in Charge from Dan Schettler to Adam Pollack (Head Cook).

I understand and agree to comply with the corrections ordered on this report. Correct violations by the next inspection or within the period specified in the report.



SIGNATURE -Person-in-charge

1-28-2026

Date Signed



SIGNATURE - Health Inspector

1-28-2026

Date Signed