

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 36-48-00612  
Name of Facility: Oasis Elementary South  
Address: 3415 Oasis Boulevard  
City, Zip: Cape Coral 33914

Type: School (more than 9 months)  
Owner: City of Cape Coral Charter School Authority\*  
Person In Charge: Maria Thomas Phone: (239) 542-1577  
PIC Email:

**Inspection Information**

Purpose: Routine  
Inspection Date: 9/14/2021  
Correct By: Next Inspection  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 1  
Number of Repeat Violations (1-57 R): 0  
Facility Grade: N/A  
Stop Sale: No

Begin Time: 12:10 PM  
End Time: 12:55 PM

*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
- IN** 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**

- NO** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. 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
- 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**

- IN** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 24. Time as PHC; procedures & records

**CONSUMER ADVISORY**

- NA** 25. Advisory for raw/undercooked food

**HIGHLY SUSCEPTIBLE POPULATIONS**

- IN** 26. Pasteurized foods used; No prohibited foods

**ADDITIVES AND TOXIC SUBSTANCES**

- NA** 27. Food additives: approved & properly used
- OUT** 28. Toxic substances identified, stored, & used

**APPROVED PROCEDURES**

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

*Lisa Summer*

Client Signature:

*M.T.*

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**Good Retail Practices**

<b>SAFE FOOD AND WATER</b>	
<u>IN</u> 30. Pasteurized eggs used where required	<u>NO</u> 46. Slash resistant/cloth gloves used properly
<u>IN</u> 31. Water & ice from approved source	<b>UTENSILS, EQUIPMENT AND VENDING</b>
<u>NA</u> 32. Variance obtained for special processing	<u>IN</u> 47. Food & non-food contact surfaces
<b>FOOD TEMPERATURE CONTROL</b>	<u>OUT</u> 48. Ware washing: installed, maintained, & used; test strips
<u>IN</u> 33. Proper cooling methods; adequate equipment	<u>IN</u> 49. Non-food contact surfaces clean
<u>NO</u> 34. Plant food properly cooked for hot holding	<b>PHYSICAL FACILITIES</b>
<u>IN</u> 35. Approved thawing methods	<u>IN</u> 50. Hot & cold water available; adequate pressure
<u>IN</u> 36. Thermometers provided & accurate	<u>IN</u> 51. Plumbing installed; proper backflow devices
<b>FOOD IDENTIFICATION</b>	<u>IN</u> 52. Sewage & waste water properly disposed
<u>IN</u> 37. Food properly labeled; original container	<u>IN</u> 53. Toilet facilities: supplied, & cleaned
<b>PREVENTION OF FOOD CONTAMINATION</b>	<u>IN</u> 54. Garbage & refuse disposal
<u>IN</u> 38. Insects, rodents, & animals not present	<u>IN</u> 55. Facilities installed, maintained, & clean
<u>IN</u> 39. No Contamination (preparation, storage, display)	<u>IN</u> 56. Ventilation & lighting
<u>IN</u> 40. Personal cleanliness	<u>IN</u> 57. Permit; Fees; Application; Plans
<u>IN</u> 41. Wiping cloths: properly used & stored	
<u>NO</u> 42. Washing fruits & vegetables	
<b>PROPER USE OF UTENSILS</b>	
<u>IN</u> 43. In-use utensils: properly stored	
<u>IN</u> 44. Equipment & linens: stored, dried, & handled	
<u>IN</u> 45. Single-use/single-service articles: stored & used	

*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 #28. Toxic substances identified, stored, & used -Spray bottle at ware wash station without identifying label.
CODE REFERENCE: 64E-11.003(6). Toxic substances properly identified, stored and used
Violation #48. Ware washing: installed, maintained, & used; test strips -Test strips for quaternary ammonium expired (September 2020).
CODE REFERENCE: 64E-11.003(4). Warewashing facilities must be approved, available, maintained, effective, and used for cleaning and sanitizing food-contact surfaces and equipment. Test strips are available and used to verify the solution is at a concentration necessary to achieve sanitization.

**General Comments**

-Hot water greater than 100F available throughout, three compartment sink 200ppm(parts per million) quaternary ammonium, True 35F, Victory 37F, milk cooler 42F, Metro C5 warmer 165F, stromboli 153F, marinara 183F, apples 195F, carrots 188F, apple sauce 39F, milk 41F
Email Address(es): maria.thomas@capecharterschools.org; brent.richardson@capecharterschools.org; danielle.jensen@capecharterschools.org

**Inspector Signature:**

*Lisa Summer*

**Client Signature:**

*M.T.*

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Inspection Conducted By: Lisa Summers (4763)  
Inspector Contact Number: Work: (239) 690-2100 ex.  
Print Client Name: Maria Thomas  
Date: 9/14/2021

Inspector Signature:

*Lisa Summers*

Client Signature:

*M.T.*

Form Number: DH 4023 03/18

36-48-00612 Oasis Elementary South