

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



\*\*\*\* JeanBaptisteP 1/27/2020 2:18:04 PM \*\*\*\*

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-09216  
Name of Facility: Miami Central Sr. High  
Address: 1781 NW 95 Street  
City, Zip: Miami 33147

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Lorraine Williams Phone: 305-696-4062  
PIC Email: lbocan@dadeschools.net

**Inspection Information**

Purpose: Routine  
Inspection Date: 1/23/2020  
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: 08:00 AM  
End Time: 10:30 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
- 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

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

- 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 (COS)
- 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:

Form Number: DH 4023 03/18

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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
- IN 35. Approved thawing methods
- IN 36. Thermometers provided & accurate

**FOOD IDENTIFICATION**

- OUT 37. Food properly labeled; original container (**COS**)

**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

- IN 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
- OUT 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
- 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.*

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**Violations Comments**

<p>Violation #37. Food properly labeled; original container Observed thawing turkey deli meat in refrigerator with no date or content label. Label food item with expiration date. Corrected on site.</p> <p>CODE REFERENCE: 64E-11.003(2). Food or food ingredients removed from their original packages shall be identified with their common name unless unmistakably recognized.</p>
<p>Violation #47. Food &amp; non-food contact surfaces Observed stove not operating, tag number 1001723. Repair or replace stove.</p> <p>Observed non-functioning heating cabinet electrical cord bent/broken, tag number 1003013. Replace electrical cord, replace heating cabinet or remove equipment.</p> <p>Observed dryer covered in rust. Replace dryer or remove rust and retouch paint.</p> <p>Observed non-operating electrical outlet on front hot holding assembly counter which in turn is short circuiting the heating cabinet connected attached to cooler. Staff can not use milk cooler on assembly line or heating cabinet. Work order# MD2924 has been placed however no repair has been done. Repair electrical circuit line.</p> <p>Observed non-operating heating cabinet behind hot holding assembly counter. Work order# 4020054 and #10081989 have been placed, however no repair or replacement has been conducted. Repair electrical outlets or replace hot holding assembly counter with new electrical outlet.</p> <p>CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.</p>
<p>Violation #49. Non-food contact surfaces clean Observed drinking fountain with organic biological growth in cafeteria. Clean and disinfect.</p> <p>CODE REFERENCE: 64E-11.003(4). Non-food contact surfaces shall be kept clean and free of an accumulation of dust, dirt, food residue, and other debris.</p>
<p>Violation #56. Ventilation &amp; lighting Observed light cover missing in mop sink room# 7102H. Replace light cover.</p> <p>Observed light bulbs not operating in laundry room. Replace light bulbs.</p> <p>Observed black discolored pieces of dirt/bugs/biological biogrowth inside of light cover of laundry room. Clean and disinfect.</p> <p>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.</p>

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**General Comments**

Walk-in Refrigerator temperature measured was 37F.  
Walk-in Freezer temperature measured was 18F.

Hot holding food items and temperature are as follows: pizza rolls was 139F and mini rib patties was 145F.

Cold holding food items and temperature are as follows: low fat 1% milk was 38F, chocolate milk 38F, coleslaw was 41F.

Sanitizing solution in three compartment sink was 200ppm within range.

Email Address(es): lbacon@dadeschools.net;  
IPalacio@dadeschools.net;  
JWare@dadeschools.net;  
jaybolton@dadeschools.net;  
gbethune@dadeschools.net

Inspection Conducted By: Kimberly Henry (913288)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name: Miami Central Sr. High  
Date: 1/23/2020

Inspector Signature:

Handwritten signature of the inspector, Kimberly Henry.

Client Signature:

Handwritten signature of the client.

Form Number: DH 4023 03/18

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