

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: 12/18/2023  
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: 09:55 AM  
End Time: 10:30 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**

- IN** 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**

- OUT** 8. Hands clean & properly washed (**COS**)
- 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
- IN** 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:

Client Signature:

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**Good Retail Practices**

<b>SAFE FOOD AND WATER</b>	
<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	<b>UTENSILS, EQUIPMENT AND VENDING</b>
<u>NA</u> 32. Variance obtained for special processing	<u>IN</u> 47. Food & non-food contact surfaces
<b>FOOD TEMPERATURE CONTROL</b>	<u>OUT</u> 48. Ware washing: installed, maintained, & used; test strips
<u>IN</u> 33. Proper cooling methods; adequate equipment	<u>IN</u> 49. Non-food contact surfaces clean
<u>IN</u> 34. Plant food properly cooked for hot holding	<b>PHYSICAL FACILITIES</b>
<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
<b>FOOD IDENTIFICATION</b>	<u>OUT</u> 52. Sewage & waste water properly disposed
<u>IN</u> 37. Food properly labeled; original container	<u>IN</u> 53. Toilet facilities: supplied, & cleaned
<b>PREVENTION OF FOOD CONTAMINATION</b>	<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>OUT</u> 41. Wiping cloths: properly used & stored ( <b>COS</b> )	
<u>IN</u> 42. Washing fruits & vegetables	
<b>PROPER USE OF UTENSILS</b>	
<u>IN</u> 43. In-use utensils: properly stored	
<u>IN</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**

<p>Violation #8. Hands clean &amp; properly washed Ensure employees wash hands at appropriate times. Observed employee touch her hair not wash hands after. Corrected on site.</p>
<p>Violation #41. Wiping cloths: properly used &amp; stored Store wiping cloths in approved chemical sanitizer between uses. Observed wiping cloth sitting out on counter. Corrected on site.</p>
<p>Violation #48. Ware washing: installed, maintained, &amp; used; test strips Provide effective hair restraints as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, to keep hair from contacting food, equipment, utensils, linens and unwrapped single-service items. Observed employees not wearing hair restraints (corrected on site) and employee not wearing beard restraint.</p>
<p>Violation #52. Sewage &amp; waste water properly disposed Ensure grease trap is properly maintained and cleaned routinely to prevent a sanitary nuisance. Observed strong odor coming from grease trap when 3-compartment sink was draining.</p>

Inspector Signature:

*Alicia Antonucci*

Client Signature:

*D. Russell*

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**General Comments**

Notes- HWS: 115F, Hot Holding Units: Hot Dogs 133-135F, 1D RIC: Yogurt 44F, X2 2D RIF: Frozen, Milk Cooler: 40F, X2 2D RIC: Hard Boiled Egg 40F & Cheese 40F, Mop Sink: OK, Bathroom: OK, Dry Storage: OK, Quat Test Strips: OK, 1CS, 3CS: Quat 300ppm, Sanitizer Buckets: 300ppm.

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Inspection Conducted By: Alissa Antonucci (00904)  
Inspector Contact Number: Work: (813) 455-9958 ex.  
Print Client Name:  
Date: 12/18/2023

Inspector Signature:

*Alissa Antonucci*

Client Signature:

*D. Russell*