



## DPI School Inspection Report

<b>Inspection Information</b>			
School Name <b>PARKVIEW MIDDLE SCHOOL</b>	955 WILLARD DR GREEN BAY , WI 54304	HSAT-7QX769	Sanitarian <b>Mawuenam Matti</b>
Person In Charge <b>Lois Ludwig</b>	Contact Person <b>Kaitlin Tauriainen</b>	Telephone # <b>(920 )-246 - 7255</b>	Inspection Date (Current Date) <b>02/24/2025</b>
School District <b>Ashwaubenon</b>	Operator Certified <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Name Of Operator <b>Lois Ludwig</b>	Inspection Type <b>Second Inspection</b>
Food Safety Plan Onsite <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	Plan Last Reviewed By Food Service Authority <b>03/08/2024</b>		

<b>Food Safety Program</b>	<b>Employee Information</b>	<b>Types Of Equipment</b>
Food Service Authority Description Facility Type <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

<b>Written Standard Operating Procedure (SOP)</b> - (Review Three)	<b>SOP Name</b>	<b>SOP Name</b>	<b>SOP Name</b>
<b>SOP Components</b>	<b>#27 Cooling TCS Foods</b>	<b>#14 Controlling Time and Temperature During Food Preparation</b>	<b># 19 Serving Food</b>
(Policy and Procedure May Include Critical Limits)	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Monitoring Instructions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Recording Instructions	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Corrective Action Procedures	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

<b>Written Plan Using HACCP Process Principles</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Comments</b>
Menu Items Categorized by Process	Process 1 - No Cook <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Process 2 - Same Day Service <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Process 3- Complex Food Preparation <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Each Process Identifies	Critical Control Points (CCP's) <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Critical Limits Established <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

<b>Records Review</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>
	02/24/2025	11/18/2024	10/03/2024
Temperatures monitored and recorded.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Temperature record accurate and consistent.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Corrective actions documented.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Employee food safety training program in place.	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

### Comments

\*Equipment list needs to be updated for each school to show what kinds of equipment and the quantities.  
 \* Cooling studies are being conducted when foods are cooled and well documented. Excellent job Lois. Keep it up!  
 \* Please remember to document days where there is no school. Do not leave blank.  
 \* Signed employees' illness reporting agreement were not available for review.  
 \* Current annual training records also not available for review!  
 \* Overall, excellent recordkeeping! Great job Lois and team! Keep up the excellent work. Documents and binders were neatly organized and documented.

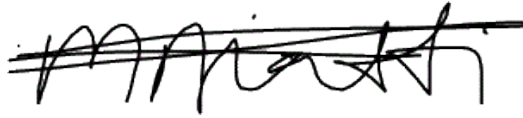
Person in Charge

Sanitarian



Name  
**Lois Ludwig**

Title  
**Head Cook**



**Mawuenam Matti**  
**(920) 448-6423**