Food Establishment Inspection Report

- **Facility Type**: Early Learning Center, Domestic Violence
- **Purpose**: Routine Inspection

### Compliance Status

<table>
<thead>
<tr>
<th>IN</th>
<th>OUT</th>
<th>N/A</th>
<th>NO</th>
<th>COS</th>
<th>R</th>
<th>Supervision</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Demonstration of Knowledge/Training</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Certified Manager/Person in Charge present</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Knowledge, responsibilities and reporting</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Proper use of restriction and exclusion</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>Responding to reporting &amp; notification</td>
</tr>
<tr>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Proper eating, tasting, drinking, or tobacco use</td>
</tr>
<tr>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>No discharge from eyes, nose, and mouth</td>
</tr>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Preventing contamination by hands</td>
</tr>
<tr>
<td>9</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Hands clean &amp; properly washed</td>
</tr>
<tr>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Handwashing sinks, accessible &amp; supplies</td>
</tr>
<tr>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Approved Source</td>
</tr>
<tr>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Food received at proper temperature</td>
</tr>
<tr>
<td>13</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Food in good condition, safe, &amp; uncontaminated</td>
</tr>
<tr>
<td>14</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Shelf stock tags &amp; parasite destruction</td>
</tr>
</tbody>
</table>

This form serves as a "Notice of Non-Compliance" pursuant to section 126.006, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 84E-11, the Florida Administrative Code or Chapter 381.072, 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.

### Good Retail Practices

- **Safe Food and Water**
  - Pasteurized eggs used where required
  - Water tap from approved source
  - Variance obtained for special processing
- **Food Temperature Control**
  - Proper cooling methods, adequate equipment
  - Plant food properly cooked for no holding
  - Approved thawing methods
  - Thermometers provided & accurate
- **Food Identification**
  - Food properly labeled, original container
- **Prevention of Food Contamination**
  - Insects, rodents, & animals not present
  - No Contamination (preparation, storage, display)
  - Personal cleanliness
  - Wiping cloths properly used & stored
  - Washing fruits & vegetables

GOOD RETAIL PRACTICES: Good Retail Practices are preventative measures to control the adoption of pathogens, chemicals, and physical objects into foods.

### Proper Use of Utensils

- **Utensils**: properly stored
- **Equipment & Linens**: stored, dried, & handled
- **Single-use Linens & Service Articles**: stored & used
- **Shash & Reusable Gloves used properly

### Physical Facilities

- **Hot & Cold Water Availability, Under Pressure**
- **Plumbing, Installed Proper Bed/Flow Devices**
- **Sausage & Waste Water Properly Disposed**
- **Toilet Facilities, Supplied & Cleaned**
- **Garbage & Refuse Disposal**
- **Facilities Installed, Maintained, & Clean**
- **Ventilation & Lighting**

### Number of Repeat Violations (1-5): R

### Number of Repeat Violations (6-12): R

### Number of Repeat Violations (13-30): R

### Number of Repeat Violations (31-60): R

### Number of Repeat Violations (61-120): R

### Number of Repeat Violations (121-300): R

### Number of Repeat Violations (301-600): R

### Number of Repeat Violations (601-1200): R

### Number of Repeat Violations (1201+: R

*By signing my name, I agree to the terms and conditions outlined in this report.*

**Person in Charge (Print & Signature)**: **Licia Delgado**

**Inspector (Print & Signature)**: **Maria Archer**

**Date**: 10/21/18
## Food Establishment Inspection Report

**Name of Establishment:** South Miami Heights Elem.  
**Permit Number:** 13-44-12891  
**Date:** 10/23/10

### TEMPERATURE OBSERVATIONS

<table>
<thead>
<tr>
<th>Item/Location</th>
<th>Temp</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hamburger (Stem Table)</td>
<td>170°</td>
</tr>
<tr>
<td>Milk (Milk Box)</td>
<td>49°</td>
</tr>
<tr>
<td>Tomazed (11/12/09/20)</td>
<td>38°</td>
</tr>
</tbody>
</table>

### OBSERVATIONS AND CORRECTIVE ACTIONS

Violations cited in this report must be corrected.

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By having my signature, I agree to create an electronic record and to adopt the electronic symbol created by me as a manifestation of my signature on the electronic record, which shall have the same force and effect as a written signature and record, in accordance with § 988.69, Fla. Stat. (2011), and 15 U.S.C. § 7001 (2002).

Person in Charge (Signature): Lida Delgado  
Date: 10/23/10

Inspector (Signature): Morris Usher  
Date: 10/23/10