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



**RESULT:** Satisfactory **Facility Information** 

Permit Number: 06-48-00332

Name of Facility: Gulfstream Early Learning Center

Address: 120 SW 4 Avenue City, Zip: Hallandale 33009

Type: School (9 months or less)

Owner: Broward County School Board - Food & Nutrition Services Person In Charge: Daniel Imbriale Phone: 754-321-0235

PIC Email: daniel.imbriale@browardschools.com

## **Inspection Information**

Begin Time: 09:20 AM Purpose: Routine Number of Risk Factors (Items 1-29): 0 Inspection Date: 1/9/2024 Number of Repeat Violations (1-57 R): 0 End Time: 10:00 AM

Correct By: None FacilityGrade: N/A Re-Inspection Date: None StopSale: 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
- N 2. Certified Manager/Person in charge present **EMPLOYEE HEALTH**
- IN 3. Knowledge, responsibilities and reporting
- N 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
- N 7. No discharge from eyes, nose, and mouth PREVENTING CONTAMINATION BY HANDS
- IN 8. Hands clean & properly washed
- 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
- 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

- NO 18. Cooking time & temperatures
- NO 19. Reheating procedures for hot holding
- NO 20. Cooling time and temperature
- IN 21. Hot holding temperatures
- N 22. Cold holding temperatures
- IN 23. Date marking and disposition
- NA 24. Time as PHC; procedures & records
- CONSUMER ADVISORY
- NA 25. Advisory for raw/undercooked food
  - HIGHLY SÚSCEPTIBLE POPULATIONS
- IN 26. Pasteurized foods used; No prohibited foods
- **ADDITIVES AND TOXIC SUBSTANCES**
- **IN** 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used
  - APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

**Inspector Signature:** 

Sale

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**Client Signature:** 

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



## **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

IN 35. Approved thawing methods

IN 36. Thermometers provided & accurate

#### FOOD IDENTIFICATION

N 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

N 43. In-use utensils: properly stored

N 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

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

N 53. Toilet facilities: supplied, & cleaned

| 54. Garbage & refuse disposal | N 55. Facilities installed, maintained, & clean

N 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

**Inspector Signature:** 

JOD

Form Number: DH 4023 03/18

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



## **General Comments**

Employee Food Safety Training/Employee Health policy training completed on 3/16/2023

Milk: 38 F, use-by 1/23/24

Broccoli: 136 F Beefaroni: 139 F Refrigerator Temps

Reach-in refrigerator: 38 F Reach-in freezer: 0 F Hot Water Temps Kitchen handsink: 109 F

3 comp. sink: 102 F Food prep sink: 100 F

Employee bathroom handsink: 106 F Warewashing Procedure/Sanitizer Used

3 comp. sink chemical sanitizer: recently set up, tablets not dissolved yet.

Sanitizer Test kit provided.

Pest Control

Pest Control service provided by Beach Environmental, monthly.

Non-Service Animals

No dogs or non-service animals allowed inside establishment.

Note: Facility receives cooked food from Gulfstream Acedamy of Hallandale Beach.

Email Address(es): daniel.imbriale@browardschools.com; tara.paul@browardschools.com

Inspection Conducted By: Stella Aquino Figueroa (6599) Inspector Contact Number: Work: (954) 412-7320 ex.

Print Client Name: Date: 1/9/2024

**Inspector Signature:** 

JOD

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**Client Signature:** 

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