



Minnesota Department of Health
 Food Pools and Lodging Services Section
 625 Robert St N
 St. Paul
 651-201-4500

Type: Full
 Date: 10/03/22
 Time: 10:30:10
 Report: 7962221198

Food and Beverage Establishment Inspection Report

Page 1

Location:
 Burnside Elementary School - Kids Junction
 5001 Learning Lane
 Red Wing, MN55066
 Goodhue County, 25

Establishment Info:
 ID #: 0024224
 Risk: High
 Announced Inspection: No

License Categories:
 FAIF, FBLB, HOSP, FBSC, FBC2

 Expires on: 12/31/22

Operator:
 Red Wing Public School Distric

 Phone #: 6513854583
 ID #: 30832

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.

Food and Equipment Temperatures

Process/Item: Walk-In Cooler
 Temperature: 41 Degrees Fahrenheit - Location: 41df or lower
 Violation Issued: No

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

Establishment Info:

Email reports to:

Kitchen:

Christine Bakke, Head Cook, crbakke@rwps.org
 Lisa Pena, Director of Student Nutrition Services, japena@rwps.org

Kids Junction:

Justin Plein, Director, jjplein@rwps.org

10-3-22

Kids Junction:

Kitchen Staff prepare/store snacks/beverage and wash dishes for Kids Junction children. Kids Junction staff enter the kitchen, wash hands at hand wash sink, and retrieve snack/beverage cart from walk-in cooler. Cart is returned to the kitchen after snack. No time and temperature controlled for safety food, like milk, is returned to the kitchen.

9-29-21

At this time Kids Junction is receiving all food and beverages from school kitchen.

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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 7962221198 of 10/03/22.

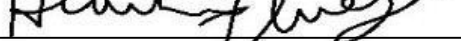
Certified Food Protection Manager: _____

Certification Number: _____ Expires: ____/____/____

Inspection report reviewed with person in charge and emailed.

Signed: _____

Establishment Representative

Signed:  _____

Heather Flueger
Public Health Sanitarian
Rochester District Office
507-208-3096
heather.flueger@state.mn.us