

# FOOD SERVICE

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

Approval: \_\_\_\_\_



**RESULTS:**

- Satisfactory
- Incomplete
- Unsatisfactory
- OUT OF BUSINESS

**Correct Violations by**

- Next Inspection
- 8:00 AM on

**PURPOSE:**

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY

**TYPE:**

- HOSPITAL
- NURSING
- DETENTION
- LOUNGE
- CIVIC
- MOVIE
- SCHOOL
- RESIDENTIAL
- CHILD
- LIMITED
- OTHER

**NAME** Cape Coral Charter School

**ADDRESS** 76 Mid Cape Terrace **CITY** Cape Coral

**OWNER** Lee Charter Foundation DBA **ZIP** 33991

**PERSON IN CHARGE** Romero, Jennifer **PHONE** (239) 995-0904

**EMAIL** jeromero@capecoralcharter.org

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
11:40	12:15	09/22/2011	86346	36-48-00587

RE-INSPECTION DATE

*Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.*

<p><b>FOOD SUPPLIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. Sources etc.</li> </ul> <p><b>FOOD PROTECTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 2. Stored temperature</li> <li><input type="checkbox"/> 3. No further cooking/rapid cooling</li> <li><input type="checkbox"/> 4. Thawing</li> <li><input type="checkbox"/> 5. Raw fruits</li> <li><input type="checkbox"/> 6. Pork cooking</li> <li><input type="checkbox"/> 7. Poultry cooking</li> <li><input type="checkbox"/> 8. Other animal cooking</li> <li><input type="checkbox"/> 9. Least contact/reheating</li> <li><input type="checkbox"/> 10. Food container</li> <li><input type="checkbox"/> 11. Buffet requirements</li> <li><input type="checkbox"/> 12. Self-service condiments</li> <li><input type="checkbox"/> 13. Reservice of food</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 14. Sneeze guards</li> <li><input type="checkbox"/> 15. Transportation of food</li> <li><input type="checkbox"/> 16. Poisonous/toxic materials</li> </ul> <p><b>PERSONNEL</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 17. Exclusion of personnel</li> <li><input type="checkbox"/> 18. Cleanliness</li> <li><input type="checkbox"/> 19. Tobacco use</li> <li><input type="checkbox"/> 20. Handwashing</li> <li><input type="checkbox"/> 21. Handling of dishware</li> </ul> <p><b>EQUIPMENT/UTENSILS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 22. Refrigeration facilities/Therm.</li> <li><input type="checkbox"/> 23. Sinks</li> <li><input type="checkbox"/> 24. Ice storage/counter-protector</li> <li><input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip.</li> <li><input type="checkbox"/> 26. Dishwashing facilities</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 27. Design and fabrication</li> <li><input type="checkbox"/> 28. Installation and location</li> <li><input type="checkbox"/> 29. Cleanliness of equipment</li> <li><input type="checkbox"/> 30. Methods of washing</li> </ul> <p><b>SANITARY FACILITIES AND CONTROLS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 31. Water supply</li> <li><input type="checkbox"/> 32. Ice</li> <li><input type="checkbox"/> 33. Sewage</li> <li><input checked="" type="checkbox"/> 34. Plumbing</li> <li><input type="checkbox"/> 35. Toilet facilities</li> <li><input type="checkbox"/> 36. Handwashing facilities</li> <li><input checked="" type="checkbox"/> 37. Garbage disposal</li> <li><input type="checkbox"/> 38. Vermin control</li> </ul>	<p><b>OTHER FACILITIES AND OPERATIONS</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 33. Other facilities and operations</li> </ul> <p><b>TEMPORARY FOOD SERVICE EVENTS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 41. Temporary food service events</li> </ul> <p><b>VENDING MACHINES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 41. Vending machines</li> </ul> <p><b>MANAGER CERTIFICATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 42. Manager certification</li> </ul> <p><b>CERTIFICATES AND FEES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 43. Certificates and fees</li> </ul> <p><b>INSPECTION/ENFORCEMENT</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 44. Inspection/Enforcement</li> </ul>
---	---	---	--

**COMMENTS AND INSTRUCTIONS**

**Violation #39** Vents above serving line are dusty.  
**Violation #34** Inadequate air gap below 3 compartment sink.  
**Violation #37** Pallets in dumpster area.

Milk 40F; Reach in 39F  
 Chicken 150F  
 Hot water > 100F at handwash sink, 3 compartment sink, mop closet and staff bathroom.  
 NOTE: Clorox wipes used in kitchen to wipe counters. Janitor uses industrial sanitizer for dining tables.

*O. Naus*

INSPECTION CONDUCTED BY: Louise Chang

INSPECTION COND SIGNATURE: *Louise Chang*

COPY OF REPORT RECEIVED BY: *Jennifer Romero*

PHONE: 239-690-2133

PHONE: 239-690-2100

DATE: 9/22/2011

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY PUBLIC HEALTH UNIT  
Food Establishment



Name: Cape Coral Charter School

Date: 9/22/2011

Identification No: 36-48-00587

**Comments and Instructions (Continued from Page 1):**

Copy of Report  
Received By:

Inspector Louise Chang

Page 2

**PUBLIC PRIVATE SCHOOL**  
 STATE OF FLORIDA  
 DEPARTMENT OF HEALTH  
 COUNTY HEALTH DEPARTMENT  
 PUBLIC PRIVATE SCHOOL  
 INSPECTION REPORT

Approval:



**PURPOSE:**

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- OTHER
- REINSPECTIO
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY
- PREOPENING

**TYPE:**

- PRIVATE
- PUBLIC
- CHARTER
- VOCATIONAL
- COLLEGE/UNIV
- OTHER

CENSUS	FEMALES	MALES
592	302	290

**NAME** Cape Coral Charter School

**ADDRESS** 76 Mid Cape Terrace **CITY** Cape Coral

**OWNER** Charter Schools USA **ZIP** 33991

**PERSON IN CHARGE** Deb Nauss **PHONE** (239) 995-0904

**RESULTS:**

- Satisfactory
- Incomplete
- Unsatisfactory
- OUT OF BUSINESS

**Correct Violations by**

- Next Inspection
- 8:00 AM on

**E-MAIL** jeromero@capecoralcharter.org;dnauss@capecoralcharter.org

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
09:10	10:30	03/29/2011	373	36-51-01201

RE-INSPECTION DATE

*As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.*

**SCHOOL SANITATION**

- 1. School Site
- 2. Playground Equipment
- 3. Athletic Equipment

**BUILDINGS**

- 4. Construction
- 5. Maintenance & Repair
- 6. Lighting/Foot-Candles
- 7. Heating, Ventilation, A/C

- 8. Natural Ventilation
- 9. Mechanical Ventilation

**SANITARY FACILITIES**

- 10. Provided/Accessible
- 11. Cleanliness & Repair
- 12. Toilet Facilities
- 13. Separation of Sexes
- 14. Fixture Ratio

- 15. Handwash Facilities
- 16. Showers/Fixtures
- 17. Shower Water Temp.

**WATER SUPPLY**

- 18. Installed/Operated/Maintained
- 19. Drinking Fountains
- 20. Approved Source

**LIQUID/SOLID WASTE**

- 21. Sewage Disposal
- 22. Solid Waste

**VECTOR/VERMIN CONTROL**

- 23. Infestation/Control
- 24. Brush/Trash
- 25. Water Collection/Drainage

**SAFETY**

- 26. First Aid Kit

**FOOD**

- 27. Food Insp. Rpt.

**OTHER**

- 28.
- 29.

**COMMENTS AND INSTRUCTIONS**

**Violation #6** Lights out in Rm 145; 149; girls' lockerroom - 1st floor; outside 181; 182; 181; outside 235

**Violation #5** Stained ceiling tiles in Rm 156; boys' bathroom - 2nd floor

**Violation #5** Holes in wall Rm 156; 237; 222; 244

**Violation #5** Outlet cover missing Rm 239

**Violation #5** Run in carpet Rm 228

**Violation #5** Broken outlet covers Rm 145; 267

**Violation #11** Caulking in disrepair at sink in ADA stalls of boys' lockerroom - 1st floor; girls' lockerroom - 1st floor; girls' restroom - 2nd floor

**Violation #11** Sink not working in boys' restroom - 1st floor. 1st sink

**INSPECTION CONDUCTED BY:** Ginny Hall **PHONE:** 239-690-2100

**INSPECTION COND SIGNATURE:** [Signature] **PHONE:** 239-690-2100

**COPY OF REPORT RECEIVED BY:** [Signature] **DATE:** 03/29/2011

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY PUBLIC HEALTH UNIT  
Public/Private School



Name: Cape Coral Charter School

Date: 03/29/2011

Identification No: 36-51-01201

**Comments and Instructions (Continued from Page 1):**

Copy of Report  
Received By:

Inspector Ginny Hall

Page 2