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



Facility Information RESULT: Satisfactory

Permit Number: 51-48-2138056

Name of Facility: Dayspring Academy Elementary - Jazz Campus

Address: 7137 Jasmine Boulevard City, Zip: Port Richey 34668

Type: School (9 months or less)

Owner: Creation Foundation Inc DBA Dayspring Academy

Person In Charge: Creation Foundation Inc DBA Dayspring Academy Phone: (727) 238-5018

PIC Email: a.murray@slamgmt.com

**Inspection Information** 

Purpose: Routine Number of Risk Factors (Items 1-29): 1 Begin Time: 11:15 AM Inspection Date: 11/29/2021 Number of Repeat Violations (1-57 R): 1 End Time: 12:00 PM

Correct By: Next Inspection FacilityGrade: N/A Re-Inspection Date: None StopSale: No

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**

- IN 1. Demonstration of Knowledge/Training
- 2. Certified Manager/Person in charge present EMPLOYEE HEALTH
- IN 3. Knowledge, responsibilities and reporting
- N 4. Proper use of restriction and exclusion
- N 5. Responding to vomiting & diarrheal events
- GOOD HYGIENIC PRACTICES
- No discharge from avec need and mouth
- N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- N 8. Hands clean & properly washed
- No bare hand contact with RTE food
- 10. Handwashing sinks, accessible & supplies APPROVED SOURCE
- IN 11. Food obtained from approved source
- NO 12. Food received at proper temperature
- N 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

- NO 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- N 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
- N 26. Pasteurized foods used; No prohibited foods
- ADDITIVES AND TOXIC SUBSTANCES
- NA 27. Food additives: approved & properly used
- OUT 28. Toxic substances identified, stored, & used (R, COS)

APPROVED PROCEDURES

NA 29. Variance/specialized process/HACCP

**Inspector Signature:** 

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**Client Signature:** 

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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

NA 32. Variance obtained for special processing

#### FOOD TEMPERATURE CONTROL

IN 33. Proper cooling methods; adequate equipment

NO 34. Plant food properly cooked for hot holding

N 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

OUT 44. Equipment & linens: stored, dried, & handled

OUT 45. Single-use/single-service articles: stored & used (COS)

NA 46. Slash resistant/cloth gloves used properly

#### UTENSILS, EQUIPMENT AND VENDING

IN 47. Food & non-food contact surfaces

N 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

51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

IN 53. Toilet facilities: supplied, & cleaned

| 54. Garbage & refuse disposal | N 55. Facilities installed, maintained, & clean

N 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 #28. Toxic substances identified, stored, & used

Store chemicals separate from and below food, equipment, utensils, linens, and single-service and single-use articles. Observed sanitizer bucket stored above food. Repeat violation. Corrected on site.

Violation #44. Equipment & linens: stored, dried, & handled

Ensure oven mitts properly cleaned and free of debris. Observed debris build up on oven mitts.

Violation #45. Single-use/single-service articles: stored & used

Ensure single-service items are stored in clean, dry location, 6 inches above the floor; not exposed to splash, dust, or other contamination. Observed to-go cups on ground. Corrected on site.

### **General Comments**

Notes- HWS 97F, X2 2D RIF: Frozen, X2 2D RIC: Pepperoni 41F & Ham 41F, Milk Cooler: 40F, 3CS: Quat 400ppm, Sanitizing Bucket: Quat 400ppm, Quat Test Strip: OK, Hot Holding Well: Chicken 142F, Bathroom: OK.

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a.murray@slamgmt.com;

**Inspector Signature:** 

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**Client Signature:** 

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



Inspection Conducted By: Alissa Antonucci (61970) Inspector Contact Number: Work: (727) 841-4425 ex. Print Client Name: A. Murray

Date: 11/29/2021

**Inspector Signature:** 

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Form Number: DH 4023 03/18

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