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



Facility Information

RESULT: Satisfactory

Permit Number: 53-48-00875 Name of Facility: Janie Howard Wilson Elementary Address: 306 Florida Avenue City, Zip: Lake Wales 33853

Type: School (more than 9 months) Owner: Lake Wales Charter Schools, Inc. Person In Charge: Karen Gipson Phone: NA PIC Email: k.gibson@slamgmt.com

Inspection Information

Purpose: Routine Inspection Date: 8/19/2024 Correct By: Next Inspection **Re-Inspection Date: None** Number of Risk Factors (Items 1-29): 1 Number of Repeat Violations (1-57 R): 0 FacilityGrade: N/A StopSale: No

Begin Time: 10:00 AM End Time: 10:40 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
- N 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
- T. 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
- IN 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- 14. Shellstock tags & parasite destruction IN

PROTECTION FROM CONTAMINATION

IN 15. Food separated & protected; Single-use gloves

- OUT 16. Food-contact surfaces; cleaned & sanitized
 - IN 17. Proper disposal of unsafe food TIME/TEMPERATURE CONTROL FOR SAFETY
 - 18. Cooking time & temperatures
 - IN 19. Reheating procedures for hot holding
 - IN 20. Cooling time and temperature
 - N 21. Hot holding temperatures IN 22. Cold holding temperatures
 - IN 23. Date marking and disposition
 - N 24. Time as PHČ; procedures & records CONSUMER ADVISORY
 - IN 25. Advisory for raw/undercooked food HIGHLY SUSCEPTIBLE POPULATIONS
 - IN 26. Pasteurized foods used; No prohibited foods ADDITIVES AND TOXIC SUBSTANCES
 - IN 27. Food additives: approved & properly used
 - N 28. Toxic substances identified, stored, & used APPROVED PROCEDURES
 - IN 29. Variance/specialized process/HACCP

Inspector Signate

Client Signature:

Form Number: DH 4023 03/18

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Good Retail Practices

SAFE FOOD AND WATER

- NO 30. Pasteurized eggs used where required
- IN 31. Water & ice from approved source
- IN 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
- IN 35. Approved thawing methods
- N 36. Thermometers provided & accurate FOOD IDENTIFICATION
- 37. Food properly labeled; original container IN 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
- 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
- OUT 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 N 53. Toilet facilities: supplied, & cleaned
- IN 54. Garbage & refuse disposal
- IN 55. Facilities installed, maintained, & clean
- OUT 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 #16. Food-contact surfaces: cleaned & sanitized A shelf in the freezer was observed to be falling. This must be adjusted, repaired, or replaced.

CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.

Violation #49. Non-food contact surfaces clean

The vents throughout the kitchen were observed to contain dust. These must be cleaned.

CODE REFERENCE: 64E-11.003(4). Non-food contact surfaces shall be kept clean and free of an accumulation of dust, dirt, food residue, and other debris.

Violation #56. Ventilation & lighting

Most of the kitchen lights were nonoperational. Staff stated that a work order has been placed. The lights did not equate to 50-foot candles. Staff should not work with food without 50-foot candles.

CODE REFERENCE: 64E-11.003(6)(a). Adequate exhaust ventilation hood systems in food prep and warewashing areas shall be provided and designed. 50 foot candles shall be at surfaces where employees work with food and 20 foot candles shall be at surfaces where food is provided to consumers.

General Comments

No General Comments Available

Email Address(es): k.gibson@slamgmt.com

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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Inspection Conducted By: Charis Law (29345) Inspector Contact Number: Work: (863) 578-2050 Print Client Name: Karen Gipson Date: 8/19/2024

Inspector Signature:

Client Signature:

Van

Form Number: DH 4023 03/18

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