

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-1367849  
 Name of Facility: Thomas, Eugenia B. K-8 Center/ Loc.# 0071  
 Address: 5950 NW 114 Avenue  
 City, Zip: Miami 33178

Type: School (more than 9 months)  
 Owner: Miami-Dade County School Board  
 Person In Charge: Miami-Dade County School Board      Phone: (786) 275-0400  
 PIC Email: moesalty@dadeschools.net

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 10:20 AM
Inspection Date: 7/23/2024	Number of Repeat Violations (1-57 R): 0	End Time: 11:20 AM
Correct By: None	Facility Grade: N/A	
<b>Re-Inspection Date: None</b>	Stop Sale: No	

*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
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- NO** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- NO** 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**

- 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
- 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
- IN** 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

- NO** 46. Slash resistant/cloth gloves used properly

**UTENSILS, EQUIPMENT AND VENDING**

- IN** 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**

No Violation Comments Available

**General Comments**

Food Inspection.  
 PLC Cafeteria (Main Cafeteria).  
 Julio Fong (Principal) was informed of the inspection results.  
 Morris Salty (Assistant Principal).  
 Heidi Muneton (Assistant Manager).  
 Kenya Brant (Cafeteria Manager).  
 Ladema Smith (AP) signed the inspection.  
 Jesus Basquebello (RN), assisted with the inspection.  
 Handwash Sink: Water temperature 111.2°F.  
 Three (3)-sink compartments: Water temperature 118.0°F.  
 Mop Sink: Water temperature 122.7°F.  
 Staff Restroom: Water temperature 107.6°F.  
 Walk-in-Freezer temperature -1°F.  
 Walk-in-Cooler temperature (unable to take the temperature (Cooler was locked)).  
 Refrigerator temperature 37°F.  
 Cold-holding: Milk temperature 37.8° (from Refrigerator).  
 Cold-holding: Prepackaged bag with Fruit punch juice temperature 38.2°F and Cinnamon Toast Crunch temperature 39.9°F.  
 No hot food served (at the time of inspection/Summer-Camp).

**Inspector Signature:**

**Client Signature:**

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;

Inspection Conducted By: Alberto Reyes (032763)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name: Ladema Smith (AP)  
Date: 7/23/2024

Inspector Signature:

Handwritten signature of Alberto Reyes.

Client Signature:

Handwritten signature of Ladema Smith.

Form Number: DH 4023 03/18

13-48-1367849 Thomas, Eugenia B. K-8 Center/ Loc.# 0071