

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



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-12729
Name of Facility: Wilson, Dr. Frederica S./ Skyway Elementary/ Loc.# 5081
Address: 4555 NW 206 Terrace
City, Zip: Miami 33055

Type: School (more than 9 months)
Owner: MDCPS
Person In Charge: SHAUN STARLING Phone: (305) 226-9777
PIC Email: sstarling@dadeschools.net

Inspection Information

Purpose: Routine
Inspection Date: 2/20/2025
Correct By: Next Inspection
Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 2
Number of Repeat Violations (1-57 R): 0
Facility Grade: N/A
Stop Sale: No

Begin Time: 10:40 AM
End Time: 11:30 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

- 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

- OUT** 16. Food-contact surfaces; cleaned & sanitized (**COS**)

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- IN** 18. Cooking time & temperatures
- IN** 19. Reheating procedures for hot holding
- IN** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures

- OUT** 23. Date marking and disposition (**COS**)

- IN** 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:

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
IN 34. Plant food properly cooked for hot holding
IN 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

- NA 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- OUT 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

Violation #16. Food-contact surfaces; cleaned & sanitized

At the time of this inspection, the Ice scoop was observed unprotected in top of the preparation table. Protect Ice scoop to prevent contamination. Person in charge removed Ice scoop to the 3 compartments sink to be wash and sanitize. Corrected Onsite.

CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.

Violation #23. Date marking and disposition

At the time of this inspection, Tuna Salad (39F) was observed no date marked inside reach in cooler # 1. Food products that are going to be held for more than 24 hours shall be properly dated marked. Person in charge properly dated marked the Tuna Salad(2/19/2025). Corrected Onsite.

CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are RTE and held refrigerated for more than 24 hours, shall be properly date marked unless otherwise exempted.

Violation #47. Food & non-food contact surfaces

At the time of this inspection, one of the reaches in cooler was observed out service (Multidoor Reach in cooler). Repair or replace reach in cooler. Work Order # 452266

At the time of this inspection, one of the two Milk Boxes was observed out service. Repair or replace milk box. No work order at the time of this inspection.

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Inspector Signature:

Client Signature:

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



General Comments

At the time of this inspection, temperatures were taken with Thermopen Thermometer.

Handwashing sink # 1---109F.
Handwashing sink # 2-----107F.
Preparation sink ----100F.
Preparation sink ----- 102F.

Cooking (Oven):

Yellow Rice 182F.
Collar Green 200F.
Beans Burrito 170F.

Warmer # 1 200F:

Hamburger 197F.
French Fries 192F.

Hot Line # 1:

Hamburger 190F.

Walk in Cooler 38F:

Yogurt 39F.
Butter 40F.

Walk in Freezer 0F.

Reach in Cooler # 1 39F:

Tuna Salad 39F.

Milk Box 41F:

Chocolate Milk 41F.

3 Compartment sink: 113F. Sanitizer: 200ppm, 76F.

Employee s restroom: 100F
Employee s restroom: 101F.

Mop Sink: 116F.

Satisfactory.

Email Address(es): sstarling@dadeschools.net;
ipalacio@dadeschools.net;
wcabrera@dadeschools.net;
mwertz@dadeschools.net;

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

13-48-12729 Wilson, Dr. Frederica S./ Skyway Elementary/ Loc.# 5081

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



Inspection Conducted By: Pedro Hernandez Bastidas (60752)
Inspector Contact Number: Work: (305) 623-3500 ex.
Print Client Name: SHAUN STARLING
Date: 2/20/2025

Inspector Signature:

A handwritten signature in black ink, appearing to be "P. Hernandez Bastidas".

Client Signature:

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