

# Food Establishment Inspection Report

	<b>Facility Type:</b> <input type="checkbox"/> Adult Day Care <input type="checkbox"/> Bar/Lounge <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Afterschool Meal Prog <input type="checkbox"/> Civic <input type="checkbox"/> Fraternal Org. <input type="checkbox"/> Assisted Living <input type="checkbox"/> Crisis Stabilization Unit <input type="checkbox"/> Home for Special Services <input type="checkbox"/> Detention Fac. <input type="checkbox"/> Hospice <input type="checkbox"/> Intermediate Care DD <input type="checkbox"/> PPEC <input type="checkbox"/> Migrant Housing <input type="checkbox"/> Movie Theater <input type="checkbox"/> Recreational Camp <input type="checkbox"/> Residential Treatment Fac. <input type="checkbox"/> Short-term Res Treat <input type="checkbox"/> School <input type="checkbox"/> Transitional Living Fac
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**PURPOSE:**  Routine     Reinspection     Construction     Complaint     Consultation     Change of Ownership     Epidemiology     Temporary Event     Other \_\_\_\_\_

<b>Name of Establishment:</b> Highbanks Learning Center					<b>RESULTS:</b>		<b>Correct by:</b>	
<b>Address:</b> 336 E. Highbanks Road <b>city:</b> Debary					<input checked="" type="checkbox"/> Satisfactory		<input type="checkbox"/> Next Routine Inspection:	
<b>ZIP Code:</b> 32713		<b>Name of Person in Charge:</b> Michelle Wilson			<input type="checkbox"/> Unsatisfactory		<input type="checkbox"/> S.A.M. on _____	
<b>Telephone:</b> 386-822-7896		<b>Person In Charge Email:</b> mvwilson@volusia.k12.fl.us			<input type="checkbox"/> Incomplete		<input type="checkbox"/> (Date)	
<b>Date (MM/DD/YY)</b>	<b>Begin Time AM/PM</b>	<b>End Time AM/PM</b>	<b>Permit Number</b>	<b>Position Number</b>	<input type="checkbox"/> Closure		<b>Number of Risk Factor/Intervention Violations Marked "OUT" (Items 1-29)</b>	
10/31/18	11:15 AM	11:45 AM	64-48-1367691	29647	<input type="checkbox"/> Out of Business		<b>Number of Repeat Violations (3-67 R)</b>	

### FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

Indicate the compliance status. Mark with "X" under the compliance status. If the item was observed to be in compliance. "O" if the item was observed to be out of compliance. "N/A" if the item was not observed to be occurring at the time of inspection. "N/A" if the item is not performed by the facility. Mark with "X" in the appropriate box for COS violation corrected on site. Repeat violation from previous inspection.

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
<b>Supervision</b>					
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Demonstration of Knowledge/Training	
2	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Certified Manager/Person in Charge present	
<b>Employee Health</b>					
3	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Knowledge, responsibilities and reporting	
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper use of restriction and exclusion	
5	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Responding to vomiting & diarrheal events	
<b>Good Hygienic Practices</b>					
6	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper eating, tasting, drinking, or tobacco use	
7	<input checked="" type="checkbox"/>	<input type="checkbox"/>		No discharge from eyes, nose, and mouth	
<b>Preventing Contamination by Hands</b>					
8	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hands clean & properly washed	
9	<input checked="" type="checkbox"/>	<input type="checkbox"/>		No bare hand contact with RTE food	
10	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Handwashing sinks, accessible & supplies	
<b>Approved Source</b>					
11	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food obtained from approved source	
12	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food received at proper temperature	
13	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food in good condition, safe, & unadulterated	
14	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Shellstock tags & parasite destruction	

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
<b>Protection from Contamination</b>					
15	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food separated & protected; single-use gloves	
16	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food-contact surfaces, cleaned & sanitized	
17	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper disposal of unsafe food	
<b>Time/Temperature Control for Safety</b>					
18	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Cooking time & temperatures	
19	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Reheating procedures for hot holding	
20	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Cooling time and temperature	
21	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hot holding temperatures	
22	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Cold holding temperatures	
23	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Date marking and disposition	
24	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Time as PHC, procedures & records	
<b>Consumer Advisory</b>					
25	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Advisory for raw/undercooked food	
<b>Highly Susceptible Populations</b>					
26	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pasteurized foods used; No prohibited foods	
<b>Additives and Toxic Substances</b>					
27	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food additives: approved & properly used	
28	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Toxic substances identified, stored & used	
<b>Approved Procedures</b>					
29	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Variance/specialized process/HACCP	

This form serves as a Notice of Non-Compliance pursuant to section 420.986, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-1, the Florida Administrative Code or Chapter 391.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of a facility without making these corrections is a violation. Failure to correct violations within the time frame specified may result in enforcement actions being initiated by the Department of Health.

### GOOD RETAIL PRACTICES

Good Retail Practices are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
<b>Safe Food and Water</b>					
30	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Pasteurized eggs used where required	
31	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Water & ice from approved source	
32	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Variance obtained for special processing	
<b>Food Temperature Control</b>					
33	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Proper cooling methods; adequate equipment	
34	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Plant food properly cooked for hot holding	
35	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Approved thawing methods	
36	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Thermometers provided & accurate	
<b>Food Identification</b>					
37	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food properly labeled; original container	
<b>Prevention of Food Contamination</b>					
38	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Insects, rodents, & animals not present	
39	<input checked="" type="checkbox"/>	<input type="checkbox"/>		No Contamination (preparation, storage, display)	
40	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Personal cleanliness	
41	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Wiping cloths: properly used & stored	
42	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Washing fruits & vegetables	

Compliance Status		COS		R	
IN	OUT	N/A	N/O		
<b>Proper Use of Utensils</b>					
43	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Utensils: properly stored	
44	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Equipment & linens: stored, dried, & handled	
45	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Single-use/single-service articles: stored & used	
46	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Slash-resistant/cloth gloves used properly	
<b>Utensils, Equipment and Vending</b>					
47	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Food & non-food contact surfaces	
48	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Washing: installed, maintained, used; test strips	
49	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Non-food contact surfaces clean	
<b>Physical Facilities</b>					
50	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Hot & cold water available, under pressure	
51	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Plumbing installed; proper backflow devices	
52	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Sewage & waste water properly disposed	
53	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Toilet facilities: supplied & cleaned	
54	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Garbage & refuse disposal	
55	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Facilities installed, maintained, & clean	
56	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Ventilation & lighting	
57	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Permit, Fees, Application, Plans	

<b>Person in Charge (Print &amp; Signature)</b> MICHAEL J. SCHERVEN <i>[Signature]</i>	<b>Date:</b> 10/31/18
<b>Inspector (Print &amp; Signature)</b> <i>[Signature]</i>	<b>Phone:</b> 386-736-5080

By typing my signature, in the signature space provided above, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with s. 688.50, Fla. Stat. (2017) and 15 U.S.C. s. 7001 (2000).

