

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



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-06827
Name of Facility: Smith, John I. K-8 Center/ Loc.# 5101
Address: 10415 NW 52 Street
City, Zip: Miami 33178

Type: School (more than 9 months)
Owner: MDCPS
Person In Charge: M-DCSB Food and Nutrition Phone: (786) 275-0400
PIC Email: mriviera1@dadeschools.net

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 08:30 AM
Inspection Date: 5/23/2024	Number of Repeat Violations (1-57 R): 3	End Time: 09:40 AM
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
- 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
- NO** 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

- IN** 16. Food-contact surfaces; cleaned & sanitized

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 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
- NO 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

- OUT 38. Insects, rodents, & animals not present (**R**)
- 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

- IN 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- OUT 47. Food & non-food contact surfaces (**R**)
- 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
- OUT 56. Ventilation & lighting (**R**)
- 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 #38. Insects, rodents, & animals not present

Observations:

1. Air Curtin by Kitchen' EXIT Door is Not Working. Work Order # 4373627.
Repair and/or replace Air Curtin by Kitchen' EXIT Door.

CODE REFERENCE: 64E-11.003(5)(f). Effective measures shall be taken to control the presence of pests in the food establishment. Unless otherwise approved, live animals shall not be allowed.

Violation #47. Food & non-food contact surfaces

Observations:

1. Cleveland Gas Kettle. PC: 0865940. Unit Not Working. Work Order # 4416248.
Repair and/or replace Cleveland Gas Kettle.
2. Cleveland Gas Kettle. PC: 086594. Unit Not Working. Work Order # 4416285.
Repair and/or replace Cleveland Gas Kettle.

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Violation #56. Ventilation & lighting

Observations:

Burnt-Out Light Bulbs in Lamps of Hood System:

1. Hood system in prep and warewashing area (four (4) Lamps with one (1) burnt-out light bulb in each Lamp: FC range in prep and warewashing area between FC: 50.0 - 58.2).
Notification # 10465314. Work Order # 4401561.
Replace all burnt-out light bulbs in each Lamp in the Hood System.

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.

General Comments

Food Inspection:

K-8/MLC (Main Kitchen).

Maribel Rivera (Principal).

Felicita Salinas (Cafeteria Manager), signed and assisted with inspection.

Handwash Sink: Water temperature 114.9°F.

Three (3)-sink compartments: Water temperature 120.0°F.

Staff Restroom: Water temperature 112.3°F.

Mop Sink: Water temperature 111.9°F.

Walk-in-Freezer temperature -3°F.

Walk-in-Cooler temperature 35°F.

Refrigerator temperature 37°F.

Inspector Signature:

Client Signature:

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



Cold-holding: Chocolate milk temperature 35.5°F (from Milk-box).
Cold-holding: 100% Apple juice temperature 35.2° (from cold-plate).
Cold-holding: Ready To (prepackaged) Eat Bunny-Luv Classic Cut and Peeled Baby Carrots temperature 39.5°F (from cold-plate).
Hot-holding: Chicken poppers temperature 145.2°F.
Hot-holding: Mashed potatoes temperature 198.4°F.
Hot-holding: Burger Sliders temperature 148.5°F.
Hot-holding: Cheeseburger sandwich temperature 142.2°F.

Email Address(es): mrivera1@dadeschools.net;
ipalacio@dadeschools.net;
mwertz@dadeschools.net;
wcabrera@dadeschools.net;
333427@dadeschools.net;
341644@dadeschools.net;
edvelez@dadeschools.net

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.

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



Inspection Conducted By: Alberto Reyes (032763)
Inspector Contact Number: Work: (305) 623-3500 ex.
Print Client Name: Felicita Salinas (Cafeteria Manager)
Date: 5/23/2024

Inspector Signature:

Handwritten signature of Alberto Reyes.

Client Signature:

Handwritten signature of Felicita Salinas.

Form Number: DH 4023 03/18

13-48-06827 Smith, John I. K-8 Center/ Loc.# 5101