

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00592
Name of Facility: Park Ridge Elementary School
Address: 5200 NE 9 Avenue
City, Zip: Pompano Beach 33064

Type: School (9 months or less)
Owner: Broward County School Board - Food & Nutrition Services
Person In Charge: Lakesha Doctor Phone: (754) 321-0235
PIC Email: lakesha.doctor@browardschools.com

Inspection Information

Purpose: Routine
Inspection Date: 3/19/2025
Correct By: Next Inspection
Re-Inspection Date: None

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

Begin Time: 11:40 AM
End Time: 12:14 PM

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

<p>Violation #10. Handwashing sinks, accessible & supplies Observed red build-up in handsink in kitchen. Clean handsink. CODE REFERENCE: 64E-11.003(5)(d). Handwashing sinks are properly equipped with hand soap, individual disposable towels or hand drying device, and signage; and conveniently located.</p>
<p>Violation #38. Insects, rodents, & animals not present Observed presence of dead roach in paper storage area. Area clean and roach removed. facility receives monthly pest control service, most recent on was 3/5/2025. Provide effective integrated pest management plan for facility. CODE REFERENCE: 64E-11.003(5)(f). Effective measures shall be taken to control the presence of pests in the food establishment. Unless otherwise approved, live animals shall not be allowed.</p>
<p>Violation #41. Wiping cloths: properly used & stored Wiping cloth sanitizing solution tested 170 PPM for (ECO Lab). Required sanitizing solution level is 272PPM. Provide required sanitizing solution level for 272ppm. Sanitizing solution increased to 272ppm. CODE REFERENCE: 64E-11.003(2). In-use wiping cloths shall be stored in an effective and approved sanitizing solution between uses.</p>
<p>Violation #55. Facilities installed, maintained, & clean Observed ceiling tile in disrepair in paper storage area. Repair/replace ceiling tiles. Work order #990414 placed. Observed dents in wall in paper storage area. Repair wall. 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.</p>

Inspector Signature:

Client Signature:

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General Comments

Employee Food Safety Training/Employee Health policy training completed on 08/08/24.

Food Temps

Cold Foods:

Milk: 38F

Yogurt: 38F

Hot Foods:

Baked Ziti: 147F

Pizza Rolls: 149F

Hot Dog: 142F

Refrigerator Temps

Reach-in refrigerator: 40F

Reach-in freezer: -10F-20F

Walk-in refrigerator: 40F

Walk-in freezer: -10F

Milk Chest: 38F

Hot Water Temps

Kitchen handsink: 117F

3 comp. sink: 115F

Food prep sink: 116F

Employee bathroom handsink: 101F

Mopsink: 113F

Probe Food Thermometer

Thermometer calibrated at 32F.

Sanitizer Used

3 comp. sink chemical sanitizer: QAC- 400ppm

Wiping bucket: QAC-400ppm

Sanitizer Test kit provided.

PEST CONTROL

Facility must implement an Integrated Pest Management plan.

Pest Control service provided by Tower Pest Control.

NON-SERVICE ANIMALS

No dogs or non-service animals allowed inside establishment.

Email Address(es): lakesha.doctor@browardschools.com

Inspector Signature:

A handwritten signature in black ink, appearing to be "Lakesha Doctor".

Client Signature:

A handwritten signature in black ink, appearing to be "PO".

Form Number: DH 4023 03/18

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Inspection Conducted By: Rhonda Anderson (6608)
Inspector Contact Number: Work: (954) 412-7034 ex.
Print Client Name:
Date: 3/19/2025

Inspector Signature:

A handwritten signature in black ink, appearing to be "Rhonda Anderson".

Client Signature:

A handwritten signature in black ink, appearing to be "P.O.". The signature is written in a cursive style.

Form Number: DH 4023 03/18

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