



Type: Full  
Date: 09/27/22  
Time: 09:00:52  
Report: 7962221196

# Food and Beverage Establishment Inspection Report

**Location:**

Sunnyside School  
Independent School District #2  
1669 Southwood Avenue  
Red Wing, MN55066  
Goodhue County, 25

**Establishment Info:**

ID #: 0024223  
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.

## Surface and Equipment Sanitizers

Hot Water: = at 165 Degrees Fahrenheit  
Location: dish machine thermometer sent through machine  
Violation Issued: No

Hot Water: = at 184 Degrees Fahrenheit  
Location: dish machine final rinse thermometer  
Violation Issued: No

Quaternary Ammonia: = 200 ppm at Degrees Fahrenheit  
Location: wiping cloth buckets  
Violation Issued: No

## Food and Equipment Temperatures

Process/Item: Cold Holding  
Temperature: 41 Degrees Fahrenheit - Location: all 41df or lower  
Violation Issued: No

Process/Item: Hot Holding  
Temperature: 135 Degrees Fahrenheit - Location: all 135df or greater  
Violation Issued: No

Process/Item: Walk-In Freezer  
Temperature: -8 Degrees Fahrenheit - Location: ambient air  
Violation Issued: No

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

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

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Establishment Info:

Email reports to:  
Sheila Bergin, Head Cook, smbergin@rwps.org  
Lisa Pena, Director of Student Nutrition Services, japena@rwps.org

Spring 2019 sent: sharing table information

**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 7962221196 of 09/27/22.

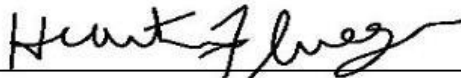
Certified Food Protection Manager Shelia Bergin

Certification Number: FM91798 Expires: 12/08/23

**Inspection report reviewed with person in charge and emailed.**

Signed: \_\_\_\_\_

Sheila Bergin  
Head Cook

Signed:  \_\_\_\_\_

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

Report #: 7962221196

# Food Establishment Inspection Report



**Minnesota Department of Health**  
**Food Pools and Lodging Services Section**  
 625 Robert St N  
 St. Paul

No. of RF/PHI Categories Out: 0

Date: 09/27/22

No. of Repeat RF/PHI Categories Out: 0

Time In: 09:00:52

Legal Authority MN Rules Chapter 4626

Time Out

**Sunnyside School**  
 Address: Independent School District #2

**City/State**: Red Wing, MN  
**Zip Code**: 55066

**Telephone**: 6513854583

**License/Permit #**: 0024223

**Permit Holder**: Red Wing Public School District

**Purpose of Inspection**: Full

**Est Type**

**Risk Category**: H

## FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Circle 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 |
|---|---|-----|---|
| <b>Supervision</b>  |   |     |   |
| 1   | <input checked="" type="radio"/> IN <input type="radio"/> OUT   |     |   |
| PIC knowledgeable; duties & oversight   |   |     |   |
| 2   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A                           |     |   |
| Certified food protection manager, duties   |   |     |   |
| <b>Employee Health</b>  |   |     |   |
| 3   | <input checked="" type="radio"/> IN <input type="radio"/> OUT   |     |   |
| Mgmt/Staff; knowledge, responsibilities & reporting                                       |   |     |   |
| 4   | <input checked="" type="radio"/> IN <input type="radio"/> OUT   |     |   |
| Proper use of reporting, restriction & exclusion  |   |     |   |
| 5   | <input checked="" type="radio"/> IN <input type="radio"/> OUT   |     |   |
| Procedures for responding to vomiting & diarrheal events                                  |   |     |   |
| <b>Good Hygienic Practices</b>  |   |     |   |
| 6   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O                           |     |   |
| Proper eating, tasting, drinking, or tobacco use  |   |     |   |
| 7   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O                           |     |   |
| No discharge from eyes, nose, & mouth   |   |     |   |
| <b>Preventing Contamination by Hands</b>  |   |     |   |
| 8   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/O                           |     |   |
| Hands clean & properly washed   |   |     |   |
| 9   | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| No bare hand contact with RTE foods or pre-approved alternate procedure properly followed |   |     |   |
| 10  | <input checked="" type="radio"/> IN <input type="radio"/> OUT   |     |   |
| Adequate handwashing sinks supplied/accessible  |   |     |   |
| <b>Approved Source</b>  |   |     |   |
| 11  | <input checked="" type="radio"/> IN <input type="radio"/> OUT   |     |   |
| Food obtained from approved source  |   |     |   |
| 12  | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O |     |   |
| Food received at proper temperature   |   |     |   |
| 13  | <input checked="" type="radio"/> IN <input type="radio"/> OUT   |     |   |
| Food in good condition, safe, & unadulterated   |   |     |   |
| 14  | <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Required records available; shellstock tags, parasite destruction                         |   |     |   |
| <b>Protection from Contamination</b>  |   |     |   |
| 15  | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Food separated and protected  |   |     |   |
| 16  | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A                           |     |   |
| Food contact surfaces: cleaned & sanitized  |   |     |   |
| 17  | <input checked="" type="radio"/> IN <input type="radio"/> OUT   |     |   |
| Proper disposition of returned, previously served, reconditioned, & unsafe food           |   |     |   |

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

**Risk factors (RF)** are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. **Public Health Interventions (PHI)** 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" 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 |
|---|---|-----|---|
| <b>Safe Food and Water</b>  |   |     |   |
| 30  | <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A                           |     |   |
| Pasteurized eggs used where required                                    |   |     |   |
| 31  | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O            |     |   |
| Water & ice obtained from an approved source                            |   |     |   |
| 32  | <input type="radio"/> IN <input type="radio"/> OUT <input checked="" type="radio"/> N/A                           |     |   |
| Variance obtained for specialized processing methods                    |   |     |   |
| <b>Food Temperature Control</b>   |   |     |   |
| 33  | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O            |     |   |
| Proper cooling methods used; adequate equipment for temperature control |   |     |   |
| 34  | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input checked="" type="radio"/> N/O |     |   |
| Plant food properly cooked for hot holding                              |   |     |   |
| 35  | <input checked="" type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Approved thawing methods used   |   |     |   |
| 36  | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O            |     |   |
| Thermometers provided & accurate  |   |     |   |
| <b>Food Identification</b>  |   |     |   |
| 37  | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O            |     |   |
| Food properly labeled; original container                               |   |     |   |
| <b>Prevention of Food Contamination</b>                                 |   |     |   |
| 38  | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O            |     |   |
| Insects, rodents, & animals not present                                 |   |     |   |
| 39  | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O            |     |   |
| Contamination prevented during food prep, storage & display             |   |     |   |
| 40  | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O            |     |   |
| Personal cleanliness  |   |     |   |
| 41  | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O            |     |   |
| Wiping cloths: properly used & stored                                   |   |     |   |
| 42  | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O            |     |   |
| Washing fruits & vegetables   |   |     |   |

| Compliance Status  |  | COS | R |
|--|--|-----|---|
| <b>Proper Use of Utensils</b>  |  |     |   |
| 43   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| In-use utensils: properly stored   |  |     |   |
| 44   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Utensils, equipment & linens: properly stored, dried, & handled                    |  |     |   |
| 45   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Single-use/single service articles: properly stored & used                         |  |     |   |
| 46   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Gloves used properly   |  |     |   |
| <b>Utensil Equipment and Vending</b>   |  |     |   |
| 47   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Food & non-food contact surfaces cleanable, properly designed, constructed, & used |  |     |   |
| 48   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Warewashing facilities: installed, maintained, & used; test strips                 |  |     |   |
| 49   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Non-food contact surfaces clean  |  |     |   |
| <b>Physical Facilities</b>   |  |     |   |
| 50   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Hot & cold water available; adequate pressure                                      |  |     |   |
| 51   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Plumbing installed; proper backflow devices  |  |     |   |
| 52   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Sewage & waste water properly disposed   |  |     |   |
| 53   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Toilet facilities: properly constructed, supplied, & cleaned                       |  |     |   |
| 54   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Garbage & refuse properly disposed; facilities maintained                          |  |     |   |
| 55   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Physical facilities installed, maintained, & clean                                 |  |     |   |
| 56   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Adequate ventilation & lighting; designated areas used                             |  |     |   |
| 57   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Compliance with MCIAA  |  |     |   |
| 58   | <input type="radio"/> IN <input type="radio"/> OUT <input type="radio"/> N/A <input type="radio"/> N/O |     |   |
| Compliance with licensing & plan review  |  |     |   |

**Food Recalls:**

**Person in Charge (Signature)**

**Date:** 10/05/22

Inspector (Signature)

*Hunt J. [Signature]*