

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
FOOD SERVICE  
INSPECTION REPORT



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 51-48-1793173  
Name of Facility: Classical Preparatory School Borealis Building  
Address: 12836 Shady Hills Road  
City, Zip: Spring Hill 34610

Type: School (9 months or less)  
Owner: Classical Preparatory Inc.  
Person In Charge: Ferrante, Mary Phone: (813) 803-7903  
PIC Email: mferrante@classicalprep.org

**Inspection Information**

Purpose: Routine  
Inspection Date: 5/12/2021  
Correct By: Next Inspection  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 2  
Number of Repeat Violations (1-57 R): 0  
Facility Grade: N/A  
Stop Sale: No

Begin Time: 09:30 AM  
End Time: 10:15 AM

*Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection*

**FoodBorne Illness Risk Factors And Public Health Interventions**

**SUPERVISION**

**OUT** 1. Demonstration of Knowledge/Training

**IN** 2. Certified Manager/Person in charge present

**EMPLOYEE HEALTH**

**IN** 3. Knowledge, responsibilities and reporting

**IN** 4. Proper use of restriction and exclusion

**IN** 5. Responding to vomiting & diarrheal events

**GOOD HYGIENIC PRACTICES**

**IN** 6. Proper eating, tasting, drinking, or tobacco use

**IN** 7. No discharge from eyes, nose, and mouth

**PREVENTING CONTAMINATION BY HANDS**

**IN** 8. Hands clean & properly washed

**IN** 9. No bare hand contact with RTE food

**IN** 10. Handwashing sinks, accessible & supplies

**APPROVED SOURCE**

**IN** 11. Food obtained from approved source

**IN** 12. Food received at proper temperature

**IN** 13. Food in good condition, safe, & unadulterated

**NA** 14. Shellstock tags & parasite destruction

**PROTECTION FROM CONTAMINATION**

**IN** 15. Food separated & protected; Single-use gloves

**IN** 16. Food-contact surfaces; cleaned & sanitized

**NO** 17. Proper disposal of unsafe food

**TIME/TEMPERATURE CONTROL FOR SAFETY**

**NA** 18. Cooking time & temperatures

**NO** 19. Reheating procedures for hot holding

**OUT** 20. Cooling time and temperature (**COS**)

**IN** 21. Hot holding temperatures

**IN** 22. Cold holding temperatures

**IN** 23. Date marking and disposition

**NA** 24. Time as PHC; procedures & records

**CONSUMER ADVISORY**

**NA** 25. Advisory for raw/undercooked food

**HIGHLY SUSCEPTIBLE POPULATIONS**

**IN** 26. Pasteurized foods used; No prohibited foods

**ADDITIVES AND TOXIC SUBSTANCES**

**NA** 27. Food additives: approved & properly used

**IN** 28. Toxic substances identified, stored, & used

**APPROVED PROCEDURES**

**NA** 29. Variance/specialized process/HACCP

Inspector Signature:

*Anise Belson*

Client Signature:

*R. M...*

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**Good Retail Practices**

**SAFE FOOD AND WATER**

- NA** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- IN** 32. Variance obtained for special processing

**FOOD TEMPERATURE CONTROL**

- IN** 33. Proper cooling methods; adequate equipment
- IN** 34. Plant food properly cooked for hot holding
- IN** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

**FOOD IDENTIFICATION**

- IN** 37. Food properly labeled; original container

**PREVENTION OF FOOD CONTAMINATION**

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- NO** 42. Washing fruits & vegetables

**PROPER USE OF UTENSILS**

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- NA** 46. Slash resistant/cloth gloves used properly

**UTENSILS, EQUIPMENT AND VENDING**

- IN** 47. Food & non-food contact surfaces
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

**PHYSICAL FACILITIES**

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

*This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.*

**Violations Comments**

Violation #1. Demonstration of Knowledge/Training  
Provide documentation of food safety training for food employees.

Violation #20. Cooling time and temperature  
Rapidly cool cooked time-temperature controlled for safety (TCS) food from 135F to 70F within the first 2 hours, and then from 70F to 41F within 4 hours. Entire cooling process shall not exceed 6 hours. Observed ground meat at 50F dated 5/11/2021. Discarded. Corrected on site.

**General Comments**

Notes- HWS: 105F, 2D RIC: Mash Potatoes 40F, 2D RIC: Grapes 40F, X2 2D RIF: Frozen, Holding Well: Chicken 170F & Beans 168F, 1CS, 3CS: Quat 200ppm, Sanitizer: Quat 200ppm, X2 Hot Holding Units: Mash Potatoes 163F & not in-use, FMC: NRFSP Kathleen Morton Cert #21440781 Expires: 03/2023.

Email Address(es): mferrante@classicalprep.org;  
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sawood@pasco.k12.fl.us

Inspector Signature:

Client Signature:

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Inspection Conducted By: Alissa Belasco (61970)  
Inspector Contact Number: Work: (727) 841-4425 ex.  
Print Client Name: Kathleen Morton  
Date: 5/12/2021

Inspector Signature:

*Alissa Belasco*

Client Signature:

*R. Morton*