

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 49-48-1947938 Name of Facility: Creative Inspiration Journey School of St. Cloud Address: 2030 Old Hickory Tree Road City, Zip: Saint Cloud 34772  Type: School (9 months or less) Owner: Creative Inspiration Journey School of St. Cloud, Inc Person In Charge: Patty Marquis-CIJS Contractors Phone: (937) 308-6559 PIC Email: sherri.schneider@innovativepremier.com
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**Inspection Information**

Purpose: Routine Inspection Date: 1/27/2020 Correct By: None Re-inspection Date: None	Number of Risk Factors (Items 1-29): 0 Number of Repeat Violations (1-57 R): 0 Facility Grade: N/A Stop Sale: No	Begin Time: 10:05 AM End Time: 10:45 AM
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*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><b>SUPERVISION</b></p> <p>IN 1. Demonstration of Knowledge/Training</p> <p>IN 2. Certified Manager/Person in charge present</p> <p><b>EMPLOYEE HEALTH</b></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 &amp; diarrheal events</p> <p><b>GOOD HYGIENIC PRACTICES</b></p> <p>NO 6. Proper eating, tasting, drinking, or tobacco use</p> <p>NO 7. No discharge from eyes, nose, and mouth</p> <p><b>PREVENTING CONTAMINATION BY HANDS</b></p> <p>NO 8. Hands clean &amp; properly washed</p> <p>NO 9. No bare hand contact with RTE food</p> <p>IN 10. Handwashing sinks, accessible &amp; supplies</p> <p><b>APPROVED SOURCE</b></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, &amp; unadulterated</p> <p>NA 14. Shellstock tags &amp; parasite destruction</p> <p><b>PROTECTION FROM CONTAMINATION</b></p> <p>NO 15. Food separated &amp; protected; Single-use gloves</p>	<p>IN 16. Food-contact surfaces; cleaned &amp; sanitized</p> <p>NO 17. Proper disposal of unsafe food</p> <p><b>TIME/TEMPERATURE CONTROL FOR SAFETY</b></p> <p>NO 18. Cooking time &amp; temperatures</p> <p>NO 19. Reheating procedures for hot holding</p> <p>NO 20. Cooling time and temperature</p> <p>IN 21. Hot holding temperatures</p> <p>IN 22. Cold holding temperatures</p> <p>NO 23. Date marking and disposition</p> <p>NA 24. Time as PHC; procedures &amp; records</p> <p><b>CONSUMER ADVISORY</b></p> <p>NA 25. Advisory for raw/undercooked food</p> <p><b>HIGHLY SUSCEPTIBLE POPULATIONS</b></p> <p>NA 26. Pasteurized foods used; No prohibited foods</p> <p><b>ADDITIVES AND TOXIC SUBSTANCES</b></p> <p>NA 27. Food additives: approved &amp; properly used</p> <p>IN 28. Toxic substances identified, stored, &amp; used</p> <p><b>APPROVED PROCEDURES</b></p> <p>NA 29. Variance/specialized process/HACCP</p>
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Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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**Good Retail Practices**

<p><b>SAFE FOOD AND WATER</b></p> <p>NA 30. Pasteurized eggs used where required</p> <p>IN 31. Water &amp; ice from approved source</p> <p>NA 32. Variance obtained for special processing</p> <p><b>FOOD TEMPERATURE CONTROL</b></p> <p>NO 33. Proper cooling methods; adequate equipment</p> <p>NO 34. Plant food properly cooked for hot holding</p> <p>NO 35. Approved thawing methods</p> <p>IN 36. Thermometers provided &amp; accurate</p> <p><b>FOOD IDENTIFICATION</b></p> <p>IN 37. Food properly labeled; original container</p> <p><b>PREVENTION OF FOOD CONTAMINATION</b></p> <p>IN 38. Insects, rodents, &amp; 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 &amp; stored</p> <p>NO 42. Washing fruits &amp; vegetables</p> <p><b>PROPER USE OF UTENSILS</b></p> <p>IN 43. In-use utensils: properly stored</p> <p>IN 44. Equipment &amp; linens: stored, dried, &amp; handled</p> <p>IN 45. Single-use/single-service articles: stored &amp; used</p>	<p>NO 46. Slash resistant/cloth gloves used properly</p> <p><b>UTENSILS, EQUIPMENT AND VENDING</b></p> <p>IN 47. Food &amp; non-food contact surfaces</p> <p>IN 48. Ware washing: installed, maintained, &amp; used; test strips</p> <p>IN 49. Non-food contact surfaces clean</p> <p><b>PHYSICAL FACILITIES</b></p> <p>IN 50. Hot &amp; cold water available; adequate pressure</p> <p>IN 51. Plumbing installed; proper backflow devices</p> <p>IN 52. Sewage &amp; waste water properly disposed</p> <p>IN 53. Toilet facilities: supplied, &amp; cleaned</p> <p>IN 54. Garbage &amp; refuse disposal</p> <p>IN 55. Facilities installed, maintained, &amp; clean</p> <p>IN 56. Ventilation &amp; lighting</p> <p>IN 57. Permit; Fees; Application; Plans</p>
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*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**

No Violation Comments Available

**General Comments**

Cooler 33.2°f, milk 34.8°f, chicken on a bun 144°f, and green salad 38°f.

Email Address(es): patty.marquis@innovativepremier.com;  
lacey.galloway@osceolaschools.net

Inspection Conducted By: Julio Caban (84997)  
Inspector Contact Number: Work: (407) 742-8606 ex.  
Print Client Name:  
Date: 1/27/2020

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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