

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



Facility Information

RESULT: Satisfactory

Permit Number: 51-48-1553530
Name of Facility: Classical Preparatory School
Address: 16500 Lyceum Way
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): 1
Number of Repeat Violations (1-57 R): 0
Facility Grade: N/A
Stop Sale: No

Begin Time: 12:00 PM
End Time: 12:45 PM

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

NO 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

IN 20. Cooling time and temperature

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:

Alice Benson

Client Signature:

Edward Brink

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Good Retail Practices

SAFE FOOD AND WATER	
<u>NA</u> 30. Pasteurized eggs used where required	<u>NA</u> 46. Slash resistant/cloth gloves used properly
<u>IN</u> 31. Water & ice from approved source	UTENSILS, EQUIPMENT AND VENDING
<u>NA</u> 32. Variance obtained for special processing	<u>IN</u> 47. Food & non-food contact surfaces
FOOD TEMPERATURE CONTROL	<u>IN</u> 48. Ware washing: installed, maintained, & used; test strips
<u>IN</u> 33. Proper cooling methods; adequate equipment	<u>OUT</u> 49. Non-food contact surfaces clean
<u>IN</u> 34. Plant food properly cooked for hot holding	PHYSICAL FACILITIES
<u>IN</u> 35. Approved thawing methods	<u>IN</u> 50. Hot & cold water available; adequate pressure
<u>IN</u> 36. Thermometers provided & accurate	<u>IN</u> 51. Plumbing installed; proper backflow devices
FOOD IDENTIFICATION	<u>IN</u> 52. Sewage & waste water properly disposed
<u>IN</u> 37. Food properly labeled; original container	<u>IN</u> 53. Toilet facilities: supplied, & cleaned
PREVENTION OF FOOD CONTAMINATION	<u>IN</u> 54. Garbage & refuse disposal
<u>IN</u> 38. Insects, rodents, & animals not present	<u>IN</u> 55. Facilities installed, maintained, & clean
<u>IN</u> 39. No Contamination (preparation, storage, display)	<u>IN</u> 56. Ventilation & lighting
<u>IN</u> 40. Personal cleanliness	<u>IN</u> 57. Permit; Fees; Application; Plans
<u>IN</u> 41. Wiping cloths: properly used & stored	
<u>IN</u> 42. Washing fruits & vegetables	
PROPER USE OF UTENSILS	
<u>IN</u> 43. In-use utensils: properly stored	
<u>OUT</u> 44. Equipment & linens: stored, dried, & handled	
<u>IN</u> 45. Single-use/single-service articles: stored & used	

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 #44. Equipment & linens: stored, dried, & handled Eliminate wet nesting after sanitizing, allow for proper air drying before contact with food. Observed wet nesting in pans.
Violation #49. Non-food contact surfaces clean Ensure drawers / containers that use for storage are cleaned frequently to prevent accumulation of debris. Observed debris build-up in containers that utensils areas stored in. Maintain all coolers units in a thoroughly clean and sanitized condition. Observed standing water/residue substance at bottom of keg cooler.

General Comments

Notes- HWS: 110F, Hot Holding Well: Corn Dogs 140F, Broccoli 150F, Meat Sauce 152F, X2 HH: Corn Dogs 147F & Not in-use, 1D RIC: Salad 41F, X2 2D RIF: Frozen, Milk Cooler: 39F, X2 2D RIC: Ham 40F & Juice 38F, Mop Sink: Ok, Bathroom: Ok, Dry Storage: Ok, 1CS, 3CS: Quat 200ppm.

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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: Gerald Beinhauer
Date: 5/12/2021

Inspector Signature:

Alissa Belasco

Client Signature:

Gerald Beinhauer

Form Number: DH 4023 03/18

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