

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-06327  
Name of Facility: Zora Neale Hurston Elem.  
Address: 13135 SW 26 Street  
City, Zip: Miami 33175

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Xiomara Gonzalez Phone: (305)222-4915  
PIC Email: xgonzalez@dadeschools.net

**Inspection Information**

Purpose: Routine  
Inspection Date: 9/29/2021  
Correct By: Next Inspection  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0  
Number of Repeat Violations (1-57 R): 0  
Facility Grade: N/A  
Stop Sale: No

Begin Time: 11:00 AM  
End Time: 11:40 AM

*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

- NO** 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
- NA** 24. Time as PHC; procedures & records

**CONSUMER ADVISORY**

- IN** 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:

Form Number: DH 4023 03/18

13-48-06327 Zora Neale Hurston Elem.

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**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
- NO** 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

- 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
- 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
- IN** 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  
Repair leak at walk-in cooler fan pipe. Observed metal tray on rack under walk-in cooler fan collecting water drops. Per PIC, they came to fix it but it started leaking again this morning. Emergency work order in place.  
Replace missing milk cooler glass doors (serving line #1). Per PIC, they fell and broke.  
Eliminate peeling paint inside milk coolers at serving lines 1 & 2.

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

Inspector Signature:

Client Signature:

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**General Comments**

Hot water at: handwashing sink 123F, wash sink 123F, employee restroom sink 102F & at mop sink 100F.

walk-in cooler 39F  
walk-in freezer -20F

Food temperature:  
Hot serving line: chili 160F, beefaroni 163F, ravioli 154F  
Hot holding at 160F: cheese stuffers  
milk/milk box 30F

Note:  
Classic ThermoPen digital thermometer used to measure food and water temperatures at the time of this inspection.  
Inspection conducted during COVID-19 pandemic.

Email Address(es): xgonzalez@dadeschools.net;  
ivalenzano@dadeschools.net;  
cglez@dadeschools.net

Inspection Conducted By: Venus Fernandez (82515)  
Inspector Contact Number: Work: (305) 623-3516 ex.  
Print Client Name:  
Date: 9/29/2021

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.