



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



1 of 2

Facility Information Section

Satisfactory

Permit Number: 01-48-1493422
Type: School (9 months or less)
Owner: Johnson, Verna & Simon
Person In Charge: Principal Peterson Phone: (352) 372-1004
Name of Facility: Caring and Sharing Learning School
Address: 1951 SE 4th Street
City, Zip: Gainesville 32641

Inspection Results Information Section

Purpose: Routine	Begin Time: 11:30 AM	Correct By: Next Inspection
Inspection Date: 2/3/2016	End Time: 12:02 PM	Re-Inspection Date: None

Additional Information Section

No Additional Information Available

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.

Violation Markings Section

<p>FOOD SUPPLIES</p> <ol style="list-style-type: none"> 1. Sources, etc. <p>FOOD PROTECTION</p> <ol style="list-style-type: none"> 2. Stored temperature 3. No further cooking/Rapid cooling 4. Thawing 5. Raw fruits 6. Pork cooking 7. Poultry cooking 8. Other animal cooking 9. Least contact/Reheating 10. Food container 11. Buffet requirements 12. Self-service condiments 13. Reservice of food 14. Sneeze guards 15. Transportation of food 16. Poisonous/Toxic materials <p>PERSONNEL</p>	<ol style="list-style-type: none"> 17. Exclusion of personnel 18. Cleanliness 19. Tobacco use 20. Handwashing 21. Handling of dishware <p>EQUIPMENT/UTENSILS</p> <ol style="list-style-type: none"> 22. Refrigeration facilities/Thermometers 23. Sinks 24. Ice storage/Counter-protector 25. Ventilation/Storage/Sufficient equipment 26. Dishwashing facilities 27. Design and fabrication 28. Installation and location 29. Cleanliness of equipment 30. Methods of washing <p>SANITARY FACILITIES AND CONTROLS</p> <ol style="list-style-type: none"> 31. Water supply 32. Ice 33. Sewage 	<ol style="list-style-type: none"> 34. Plumbing 35. Toilet facilities 36. Handwashing facilities 37. Garbage disposal 38. Vermin control <p>OTHER FACILITIES AND OPERATIONS</p> <ol style="list-style-type: none"> 39. Other facilities and operations <p>TEMPORARY FOOD SERVICE EVENTS</p> <ol style="list-style-type: none"> 40. Temporary food service events <p>VENDING MACHINES</p> <ol style="list-style-type: none"> 41. Vending machines <p>MANAGER CERTIFICATION</p> <ol style="list-style-type: none"> 42. Manager certification <p>CERTIFICATES AND FEES</p> <ol style="list-style-type: none"> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <ol style="list-style-type: none"> 44. Inspection/Enforcement
--	--	---

General Comments Section

No General Comments Available

Inspector Signature:

Client Signature:

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Caring and Sharing Learning School
ADDRESS 1951 SE 4th St. **CITY** GAINESVILLE
OWNER Caring and Sharing Learning School **ZIP** 32641
PERSON IN CHARGE VERNA Johnson **PHONE** _____

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory
- Correct Violations by
- Next Inspection
- 8:00 AM on:

BEGIN	END
1 00	1 00
2 05 AM	2 05 AM
3 10 PM	3 10 PM
4 15	4 15
5 20	5 20
6 25	6 25
7 30	7 30
8 35	8 35
9 40	9 40
10 45	10 45
11 50	11 50
12 55	12 55

DATE		
0	4	15
0	0	05
1	1	06
2	2	07
3	3	08
4	4	09
5	5	10
6	6	11
7	7	12
8	8	13
9	9	14

POSITION #		
2	6	870
0	0	00
1	1	11
2	2	22
3	3	33
4	4	44
5	5	55
6	6	66
7	7	77
8	8	88
9	9	99

CERTIFICATE NUMBER					
0	1	4	8	1	4
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

TYPE	
<input type="checkbox"/>	Hospital
<input type="checkbox"/>	Nursing
<input type="checkbox"/>	Detention
<input type="checkbox"/>	Lounge
<input type="checkbox"/>	Civic
<input type="checkbox"/>	Movie
<input checked="" type="checkbox"/>	School
<input type="checkbox"/>	Residen.
<input type="checkbox"/>	Child
<input type="checkbox"/>	Limited
<input type="checkbox"/>	Other

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

OUT OF BUSINESS

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	<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. Cleanliness of equipment	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 2. Stored temperature	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	<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	<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	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	
<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		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory
39.	WIND CURTAIN IS TO BE INSTALLED AT THE DOOR TO THE MULTI PURPOSE ROOM (CAFETERIA) TO PREVENT FLIES ENTERING.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 334 7930 X 3511
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 4/24/15

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



TYPE:

- Private School
- Public School
- Charter School
- Vocational School
- College/University
- Other _____

PURPOSE:

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

NAME OF SCHOOL CARING AND SHARING LEARNING SCHOOL
 ADDRESS 1951 SE 4th ST CITY GAINESVILLE
 OWNER CARING AND SHARING LEARNING SCHOOL ZIP 32641
 PERSON IN CHARGE VEDIA RAYSON PHONE _____

CENSUS

170
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000
 FEMALES 90
 MALES 80

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE

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

OUT OF BUSINESS

BEGIN	END
<u>7:45</u>	<u>3:15</u>
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE
<u>04/24/15</u>
<input type="checkbox"/> 00 <input type="checkbox"/> 00 <input type="checkbox"/> 05
<input type="checkbox"/> 01 <input type="checkbox"/> 01 <input type="checkbox"/> 06
<input type="checkbox"/> 02 <input type="checkbox"/> 02 <input type="checkbox"/> 07
<input type="checkbox"/> 03 <input type="checkbox"/> 03 <input type="checkbox"/> 08
<input type="checkbox"/> 04 <input type="checkbox"/> 04 <input type="checkbox"/> 09
<input type="checkbox"/> 05 <input type="checkbox"/> 05 <input type="checkbox"/> 10
<input type="checkbox"/> 06 <input type="checkbox"/> 06 <input type="checkbox"/> 11
<input type="checkbox"/> 07 <input type="checkbox"/> 07 <input type="checkbox"/> 12
<input type="checkbox"/> 08 <input type="checkbox"/> 08 <input type="checkbox"/> 13
<input type="checkbox"/> 09 <input type="checkbox"/> 09 <input type="checkbox"/> 14

POSITION #
<u>26870</u>
<input type="checkbox"/> 00 <input type="checkbox"/> 00 <input type="checkbox"/> 00
<input type="checkbox"/> 01 <input type="checkbox"/> 01 <input type="checkbox"/> 01
<input type="checkbox"/> 02 <input type="checkbox"/> 02 <input type="checkbox"/> 02
<input type="checkbox"/> 03 <input type="checkbox"/> 03 <input type="checkbox"/> 03
<input type="checkbox"/> 04 <input type="checkbox"/> 04 <input type="checkbox"/> 04
<input type="checkbox"/> 05 <input type="checkbox"/> 05 <input type="checkbox"/> 05
<input type="checkbox"/> 06 <input type="checkbox"/> 06 <input type="checkbox"/> 06
<input type="checkbox"/> 07 <input type="checkbox"/> 07 <input type="checkbox"/> 07
<input type="checkbox"/> 08 <input type="checkbox"/> 08 <input type="checkbox"/> 08
<input type="checkbox"/> 09 <input type="checkbox"/> 09 <input type="checkbox"/> 09

PERMIT NUMBER
<u>41-51-07036</u>
<input type="checkbox"/> 00 <input type="checkbox"/> 00 <input type="checkbox"/> 00 <input type="checkbox"/> 00
<input type="checkbox"/> 01 <input type="checkbox"/> 01 <input type="checkbox"/> 01 <input type="checkbox"/> 01
<input type="checkbox"/> 02 <input type="checkbox"/> 02 <input type="checkbox"/> 02 <input type="checkbox"/> 02
<input type="checkbox"/> 03 <input type="checkbox"/> 03 <input type="checkbox"/> 03 <input type="checkbox"/> 03
<input type="checkbox"/> 04 <input type="checkbox"/> 04 <input type="checkbox"/> 04 <input type="checkbox"/> 04
<input type="checkbox"/> 05 <input type="checkbox"/> 05 <input type="checkbox"/> 05 <input type="checkbox"/> 05
<input type="checkbox"/> 06 <input type="checkbox"/> 06 <input type="checkbox"/> 06 <input type="checkbox"/> 06
<input type="checkbox"/> 07 <input type="checkbox"/> 07 <input type="checkbox"/> 07 <input type="checkbox"/> 07
<input type="checkbox"/> 08 <input type="checkbox"/> 08 <input type="checkbox"/> 08 <input type="checkbox"/> 08
<input type="checkbox"/> 09 <input type="checkbox"/> 09 <input type="checkbox"/> 09 <input type="checkbox"/> 09

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.

<p>SCHOOL SANITATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <p>BUILDINGS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 4. Construction <input type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C 	<p><input type="checkbox"/> 8. Natural Ventilation</p> <p><input type="checkbox"/> 9. Mechanical Ventilation</p> <p>SANITARY FACILITIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10. Provided/Accessible <input type="checkbox"/> 11. Cleanliness & Repair <input type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio 	<p><input type="checkbox"/> 15. Handwash Facilities</p> <p><input type="checkbox"/> 16. Showers/Fixtures</p> <p><input type="checkbox"/> 17. Shower Water Temp.</p> <p>WATER SUPPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source 	<p>LIQUID/SOLID WASTE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <p>VECTOR/VERMIN CONTROL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage 	<p>SAFETY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 26. First Aid Kit <p>FOOD</p> <ul style="list-style-type: none"> <input type="checkbox"/> 27. Food Insp. Rpt. <p>OTHER</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
--	--	--	--	--

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>Satisfactory</u>

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 354 2930 8551
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 4/24/15

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Caring and Sharing Learning School
 ADDRESS 1951 SE 4th Street CITY Gainesville
 OWNER Verna E. Simon Johnson ZIP 32641
 PERSON IN CHARGE Luthee Lee PHONE 372-1004

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

OUT OF BUSINESS

BEGIN	END
2:00	7:30
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
09/24/15
0 0 0 0 0 05
1 1 1 1 1 06
2 2 2 2 2 07
3 3 3 3 3 08
4 4 4 4 4 09
5 5 5 5 5 10
6 6 6 6 6 11
7 7 7 7 7 12
8 8 8 8 8 13
9 9 9 9 9 14

POSITION #
26870
0 0 0 0 0 0
1 1 1 1 1 1
2 2 2 2 2 2
3 3 3 3 3 3
4 4 4 4 4 4
5 5 5 5 5 5
6 6 6 6 6 6
7 7 7 7 7 7
8 8 8 8 8 8
9 9 9 9 9 9

CERTIFICATE NUMBER
01 - 48 - 193122
0 0 0 0 0 0
1 1 1 1 1 1
2 2 2 2 2 2
3 3 3 3 3 3
4 4 4 4 4 4
5 5 5 5 5 5
6 6 6 6 6 6
7 7 7 7 7 7
8 8 8 8 8 8
9 9 9 9 9 9

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

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.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
22	Ensure milk cooler is maintaining milk at 41°F and below.

HEALTH DEPARTMENT INSPECTOR: Phillip Taylor PHONE: 334-7430
 COPY OF REPORT RECEIVED BY: Luthee Lee DATE: 9/24/15