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



**RESULT:** Satisfactory **Facility Information** 

Permit Number: 53-48-00104

Name of Facility: 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: 863-232-2577

PIC Email: chris.reams@lwcharterschools.com

## **Inspection Information**

Begin Time: 12:55 PM Purpose: Routine Number of Risk Factors (Items 1-29): 0 Inspection Date: 4/18/2022 End Time: 01:05 PM Number of Repeat Violations (1-57 R): 0

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
- NA 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
- N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed
- NO 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

- NO 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- N 20. Cooling time and temperature
- NO 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 SÚSCEPTIBLE POPULATIONS

- IN 26. Pasteurized foods used; No prohibited foods
  - ADDITIVES AND TOXIC SUBSTANCES
- N 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used
- APPROVED PROCEDURES

NA 29. Variance/specialized process/HACCP

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



## **Good Retail Practices**

#### SAFE FOOD AND WATER

NA 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

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

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

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

No. 1. Plumbing installed; proper backflow devices

OUT 52. Sewage & waste water properly disposed

IN 53. Toilet facilities: supplied, & cleaned

N 54. Garbage & refuse disposal

**OUT** 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 #52. Sewage & waste water properly disposed

Drain was observed to be clogged for the curbed drain used for mop disposal. Manager removed a rubber glove which made it start to drain, and called Maintenance to clear the drain. This must be fixed so that it drains properly.

CODE REFERENCE: 64E-11.003(5)(b). Sewage and waste water disposal shall comply with the provisions of Chapter 64E-6 or 62-600, FAC.

Violation #55. Facilities installed, maintained, & clean

Holes were observed in the ceiling tiles above food prep area. This must be repaired.

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**

Ashley Burt has only been in this position for two weeks, and will be taking the Certified Food Protection exam within the next two weeks to become a Certified Food Manager.

No other violations observed.

Email Address(es): chris.reams@lwcharterschools.com;

a.burt@slamgmt.com

Inspection Conducted By: Donna Salmon (29345) Inspector Contact Number: Work: (863) 578-2006 ex.

Print Client Name: Ashley Burt

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Date: 4/18/2022

**Inspector Signature:** 

**Client Signature:** 

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