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



Facility Information

Permit Number: 13-48-10726

Name of Facility: Parkway Elementary/ Loc.# 4341

Address: 1320 NW 188 Street

City, Zip: Miami 33169

Type: School (more than 9 months)

Owner: MDCPS

Person In Charge: MDCSB-Food & Nutrition

PIC Email:

Phone: (305) 573-2184

Inspection Information

Purpose: Routine Inspection Date: 3/4/2024

Number of Risk Factors (Items 1-29): 0 Number of Repeat Violations (1-57 R): 0

FacilityGrade: N/A

Correct By: Next Inspection 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
- NO 6. Proper eating, tasting, drinking, or tobacco use
- N 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
- 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
- NO 14. Shellstock tags & parasite destruction PROTECTION FROM CONTAMINATION
- IN 15. Food separated & protected; Single-use gloves

10. Food-contact surfaces; cleaned & sanitized

RESULT: Satisfactory

Begin Time: 11:20 AM

End Time: 12:20 PM

- 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
- N 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

IN 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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Good Retail Practices

SAFE FOOD AND WATER

- 30. Pasteurized eggs used where required
- 31. Water & ice from approved source
- 32. Variance obtained for special processing FOOD TEMPERATURE CONTROL
- N 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
- 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
- OUT 47. Food & non-food contact surfaces
 - IN 48. Ware washing: installed, maintained, & used; test strips
 - 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
 - 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 #47, Food & non-food contact surfaces

Observed inoperable refrigerator. Work order # 4368275

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

Violation #56. Ventilation & lighting

Observed dust accumulation on the mechanical ventilation in the employee restroom. 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.

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General Comments

Temperatures were taken with a thermopen thermometer.

Handwashing sink 120F 3 compartment sink 140F Sanitizer 83F

QT ammonium chloride 200ppm

Hotline: Veggie burger 150F, Hamburger 135F, Black beans 141F, Fries 135F Warmer: Cheese pizza 146F, Cheese sticks 175F

Refrigerator 37F: Beef taco 40F, yogurt 37F

Refrigerator 81F

Freezer 1F Freezer -1F Freezer 0F

Deep freezer 9F

Milk box 35F: Milk 36F Milk box #2 41F: Milk 41F

Employee restroom 115F Mop sink 125F

Satisfactory

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

315009@dadeschools.net

Inspection Conducted By: Tiaja Sexton (179959) Inspector Contact Number: Work: (305) 623-3512 ex.

Print Client Name: Date: 3/4/2024

Inspector Signature:

Client Signature:

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