

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

UserId: AguileraAX

Review: AA 9/12/2014

Inspection reviewed.

Geocoded 25.692403/-80.424798



PURPOSE:

- ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY (use Other)
 OTHER

TYPE: School (more than 9 months)

NAME Kendale Lakes Elem.
ADDRESS 8000 SW 142 Avenue CITY Miami
OWNER M-DCSB Food and Nutrition ZIP 33183
PERSON IN CHARGE Martha Jaureguizar PHONE (305) 385-2575
EMAIL M.Jaureguizar@dadeschools.net;M.Luengo@dadeschools.net

RESULTS:

- Satisfactory
 Incomplete
 Unsatisfactory
 OUT OF BUSINESS
Correct Violations by
 Next Inspection
 8:00 AM on

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
09:00	09:45	09/09/2014	82515	13-48-07060

RE-INSPECTION DATE

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 1. Sources etc. | <input type="checkbox"/> 14. Sneez guards | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES AND OPERATIONS |
| <input type="checkbox"/> 2. Stored temperature | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | |
| <input type="checkbox"/> 3. No further cooking/rapid cooling | <input type="checkbox"/> 16. Poisonous/toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | <input type="checkbox"/> 30. Methods of washing | |
| <input type="checkbox"/> 5. Raw fruits | PERSONNEL | SANITARY FACILITIES AND CONTROLS | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | VENDING MACHINES |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 9. Least contact/reheating | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | MANAGER CERTIFICATION |
| <input type="checkbox"/> 10. Food container | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 22. Refrigeration facilities/Therm. | <input type="checkbox"/> 36. Handwashing facilities | CERTIFICATES AND FEES |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 24. Ice storage/counter-protector | <input type="checkbox"/> 38. Vermin control | INSPECTION/ENFORCEMENT |
| | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equip. | | <input type="checkbox"/> 44. Inspection/Enforcement |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

COMMENTS AND INSTRUCTIONS

Violation #39 Provide missing ceiling tiles in washer/dryer machine room. **WO# MB17019**
Repair broken floor in front the kiddles. **WO# MB18741**
Code Reference FAC: Other Facilities. 64E-11.08. Floors, walls, and ceilings shall be smooth and washable. 20 foot candles of light shall be provided. Adequate ventilation shall be provided. A mop sink or garbage can wash down will be provided. No living quarters shall open to the facility. No live animals. Exterior area shall be kept clean.

INSPECTION CONDUCTED BY: Maria Adrover
INSPECTION COND SIGNATURE: *Maria Adrover*
COPY OF REPORT RECEIVED BY: *R. Luengo*

PHONE: (305) 623-3500 ex.
ALT #: (305) 623-3500 ex.
DATE: 9/9/2014

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT
Food Establishment



Name: Kendale Lakes Elem.

Date: 09/09/2014

Identification No: 13-48-07060

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Maria Adrover

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