



## Recreational Educational Camp Inspection Report

### Establishment Information

Facility Name <b>CAMP SINAWA</b>	Facility Type <b>Recreational/Educational Camp - Simple with Hospitality</b>
Facility ID # <b>HSAT-7QXL44</b>	Facility Telephone # <b>920 827-6811</b>
Facility Address	
Licensee Name <b>EARL O VITS MEMORIAL TRUST</b>	Licensee Address <b>PO BOX 117 TWO RIVERS, WI 54241</b>

### Inspection Information

Inspection Type <b>Routine</b>	Inspection Date <b>May 20, 2025</b>	Total Time Spent
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### Equipment Temperatures

Description <b>kitchen reach in coolers freezer</b>	Temperature (Fahrenheit) <b>37, 37 frozen solid</b>
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### Food Temperatures

Description <b>pickles ch x2</b>	Temperature (Fahrenheit) <b>37, 39</b>
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### Warewashing Info

Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
<b>High temp dishwasher</b>	<b>heat</b>	<b>ok</b>			

### Certified Manager

Name <b>EIRIK NELSON</b>	Certificate #	Certificate Expiration <b>8/3/2029</b>
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**OPERATOR** - The violations in operating procedure or physical arrangement indicated below must be corrected by the next routine inspection or by a date specified in this report.

### Observed Violations

**Total # 1**

**Health - 50R - Consulting physician; standing orders; camp vehicle**

**This is a Critical violation**

**REPEAT OBSERVATION:** The standing orders which were provided to MCHD were not signed by the physician, Jonathan Klatt.

**CORRECTIVE ACTION(S):** Provide a written protocol for the administration of medications, routine health care and

emergency medical care signed by the camp's staff physician or consulting physician. Correct By: 11-Jul-2025  
**CODE CITATION:** ATCP 78.27 (1)(b)(1.) The staff physician or consulting physician, in cooperation with the camp operator, shall develop standing orders, signed by the physician, for the administration of medications, routine health care and emergency medical care at the camp.P

**Comments:**

Any operator aggrieved by an order of this department under this chapter may request a hearing as provided in ch.227 statute, if state licensed, or a local ordinance if licensed by an agent health department.

Person in Charge

A handwritten signature in cursive script that reads "S. Nelson".

**SARAH NELSON**

Sanitarian

A handwritten signature in cursive script that reads "Jessica Wanserski".

**Jessica Wanserski**  
**(920) 683-4454**