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



Facility Information RESULT: Satisfactory

Permit Number: 53-48-00104

Name of Facility: Dale R. Fair Babson Park Elementary

Address: 815 N Scenic Highway City, Zip: Babson Park 33827

Type: School (more than 9 months) Owner: Lake Wales Charter Schools, Inc.

Person In Charge: Ashley Burt Phone: 863-678-4668

PIC Email: a.burt@slamgmt.com

Inspection Information

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 09:35 AM Inspection Date: 4/14/2025 Number of Repeat Violations (1-57 R): 1 End Time: 10:15 AM

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
- IN 5. Responding to vomiting & diarrheal events GOOD HYGIENIC PRACTICES
- IN 6. Proper eating, tasting, drinking, or tobacco use
- N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- PREVENTING CONTAMINATION BY HA

 N
 8. Hands clean & properly washed
- IN 9. No bare hand contact with RTE food
- N 10. Handwashing sinks, accessible & supplies

 APPROVED SOURCE
- IN 11. Food obtained from approved source
- NO 12. Food received at proper temperature
- 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
- IN 19. Reheating procedures for hot holding
- IN 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 PHČ; 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
- N 28. Toxic substances identified, stored, & used
 - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Inspector Signature:

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Form Number: DH 4023 03/18

Client Signature:

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Good Retail Practices

SAFE FOOD AND WATER

NO 30. Pasteurized eggs used where required

N 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

NO 35. Approved thawing methods

IN 36. Thermometers provided & accurate

FOOD IDENTIFICATION

N 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

NO 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

51. Plumbing installed; proper backflow devices

IN 52. Sewage & waste water properly disposed

N 53. Toilet facilities: supplied, & cleaned

OUT 54. Garbage & refuse disposal (R)
OUT 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 #54. Garbage & refuse disposal

The dumpster all the way back near the fence was observed to have a hole on right side where the garbage truck picks it up with its arms. This must be replaced in order to be leakproof.

CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.

Violation #55. Facilities installed, maintained, & clean

In staff restroom, the mechanical ventilation was dusty. This must be cleaned.

CODE REFERENCE: 64E-11.003(5). Floors, walls, and ceilings shall be smooth, durable, easily cleanable, and non-absorbent. Exterior areas shall be kept cleaned.

General Comments

No other violations observed.

Email Address(es): a.burt@slamgmt.com; terrance.burroughs@lwcharterschools.com; elizabeth.tyler@lwcharterschools.com

Inspector Signature:

Ruil Ka &

Client Signature:

Form Number: DH 4023 03/18 53-48-00104 Dale R. Fair Babson Park Elementary

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Inspection Conducted By: Rushil Kasetty (35264) Inspector Contact Number: Work: (863) 578-2039 ex.

Print Client Name: Ashley Burt

Date: 4/14/2025

Inspector Signature:

Ruil Kals

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Client Signature:

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