



## Recreational Educational Camp Inspection Report

### Establishment Information

Facility Name RAHR MEM SCHOOL FOREST	Facility Type Recreational/Educational Camp - Simple
Facility ID # HSAT-7QXE84	Facility Telephone # 920 755-2173
Facility Address	
Licensee Name MANITOWOC PUBLIC SCHOOL DISTRICT	Licensee Address PO BOX 1657 MANITOWOC, WI 54221

### Inspection Information

Inspection Type Follow Up	Inspection Date September 11, 2025	Total Time Spent
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### Equipment Temperatures

Description Refrigerator Freezers	Temperature (Fahrenheit)
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### Warewashing Info

Machine Name	Sanitization Method	Thermo Label	PPM	Sanitizer Name	Sanitizer Type
3 compartment sink	chemical				

**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 # 2

#### Safety & Supervision - 35R - Background Check; frequency, policy

**REPEAT OBSERVATION:** The background check threshold policy has not been reviewed and signed within the last 3 years.

**CORRECTIVE ACTION(S):** Provide an up-to-date policy reviewed, signed, and dated every 3 years. Correct By: 17-Oct-2025

**CODE CITATION:** ATCP 78.26 (1) (c) (2.) This policy shall be reviewed, signed and dated within the last 3 years. Pf

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

This is a Critical violation

**REPEAT OBSERVATION:** The standing orders did not have a date included next to the physician signature. The standing orders must be reviewed annually and signed by the physician with a date.

**CORRECTIVE ACTION(S):** Verify the standing orders for medication administration, routine health care and emergency medical care are reviewed annually with an updated physician signature and date. Correct By: 17-Oct-2025

**CODE CITATION:** ATCP 78.27 (1) (b) (2.) The physician shall review, sign and date the standing orders annually. P

**Corrected Hazards**

The following hazard(s) have been corrected since the last inspection.

**Total # 1**

**ATCP 78.18 (3) (c) Backflow - Plumbing system constructed and maintained**

**OBSERVATION:** A required backflow device is not provided on the basement tap in the Ivone Green Building

**CORRECTIVE ACTION(S):** Provide an approved backflow prevention device on the basement tap in the Ivon Greene Building. Correct By: 15-Oct-2025

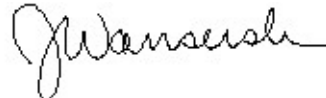
**CODE CITATION:** ATCP 78.18 (3) (c) Backflow prevention device, design standard. A backflow or backsiphonage prevention device installed on a water supply system shall meet standards for construction, installation, maintenance, inspection, and testing as specified by the State Uniform Plumbing Code, chs. SPS 381 to 387, as enforced by the Wisconsin department of safety and professional services.

**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

Sanitarian



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