

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: City of Cape Coral Charter School Authority* Phone: (239) 424-6100
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 1	Begin Time: 10:30 AM
Inspection Date: 4/6/2023	Number of Repeat Violations (1-57 R): 0	End Time: 11:00 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

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

<p>SUPERVISION</p> <p>IN 1. Demonstration of Knowledge/Training</p> <p>IN 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p>IN 3. Knowledge, responsibilities and reporting</p> <p>IN 4. Proper use of restriction and exclusion</p> <p>IN 5. Responding to vomiting & diarrhea events</p> <p>GOOD HYGIENIC PRACTICES</p> <p>IN 6. Proper eating, tasting, drinking, or tobacco use</p> <p>IN 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p>IN 8. Hands clean & properly washed</p> <p>IN 9. No bare hand contact with RTE food</p> <p>OUT 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p>IN 11. Food obtained from approved source</p> <p>IN 12. Food received at proper temperature</p> <p>IN 13. Food in good condition, safe, & unadulterated</p> <p>NA 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p>IN 15. Food separated & protected; Single-use gloves</p>	<p>IN 16. Food-contact surfaces; cleaned & sanitized</p> <p>IN 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p>IN 18. Cooking time & temperatures</p> <p>IN 19. Reheating procedures for hot holding</p> <p>IN 20. Cooling time and temperature</p> <p>IN 21. Hot holding temperatures</p> <p>IN 22. Cold holding temperatures</p> <p>IN 23. Date marking and disposition</p> <p>NA 24. Time as PHC; procedures & records</p> <p>CONSUMER ADVISORY</p> <p>NA 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p>IN 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p>IN 27. Food additives: approved & properly used</p> <p>IN 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p>NA 29. Variance/specialized process/HACCP</p>
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Inspector Signature:

M. F. [Signature]

Client Signature:

X [Signature]

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



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
- NO 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
- NO 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
- IN 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

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Violations Comments

- Violation #10. Handwashing sinks, accessible & supplies
- HWS blocked by carts and boxes (Corrected)
 - HWS used for other than handwashing (Ice from drink dumped in sink)

CODE REFERENCE: 64E-11.003(5)(d). Handwashing sinks are properly equipped with hand soap, individual disposable towels or hand drying device, and signage; and conveniently located.

General Comments

- Hot water 100F of greater throughout, Chest freezer: Frozen, Milk cooler: 41F, True RIF: Frozen/Frozen, True RIC: 40F/40F/41F, Metro HH: pasta 164F, chicken 135F, pasta 194F, Alfredo sauce 167F, Broccoli 145F

Email Address(es): maria.thomas@capecharterschools.org;
caroline.sterling@capecharterschools.org

Inspection Conducted By: Mitchell French (2550)
Inspector Contact Number: Work: (239) 690-2130 ex.
Print Client Name: Maria
Date: 4/6/2023

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

36-48-00612 Oasis Elementary South

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



Facility Information

RESULT: Satisfactory

Permit Number: 36-48-00658
 Name of Facility: Oasis Elementary North
 Address: 2817 SW 3rd Lane
 City, Zip: Cape Coral 33991

Type: School (more than 9 months)
 Owner: City of Cape Coral Charter School Authority*
 Person In Charge: City of Cape Coral Charter School Authority* Phone: (239) 424-6100
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 11:20 AM
Inspection Date: 4/4/2023	Number of Repeat Violations (1-57 R): 0	End Time: 12:00 PM
Correct By: None	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

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FoodBorne Illness Risk Factors And Public Health Interventions

<p>SUPERVISION</p> <p>IN 1. Demonstration of Knowledge/Training</p> <p>IN 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p>IN 3. Knowledge, responsibilities and reporting</p> <p>IN 4. Proper use of restriction and exclusion</p> <p>IN 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p>NO 6. Proper eating, tasting, drinking, or tobacco use</p> <p>IN 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p>IN 8. Hands clean & properly washed</p> <p>IN 9. No bare hand contact with RTE food</p> <p>IN 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p>IN 11. Food obtained from approved source</p> <p>NO 12. Food received at proper temperature</p> <p>IN 13. Food in good condition, safe, & unadulterated</p> <p>NA 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p>IN 15. Food separated & protected; Single-use gloves</p>	<p>IN 16. Food-contact surfaces; cleaned & sanitized</p> <p>NO 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p>IN 18. Cooking time & temperatures</p> <p>IN 19. Reheating procedures for hot holding</p> <p>IN 20. Cooling time and temperature</p> <p>IN 21. Hot holding temperatures</p> <p>IN 22. Cold holding temperatures</p> <p>IN 23. Date marking and disposition</p> <p>NA 24. Time as PHC; procedures & records</p> <p>CONSUMER ADVISORY</p> <p>NA 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p>IN 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p>IN 27. Food additives: approved & properly used</p> <p>IN 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p>NA 29. Variance/specialized process/HACCP</p>
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Inspector Signature:

Client Signature:

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



Good Retail Practices

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

No Violation Comments Available

General Comments

-Hot water above 100F throughout, three-compartment sink 300 quaternary ammonium, Delfield cooler 32F/34F, Milk cooler 39F, Salad cooler 41F, milk 40F, hotdog potatoes

CFM: Luz Llerena 8/5/2027, Staff training current August 2022

Email Address(es): luz.llerena@capecharterschools.org;

Inspection Conducted By: Ema Rivera (068365)
Inspector Contact Number: Work: (239) 690-2129 ex.
Print Client Name: Luz Llerena
Date: 4/4/2023

Inspector Signature:

Client Signature:

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* Phone: (239) 424-6100
PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 09:55 AM
Inspection Date: 4/6/2023	Number of Repeat Violations (1-57 R): 0	End Time: 10:30 AM
Correct By: None	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: No	

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FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION IN 1. Demonstration of Knowledge/Training IN 2. Certified Manager/Person in charge present	IN 16. Food-contact surfaces; cleaned & sanitized IN 17. Proper disposal of unsafe food
EMPLOYEE HEALTH IN 3. Knowledge, responsibilities and reporting IN 4. Proper use of restriction and exclusion IN 5. Responding to vomiting & diarrheal events	TIME/TEMPERATURE CONTROL FOR SAFETY IN 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
GOOD HYGIENIC PRACTICES IN 6. Proper eating, tasting, drinking, or tobacco use IN 7. No discharge from eyes, nose, and mouth	CONSUMER ADVISORY NA 25. Advisory for raw/undercooked food
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	HIGHLY SUSCEPTIBLE POPULATIONS IN 26. Pasteurized foods used; No prohibited foods
APPROVED SOURCE IN 11. Food obtained from approved source IN 12. Food received at proper temperature IN 13. Food in good condition, safe, & unadulterated NA 14. Shellstock tags & parasite destruction	ADDITIVES AND TOXIC SUBSTANCES IN 27. Food additives: approved & properly used IN 28. Toxic substances identified, stored, & used
PROTECTION FROM CONTAMINATION IN 15. Food separated & protected; Single-use gloves	APPROVED PROCEDURES IN 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

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



Good Retail Practices

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

No Violation Comments Available

General Comments

- Hot water GTE 100F, 3CS200ppm QAC, True RIC 41F/40F/39F, Ice Cream freezer: frozen, True RIC 42F/RIF frozen, True RIF: frozen/frozen, Milk cooler 41F, Small True RIC: 43F, Alfredo sauce 160F, Delfield RIC: 39F

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

Inspection Conducted By: Mitchell French (2550)
Inspector Contact Number: Work: (239) 690-2130 ex.
Print Client Name: Mary
Date: 4/6/2023

Inspector Signature:

Client Signature:

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



Facility Information

RESULT: **Satisfactory**

Permit Number: 36-48-00793 Name of Facility: Oasis High School Address: 3519 Oasis Boulevard City, Zip: Cape Coral 33914 Type: School (more than 9 months) Owner: City of Cape Coral Charter School Authority* Person In Charge: Donnelly, Mary Phone: (239) 945-1999 PIC Email: mary.donnelly@capecharterschools.org
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Inspection Information

Purpose: Routine Inspection Date: 4/6/2023 Correct By: Next Inspection Re-Inspection Date: None	Number of Risk Factors (Items 1-29): 2 Number of Repeat Violations (1-57 R): 0 Facility Grade: N/A Stop Sale: No	Begin Time: 08:30 AM End Time: 09:30 AM
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FoodBorne Illness Risk Factors And Public Health Interventions

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Inspector Signature:

Client Signature:

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



Good Retail Practices

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

<p>Violation #19. Reheating procedures for hot holding</p> <p>- Observed staff heating/cooking food using hot holding equipment (Steam tables and warmers are not approved to rapidly reheat food)</p> <p>CODE REFERENCE: 64E-11.003(2). Foods shall be properly reheated, in accordance with the Rule, prior to being placed into hot holding.</p>
<p>Violation #21. Hot holding temperatures</p> <p>- Broccoli being cooked in Hot holding unit 112F (Corrected by moving to oven to reheat to 165F)</p> <p>CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are held hot and not subject to an approved HACCP plan, must be maintained at 135°F.</p>

General Comments

<p>Hot water GTE 100F throughout, 3CS 200ppm QAC, RIC: 36F/37F/41F, RIF: Frozen (All), HH Metro: 112F*, WIF: frozen, Milk cooler: 41F, Deli RIC: 41F, Naked Juice RIC: 41F, Double door True RIC: Broken, not in use, Alfredo Sauce 154F, Chicken patties 180F, Tornadoes stuffed taquitos 183F</p> <p>Email Address(es): caroline.sterling@capecharterschools.org; jany.gomez@capecharterschools.org</p>

<p>Inspection Conducted By: Mitchell French (2550) Inspector Contact Number: Work: (239) 690-2130 ex. Print Client Name: Janey Date: 4/6/2023</p>

Inspector Signature:

Client Signature: