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



Facility Information RESULT: Satisfactory

Permit Number: 13-48-08931

Name of Facility: Angelou, Maya Elementary/ Loc.#0111

Address: 1850 NW 32nd Street

City, Zip: Miami 33142

Type: School (more than 9 months)
Owner: M-DCSB Food and Nutrition

Person In Charge: M-DCSB Food and Nutrition Phone: (786) 275-0400

PIC Email:

Inspection Information

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 12:00 PM Inspection Date: 11/22/2021 Number of Repeat Violations (1-57 R): 1 End Time: 01:00 PM

Correct By: Next Inspection FacilityGrade: N/A Re-Inspection Date: None StopSale: 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

SUPERVISION

- IN 1. Demonstration of Knowledge/Training
- No. 2. Certified Manager/Person in charge present EMPLOYEE HEALTH
- IN 3. Knowledge, responsibilities and reporting
- N 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
- 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- N 8. Hands clean & properly washed
- IN 9. No bare hand contact with RTE food
- 10. Handwashing sinks, accessible & supplies APPROVED SOURCE
- IN 11. Food obtained from approved source
- N 12. Food received at proper temperature
- N 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
- IN 17. Proper disposal of unsafe food

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
- N 22. Cold holding temperatures (COS)
- IN 23. Date marking and disposition
- NA 24. Time as PHC, procedures & records

CONSUMER ADVISORY

NA 25. Advisory for raw/undercooked food

HIGHLY SÚSCEPTIBLE POPULATIONS

- IN 26. Pasteurized foods used; No prohibited foods
- ADDITIVES AND TOXIC SUBSTANCES
- N 27. Food additives: approved & properly used
- N 28. Toxic substances identified, stored, & used
 - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Inspector Signature:

CM

L'Aomson

Client Signature:

Form Number: DH 4023 03/18 13-48-08931 Angelou, Maya Elementary/ Loc.#0111

1 of 3

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
- N 35. Approved thawing methods
- **IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

N 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
- N 45. Single-use/single-service articles: stored & used

IN 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, & cleanedIN 54. Garbage & refuse disposal
- OUT 55. Facilities installed, maintained, & clean (R)
 - N 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 #55. Facilities installed, maintained, & clean

Observed missing ceiling tiles due roof leaks in cafeteria area. Repair roof leaks and provide ceiling tiles.

CODE REFERENCE: 64E-11.003(5). Floors, walls, and ceilings shall be smooth, durable, easily cleanable, and non-absorbent. Exterior areas shall be kept cleaned.

Inspector Signature:

CM

L' Johnson

Client Signature:

Form Number: DH 4023 03/18 13-48-08931 Angelou, Maya Elementary/ Loc.#0111

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



General Comments

Inspection report emailed to Ms. Lenora Johnson on 11/22/2021.

Digital thermometer model DPP400W was used during the inspection.

Temperatures taken:
Handwashing sink: 108°F.
Three compartment sink:115°F.
Mop sink:117°F.
Walk-in cooler:36°F.
Walk-in freezer:-5°F
Jamaican parties:163°F.
Tacos:154°F.
Pasta:162°F.
Milk:39°F.

Email Address(es): 202892@dadeschools.net;

dmlewis@dadeschools.net; jaybolton@dadeschools.net; jware@dadeschools.net; ipalacio@dadeschools.net;

Inspection Conducted By: Cesar Martinez (085423) Inspector Contact Number: Work: (305) 623-3500 ex.

Print Client Name: Date: 11/22/2021

Inspector Signature:

Form Number: DH 4023 03/18

Client Signature:

L' Johnson

13-48-08931 Angelou, Maya Elementary/ Loc.#0111