

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: Cook, Megan Phone: (813) 803-7903
PIC Email: m.cook@slamgmt.com

Inspection Information

Purpose: Routine
Inspection Date: 5/9/2025
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: 08:15 AM
End Time: 09:00 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

- 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

- IN** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- IN** 20. Cooling time and temperature
- NO** 21. Hot holding temperatures
- OUT** 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

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
- 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

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

- IN** 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 #22. Cold holding temperatures

Maintain cold holding time-temperature controlled for safety (TCS) food at 41F or below. Observed TCS foods at 46-47F. Manager removed food to cooler #2 and has put work order in for cooler.

Violation #38. Insects, rodents, & animals not present

Protect all openings to outside with self-closing doors, thresholds, closed windows, screening, air curtains, etc. Observed no self-closing doors, screening, or air curtains to outside door.

General Comments

Notes- HWS: 105F, Two Door Reach-in-Cooler #1:Salsa 46F & Pepperoni 47F, Two Door Reach-in-Cooler #2: Sauce 38F, Milk Cooler: 38F, X2 Two Door Reach-in-Freezers: Frozen, Hot Holding Unit: Ambient 160F, 1CS, 3CS: Quat 400ppm, Microwave: OK, Quat Test Strips: OK, FMC: ServSafe Megan Cook Cert#22777867 Expires 10/2027.

Email Address(es): cbanks@pasco.k12.fl.us;
m.cook@slamgmt.com;
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smcintyre@classicalprep.org;
npockrus@classicalprep.org;
rwoolridge@classicalprep.org

Inspector Signature:

Client Signature:

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Inspection Conducted By: Alissa Antonucci (00904)
Inspector Contact Number: Work: (813) 455-9958 ex.
Print Client Name:
Date: 5/9/2025

Inspector Signature:

Handwritten signature of Alissa Antonucci in black ink.

Client Signature:

Handwritten signature of the client in black ink.