Division of Public Health DPH 45029 (04/06)

STATE OF WISCONSIN

s. 254.61, Subchapter VII, Wis. Stats. . Page of

SCHOOL FOOD SAFETY PROGRAM INSPECTION REPORT

School Name Waubesa Intermediate School			School Address 5606 Red Oak Trail, McFarland, WI 53558			County Dane		ID Number LICSCD-2010-0081		
Person In Charge			Contact Person				Telephone Nu			
Rhonda Schipper Jacki Ribble								(608-838-4521	,	
Current Date School District McFarland School District			istrict	Is operator certified? Name of Certified Operator ✓ Yes ☐ No ☐ N/A Jacquelyn Ribble (8/10/2028)						
Inspection Type (check one)				Action Taken (check one)						
			☐ Visit / No Action		License Suspended Withhold			Operational Revoke	☐ Conditional ☐ Other	
Is the Food Safety Plan onsite?				Plan last reviewed by Food Service Authority						
Yes ⊠ No □				Date: 2024/2025 (exact date not noted)						
FOOD SAFETY PROGR										
Food Service Authority Description Facility type(s) Employee Information Types of equipment:										
Facility type(s)			Employee Inform	ation				• •		
Yes No 🗌	Yes No Yes No									
WRITTEN STANDARD OPERATING PROCEDURE (SOP) (Review three) SOP Name SOP Name SOP Name										
SOP Components		#15 Preventing Cross- Contamination During Stor and Prep			#21 Cleani	#21 Cleaning and Sanitizing Food Contact Surfaces		#12 Washing and Handling Fresh Fruits/ Veg		
Policy and Procedure (may include critical limits)		Yes ⊠ No □			Yes ⊠ No □		Yes ⊠ No □			
Monitoring Instructions	ng Instructions Yo			Yes ⊠ No □		Yes ⊠ No □		Yes ⊠ No □		
Recording Instructions	cording Instructions			Yes ⊠ No □		Yes ⊠ No □		Yes ⊠ No □		
Corrective Action Procedures			Yes ⊠ No □		Yes ⊠ No □			Yes ⊠ No □		
Written Plan using HACCP principles Yes ⊠ No □										
		Process 1 – No Cook					Yes 🛛	No 🗌		
Menu items categorized by process		s Process 2 – Same Da			Service Yes No 🗆					
		Process 3 – Complex Food Preparation Yes ⊠ No □								
Each Process Identifies		Critical Control Points (CCP's)				Yes 🛛 No 🗌				
		Critical Limits Establish				Yes ⊠ N				
RECORDS REVIEW										
Record three random dat compliance, "No" if not in				, give ar	over all re	view for	each of t	the categories	s. "Yes" if in	
Date: 01/02/2025 Date:12/09/202							Date: 11/18/2024			
Temperatures Monitored and Recorded				Yes 🛭			omments: Indicate exact date that SOPs were			
Temperature Record Accurate and Consistent				Yes 🛭	Yes No reviewed.					
Corrective Actions Documented				Yes 🛭	☑ No □					
Is an employee food safety training program in place?				Yes [⊠ No □					

San yo

(Llon