

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



(11-05-11)

PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT HEALTHY LEARNING ACADEMY

ADDRESS 2101 NW 37th Ave **CITY** 6cl

OWNER _____ **ZIP** 32605

PERSON IN CHARGE Ann Mari Egan **PHONE** 772-2239

RESULTS

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection 9/01

8:00 AM on: _____

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
12:00	12:30	01/31/10	26882	01-48-00644	<input type="checkbox"/> Hospital
1:00	1:00				<input type="checkbox"/> Nursing
2:05 AM	2:05 AM				<input type="checkbox"/> Detention
3:10 PM	3:10 PM				<input type="checkbox"/> Lounge
4:15	4:15				<input type="checkbox"/> Civic
5:20	5:20				<input type="checkbox"/> Movie
6:25	6:25				<input checked="" type="checkbox"/> School
7:30	7:30				<input type="checkbox"/> Resident
8:35	8:35				<input type="checkbox"/> Child
9:40	9:40				<input type="checkbox"/> Limited
10:45	10:45				<input type="checkbox"/> Other
11:50	11:50				
12:55	12:55				

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.

FOOD SUPPLIES	<input type="checkbox"/> 14. Sneeze guards <u>NA</u>	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS
<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities and operations
FOOD PROTECTION	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleaning of equipment	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 2. Stored temperature <u>7</u>	PERSONNEL	<input type="checkbox"/> 30. Methods of cleaning	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply <u>OK</u>	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 8. Other animal cooking	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 10. Food container <u>ok/minimal</u>	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 11. Buffer requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Ventilation <u>ok</u>	
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities <u>2 cage sink + 1 running dishwasher</u>		

ITEM NUMBERS	<u>- 140g @ 37°F (with 1st)</u> <u>- Hot water @ 100°F</u>	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
<p><u>- Children eat meals @ tables under outside pavilion, weather permitting</u></p> <p><u>- Choice of home lunch boxes (cold packs to keep chilled, as necessary) or catered directly from nearby Glen Springs Elementary school</u></p> <p><u>- Kitchen finishing room facility is shared w/ Girl's Place (owner)</u></p>		

HEALTH DEPARTMENT INSPECTOR: De R. Coyle PHONE: 334-795

COPY OF REPORT RECEIVED BY: Ms. S. Green DATE: 1-31-11