

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00401
Name of Facility: James S. Hunt Elementary School
Address: 7800 NW 35 Court
City, Zip: Coral Springs 33065

Type: School (9 months or less)
Owner: Broward County School Board - Food & Nutrition Services
Person In Charge: Hillary Scott Phone: 754-322-5410
PIC Email: hillary.scott@browardschools.com

Inspection Information

Purpose: Reinspection
Inspection Date: 9/25/2024
Correct By: Next Inspection
Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 0
Number of Repeat Violations (1-57 R): 0
FacilityGrade: N/A
StopSale: No

Begin Time: 09:38 AM
End Time: 10:00 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

- NO** 6. Proper eating, tasting, drinking, or tobacco use
- NO** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- NO** 8. Hands clean & properly washed
- NO** 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

- NO** 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

- NO** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- NO** 21. Hot holding temperatures
- NO** 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

- 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:

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Good Retail Practices

SAFE FOOD AND WATER	
<u>NO</u> 30. Pasteurized eggs used where required	<u>NO</u> 46. Slash resistant/cloth gloves used properly
<u>NO</u> 31. Water & ice from approved source	UTENSILS, EQUIPMENT AND VENDING
<u>NA</u> 32. Variance obtained for special processing	<u>NO</u> 47. Food & non-food contact surfaces
FOOD TEMPERATURE CONTROL	<u>NO</u> 48. Ware washing: installed, maintained, & used; test strips
<u>IN</u> 33. Proper cooling methods; adequate equipment	<u>NO</u> 49. Non-food contact surfaces clean
<u>NO</u> 34. Plant food properly cooked for hot holding	PHYSICAL FACILITIES
<u>NO</u> 35. Approved thawing methods	<u>NO</u> 50. Hot & cold water available; adequate pressure
<u>NO</u> 36. Thermometers provided & accurate	<u>NO</u> 51. Plumbing installed; proper backflow devices
FOOD IDENTIFICATION	<u>NO</u> 52. Sewage & waste water properly disposed
<u>NO</u> 37. Food properly labeled; original container	<u>NO</u> 53. Toilet facilities: supplied, & cleaned
PREVENTION OF FOOD CONTAMINATION	<u>NO</u> 54. Garbage & refuse disposal
<u>NO</u> 38. Insects, rodents, & animals not present	<u>OUT</u> 55. Facilities installed, maintained, & clean
<u>NO</u> 39. No Contamination (preparation, storage, display)	<u>NO</u> 56. Ventilation & lighting
<u>NO</u> 40. Personal cleanliness	<u>NO</u> 57. Permit; Fees; Application; Plans
<u>NO</u> 41. Wiping cloths: properly used & stored	
<u>NO</u> 42. Washing fruits & vegetables	
PROPER USE OF UTENSILS	
<u>NO</u> 43. In-use utensils: properly stored	
<u>NO</u> 44. Equipment & linens: stored, dried, & handled	
<u>NO</u> 45. Single-use/single-service articles: stored & used	

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 #55. Facilities installed, maintained, & clean
 Several lightbulbs not working (by serving line, 3-compartment sink and by dry goods storage). Replace light bulbs.
 Light fixture by 3-compartment sinks not properly closed. Close properly light fixture cover.
 CODE REFERENCE: 64E-11.003(5). Floors, walls, and ceilings shall be smooth, durable, easily cleanable, and non-absorbent. Exterior areas shall be kept cleaned.

General Comments

Employee Food Safety Training/Employee Health policy training completed on 8/8/2024.
 Food temp:
 String cheese: 35 F, use-by 11/9/2024
 Equipment:
 Walk in cooler: 33 F
 Note: As per conversation with kitchen manager, walk in cooler repair was completed on 9/20, the food was held in portable walk-in and moved to kitchen walk-in on Monday 23rd.
 Email Address(es): hillary.scott@browardschools.com;

Inspector Signature:

Client Signature:

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Inspection Conducted By: Stella Aquino Figueroa (6599)
Inspector Contact Number: Work: (954) 412-7320 ex.
Print Client Name:
Date: 9/25/2024

Inspector Signature:

Handwritten signature of Stella Aquino Figueroa.

Client Signature:

Handwritten signature of J. Scott.

Form Number: DH 4023 03/18

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