

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-17214  
Name of Facility: Lenora B. Smith Elementary/ Loc.# 0081  
Address: 4700 NW 12 Avenue  
City, Zip: Miami 33127

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Paula Alston Phone: 3056353482  
PIC Email: 283244@dadeschools.net

**Inspection Information**

Purpose: Routine  
Inspection Date: 1/13/2023  
Correct By: Next Inspection  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0  
Number of Repeat Violations (1-57 R): 2  
Facility Grade: N/A  
Stop Sale: No

Begin Time: 11:05 AM  
End Time: 11:50 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

- IN** 17. Proper disposal of unsafe food

**TIME/TEMPERATURE CONTROL FOR SAFETY**

- NO** 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
- NO** 23. Date marking and disposition
- NA** 24. Time as PHC; procedures & records

- IN** 21. Hot holding temperatures

- IN** 22. Cold holding temperatures

- NO** 23. Date marking and disposition

- NA** 24. Time as PHC; procedures & records

**CONSUMER ADVISORY**

- NA** 25. Advisory for raw/undercooked food

**HIGHLY SUSCEPTIBLE POPULATIONS**

- NA** 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:

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**Good Retail Practices**

**SAFE FOOD AND WATER**

- NA** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

**FOOD TEMPERATURE CONTROL**

- NO** 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**

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness

- NO** 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

- NA** 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
- OUT** 51. Plumbing installed; proper backflow devices (**R**)
- 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  
Observed Milk Boxes in disrepair, one with PC number not available with Work Order 430271 and Milk Box (PC number 4294065), both filed on 10/06/2022. Repair Milk Boxes.

Observed Walk in Cooler (PC number 6712905640) in disrepair, with Work Order 4286135, filed on 08/15/2022. Repair Walk in Cooler.

Observed Walk in Freezer (PC number not available) in disrepair, with Work Order 10342241, filed on 09/6/2022. Repair Walk in Freezer.

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

Violation #51. Plumbing installed; proper backflow devices  
Observed missing backflow preventer at the hose bibb at Walk in Cooler area. Provide backflow preventer.

CODE REFERENCE: 64E-11.003(5)(c). Plumbing will be installed and maintained to comply with plumbing requirements, including backflow prevention devices. A mop sink will be provided.

Inspector Signature:

Client Signature:

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**General Comments**

Satisfactory

Temperature was taken with Thermopen Probe Thermometer.

Reach in cooler: Sliced cheese 41F, shredded cheese 42F, hummus 41F, cream cheese 41F yogurt 41F.

Serving line (hot holding): French pizza 138F

Serving line reach in cooler: milk 40F

Handwashing sink (kitchen): 125F

Handwashing sink (employee s bathroom): 132F

Preparation sink: 127F

Mop sink: 132F

Calibrated probe thermometer (ice/water): 32F

Three compartment sink sanitizer: QT 200 ppm

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sdalton@dadeschools.net

Inspection Conducted By: Vicente Prietodiaz (31113)

Inspector Contact Number: Work: (305) 623-3500 ex.

Print Client Name: Paula Alston

Date: 1/13/2023

Inspector Signature:

Handwritten signature of the inspector, Vicente Prietodiaz.

Client Signature:

Handwritten signature of the client, Paula Alston.