

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



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-10084
 Name of Facility: North Glade Elementary/ Loc.# 3861
 Address: 5000 NW 177 Street
 City, Zip: Carol City 33055

Type: School (more than 9 months)
 Owner: MDCPS
 Person In Charge: MDCSB-Food & Nutrition Phone: (305) 226-7001
 PIC Email:

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 2	Begin Time: 10:03 AM
Inspection Date: 8/31/2023	Number of Repeat Violations (1-57 R): 0	End Time: 11:10 AM
Correct By: Next Inspection	Facility Grade: 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
- 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

- OUT** 10. Handwashing sinks, accessible & supplies **(COS)**

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

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- OUT** 16. Food-contact surfaces; cleaned & sanitized **(COS)**

- 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
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 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:

Client 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
- 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

- NA 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

- OUT 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
- OUT 55. Facilities installed, maintained, & clean
- OUT 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.

Inspector Signature:

Client Signature:

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



Violations Comments

Violation #10. Handwashing sinks, accessible & supplies

At the time of this inspection, the paper towels at the handwashing sink were observed unprotected (Out the dispenser). Protect paper towels to prevent contamination. Person in charge put the paper towels inside the dispenser. Corrected Onsite.

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.

Violation #16. Food-contact surfaces; cleaned & sanitized

At the time of this inspection, the Ice Scoop was observed unprotected. Protect Ice Scoop to prevent contamination. Person in charge removed the Ice Scoop. Corrected Onsite.

CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.

Violation #50. Hot & cold water available; adequate pressure

At the time of this inspection, the handwashing sink took 10 minutes to reach 100F. Repair hot water to ensure the water temperature is adequate a soon the handwashing sink is in use.

CODE REFERENCE: 64E-11.003(5)(a). The water source shall be of sufficient capacity to meet the peak hot and cold water demands of the establishment and provide water under pressure.

Violation #55. Facilities installed, maintained, & clean

At the time of this inspection, one of the electrical ovens was observed out service. (Work Order # 4367952). Replace or repair.

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.

Violation #56. Ventilation & lighting

At the time of this inspection, the A/C vent at the dry storage was observed soiled. Clean and sanitize.

CODE REFERENCE: 64E-11.003(6)(a). Adequate exhaust ventilation hood systems in food prep and warewashing areas shall be provided and designed. 50 foot candles shall be at surfaces where employees work with food and 20 foot candles shall be at surfaces where food is provided to consumers.

Inspector Signature:

Client Signature:

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



General Comments

At the time of this inspection, temperatures were taken with Therman Thermometer.

Handwashing sink 100F.
3 compartment sink 116F
Employee s restroom 105F
Mop sink 118F.

Warmer

Chicken Empanadas 139F.
Corn Hot Dogs 145F.

Milk Box # 1 39F.

Chocolate Milk 40F.

Milk Box # 2 39F.

Milk 40F.

Reach in cooler 41F.

Apple 39F.

Reach in cooler # 2 39F.

Cooked white Rice 40F.

Reach in Freezer -3F.

Reach in Freezer 0F.

Reach in Freezer -2F.

Sanitizer was not ready at the time of this inspection.

Satisfactory.

Email Address(es): lisabell@dadeschools.net;
judygonzalez@dadeschools.net;
273125@dadeschools.net

Inspector Signature:

A handwritten signature in black ink, appearing to be "R".

Client Signature:

A handwritten signature in black ink, appearing to be "Judy Gonzalez".

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



Inspection Conducted By: Pedro Hernandez Bastidas (60752)
Inspector Contact Number: Work: (305) 623-3500 ex.
Print Client Name:
Date: 8/31/2023

Inspector Signature:

A handwritten signature in black ink, appearing to be "Pedro Hernandez Bastidas".

Client Signature:

A handwritten signature in black ink, appearing to be "Pedro Hernandez Bastidas".