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



Facility Information

RESULT: Satisfactory

Permit Number: 36-48-00660

Name of Facility: Oasis Middle School Address: 3507 Oasis Boulevard City, Zip: Cape Coral 33914

Type: School (more than 9 months)

Owner: City of Cape Coral Charter School Authority*

Person In Charge: City of Cape Coral Charter School Authority*

PIC Email:

Phone: (239) 424-6100

Inspection Information

Purpose: Routine Inspection Date: 10/8/2025 Correct By: Next Inspection Re-Inspection Date: None Number of Risk Factors (Items 1-29): 0 Number of Repeat Violations (1-57 R): 0

FacilityGrade: N/A StopSale: No

Begin Time: 09:32 AM End Time: 09:51 AM

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**
- IN 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
- IN 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- 14. Shellstock tags & parasite destruction PROTECTION FROM CONTAMINATION
- IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized
- IN 17. Proper disposal of unsafe food

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TIME/TEMPERATURE CONTROL FOR SAFETY

- NO 18. Cooking time & temperatures
- IN 19. Reheating procedures for hot holding
- IN 20. Cooling time and temperature
 IN 21. Hot holding temperatures
- IN 22. Cold holding temperatures
- IN 23. Date marking and disposition NA 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 IN 27. Food additives: approved & properly used
- IN 28. Toxic substances identified, stored, & used **APPROVED PROCEDURES**
- NA 29. Variance/specialized process/HACCP

Inspector Signature: Baring Comi

Client Signature: KonenBales

Form Number: DH 4023 03/18

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Good Retail Practices

SAFE FOOD AND WATER

- IN 30. Pasteurized eggs used where required
- IN 31. Water & ice from approved source
- NA 32. Variance obtained for special processing FOOD TEMPERATURE CONTROL
- IN 33. Proper cooling methods; adequate equipment
- IN 34. Plant food properly cooked for hot holding
- IN 35. Approved thawing methods
- IN 36. Thermometers provided & accurate
- FOOD IDENTIFICATION
- IN 37. Food properly labeled; original container
 - PREVENTION OF FOOD CONTAMINATION
- IN 38. Insects, rodents, & animals not present
- IN 39. No Contamination (preparation, storage, display)
- IN 40. Personal cleanliness
- IN 41. Wiping cloths: properly used & stored
- IN 42. Washing fruits & vegetables
- PROPER USE OF UTENSILS

 IN 43. In-use utensils: properly stored
- IN 44. Equipment & linens: stored, dried, & handled
- IN 45. Single-use/single-service articles: stored & used

- NO 46. Slash resistant/cloth gloves used properly UTENSILS, EQUIPMENT AND VENDING
 - IN 47. Food & non-food contact surfaces
- IN 48. Ware washing: installed, maintained, & used; test strips
- OUT 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN 50. Hot & cold water available; adequate pressure
- IN 51. Plumbing installed; proper backflow devices
- IN 52. Sewage & waste water properly disposed
- IN 53. Toilet facilities: supplied, & cleaned
- IN 54. Garbage & refuse disposal
- IN 55. Facilities installed, maintained, & clean
- IN 56. Ventilation & lighting
- IN 57. Permit; Fees; Application; Plans

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 #49, Non-food contact surfaces clean

-True RIC in cafeteria area observed with accumulation of dust on internal fan above food

CODE REFERENCE: 64E-11.003(4). Non-food contact surfaces shall be kept clean and free of an accumulation of dust, dirt, food residue, and other debris.

General Comments

- Hot water GTE 100F throughout

CFM: Debbie Day (exp. 8/4/26); Karen Berg (exp. 8/4/28)

-3CS: not set up

-True RICs: 34F, 34F, 50F (non-TCS items only); True fruit/yogurt RIC: 39F (yogurt parfait); True salad RIC: 40F (chicken on salad); ice cream RIF: frozen; milk cooler: 39F; True RIFs: frozen; Metro warmers: one not in use, 168F (chicken wings), 155F (chicken wings); WIF: frozen; chest RIF: frozen

Email Address(es): donnie.hopper@capecharterschools.org; mary.ossichak@capecharterschools.org;

karen.berg@capecharterschools.org

Inspection Conducted By: Bonnie Greiner (31178) Inspector Contact Number: Work: (239) 690-2129 ex.

Print Client Name: Karen Berg

Date: 10/8/2025

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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