

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-17581  
Name of Facility: Bob Graham Education Center PLC South  
Address: 8875 NW 143 Street  
City, Zip: Hialeah 33018

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: M-DCSB - Food and Nutrition      Phone: (305) 995-3230  
PIC Email: ariveron20@dadeschools.net

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 09:30 AM
Inspection Date: 10/5/2020	Number of Repeat Violations (1-57 R): 0	End Time: 10:30 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**

- 1. Demonstration of Knowledge/Training
- 2. Certified Manager/Person in charge present

**EMPLOYEE HEALTH**

- 3. Knowledge, responsibilities and reporting
- 4. Proper use of restriction and exclusion
- 5. Responding to vomiting & diarrheal events

**GOOD HYGIENIC PRACTICES**

- 6. Proper eating, tasting, drinking, or tobacco use
- 7. No discharge from eyes, nose, and mouth

**PREVENTING CONTAMINATION BY HANDS**

- 8. Hands clean & properly washed
- 9. No bare hand contact with RTE food
- 10. Handwashing sinks, accessible & supplies

**APPROVED SOURCE**

- 11. Food obtained from approved source
- 12. Food received at proper temperature
- 13. Food in good condition, safe, & unadulterated
- 14. Shellstock tags & parasite destruction

**PROTECTION FROM CONTAMINATION**

- 15. Food separated & protected; Single-use gloves

- 16. Food-contact surfaces; cleaned & sanitized

- 17. Proper disposal of unsafe food

**TIME/TEMPERATURE CONTROL FOR SAFETY**

- 18. Cooking time & temperatures
- 19. Reheating procedures for hot holding
- 20. Cooling time and temperature
- 21. Hot holding temperatures
- 22. Cold holding temperatures
- 23. Date marking and disposition
- 24. Time as PHC; procedures & records

**CONSUMER ADVISORY**

- 25. Advisory for raw/undercooked food

**HIGHLY SUSCEPTIBLE POPULATIONS**

- 26. Pasteurized foods used; No prohibited foods

**ADDITIVES AND TOXIC SUBSTANCES**

- 27. Food additives: approved & properly used
- 28. Toxic substances identified, stored, & used

**APPROVED PROCEDURES**

- 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

*Email sent to client: 10/05/2020*

STATE OF FLORIDA  
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**Good Retail Practices**

**SAFE FOOD AND WATER**

- 30. Pasteurized eggs used where required
- 31. Water & ice from approved source
- 32. Variance obtained for special processing

**FOOD TEMPERATURE CONTROL**

- 33. Proper cooling methods; adequate equipment
- 34. Plant food properly cooked for hot holding
- 35. Approved thawing methods
- 36. Thermometers provided & accurate

**FOOD IDENTIFICATION**

- 37. Food properly labeled; original container

**PREVENTION OF FOOD CONTAMINATION**

- 38. Insects, rodents, & animals not present
- 39. No Contamination (preparation, storage, display)
- 40. Personal cleanliness
- 41. Wiping cloths: properly used & stored
- 42. Washing fruits & vegetables

**PROPER USE OF UTENSILS**

- 43. In-use utensils: properly stored
- 44. Equipment & linens: stored, dried, & handled
- 45. Single-use/single-service articles: stored & used

- 46. Slash resistant/cloth gloves used properly

**UTENSILS, EQUIPMENT AND VENDING**

- 47. Food & non-food contact surfaces
- 48. Ware washing: installed, maintained, & used; test strips
- 49. Non-food contact surfaces clean

**PHYSICAL FACILITIES**

- 50. Hot & cold water available; adequate pressure
- 51. Plumbing installed; proper backflow devices
- 52. Sewage & waste water properly disposed
- 53. Toilet facilities: supplied, & cleaned
- 54. Garbage & refuse disposal
- 55. Facilities installed, maintained, & clean
- 56. Ventilation & lighting
- 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:

Handwritten signature of the inspector.

Client Signature:

*Email sent to client: 10/05/20*

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



**General Comments**

Inspection done during COVID-19.  
Handwash sink: Water temperature 120°F.  
Refrigerator temperature 34°F.  
Freezer temperature -1°F.  
Cold-holding: Milk box temperature 34°F.  
Hot-holding: Pizza (sticks) temperature 149°F.  
Hot-holding: French fries temperature 137°F.

Email Address(es): ymartinez@dadeschools.net;  
ariveron20@dadeschools.net;  
ipalacio@dadeschools.net;  
jaybolton@dadeschools.net;  
jware@dadeschools.net;  
mayraf@dadeschools.net

Inspection Conducted By: Alberto Reyes (913936)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name:  
Date: 10/5/2020

Inspector Signature:

Handwritten signature of the inspector, appearing to be "AR".

Client Signature:

*E-mail sent to client: 10/05/2020*

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-17379  
Name of Facility: Bob Graham Education Center  
Address: 15901 NW 79 Avenue  
City, Zip: Miami Lakes 33016

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: M-DCPS -Food and Nutrition Phone: (305) 995-3230  
PIC Email: ymartinez@dadeschools.net

**Inspection Information**

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 08:00 AM  
Inspection Date: 2/5/2020 Number of Repeat Violations (1-57 R): 0 End Time: 08:50 AM  
Correct By: None Facility Grade: N/A  
**Re-Inspection Date: None** 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
- IN** 19. Reheating procedures for hot holding
- IN** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- 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:

Form Number: DH 4023 03/18

13-48-17379 Bob Graham Education Center

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
- 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
- IN** 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

- IN** 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
- OUT** 56. Ventilation & lighting (**COS**)
- IN** 57. Permit; Fees; Application; Plans

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**Violations Comments**

Violation #56. Ventilation & lighting  
Dust/dirt accumulation on HVAC exhaust ventilation filter system, and on Mechanical Ventilation (Air Vent) System on top of Kitchen' EXIT door.  
Clean HVAC exhaust ventilation filter system.  
Clean Air-Vent on Kitchen' EXIT door.  
Corrected on Site (COS).

CODE REFERENCE: 64E-11.003(6)(a). Adequate exhaust ventilation hood systems in food prep and warewashing areas shall be provided and designed. 50 foot candles shall be at surfaces where employees work with food and 20 foot candles shall be at surfaces where food is provided to consumers.

Inspector Signature:

Client Signature:

STATE OF FLORIDA  
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INSPECTION REPORT



**General Comments**

Principal Secretary signed Inspection.  
Handwash sink: Water temperature 120°F.  
Walk-in-Cooler: Temperature 37°F.  
Walk-in-Freezer: Temperature -7°F.  
Hot-holding: Scrambled eggs temperature 141°F.  
Hot-holding: Oatmeal temperature 144°F.  
Cold-holding: Milk (from milk box) temperature 39°F.

Email Address(es): ymartinez@dadeschools.net;  
ipalacio@dadeschools.net;  
jaybolton@dadeschools.net;  
jware@dadeschools.net;  
mayraf@dadeschools.net

Inspection Conducted By: Alberto Reyes (913936)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name:  
Date: 2/5/2020

Inspector Signature:

Handwritten signature of the inspector, appearing to be "AR".

Client Signature:

Handwritten signature of the client, appearing to be "R. Rivera".

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-18182  
 Name of Facility: Bob Graham MLC  
 Address: 15901 NW 79 Avenue  
 City, Zip: Miami Lakes 33016

Type: School (more than 9 months)  
 Owner: M-DCSB Food and Nutrition  
 Person In Charge: M-DCSB Food and Nutrition      Phone: (786) 275-0400  
 PIC Email: ymartinez@dadeschools.net

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 09:00 AM
Inspection Date: 2/5/2020	Number of Repeat Violations (1-57 R): 0	End Time: 09:50 AM
Correct By: None	Facility Grade: N/A	
<b>Re-Inspection Date: None</b>	Stop Sale: No	

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**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
- IN** 19. Reheating procedures for hot holding
- IN** 20. Cooling time and temperature
- NO** 21. Hot holding temperatures

- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- 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  
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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
- IN 34. Plant food properly cooked for hot holding
- NO 35. Approved thawing methods
- IN 36. Thermometers provided & accurate

#### FOOD IDENTIFICATION

- OUT 37. Food properly labeled; original container (COS)

#### 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
- IN 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

- IN 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
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### Violations Comments

Violation #37. Food properly labeled; original container  
Missing ID Labels on Sugar and Rice Food' Container.  
Replace Food ID Labels on Food' Container.  
Corrected on Site (COS).

CODE REFERENCE: 64E-11.003(2). Food or food ingredients removed from their original packages shall be identified with their common name unless unmistakably recognized.

Inspector Signature:

Client Signature:



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INSPECTION REPORT



**General Comments**

Principal Secretary signed Inspection.  
Handwash sink: Water temperature 120°F.  
Walk-in-Cooler temperature 36°F.  
Walk-in-Freezer temperature -5°F.  
Cold-holding: Milk (from milk box) temperature 37°F.

Email Address(es): ymartinez@dadeschools.net;  
ipalacio@dadeschools.net;  
jaybolton@dadeschools.net;  
jware@dadeschools.net;  
mayraf@dadeschools.net

Inspection Conducted By: Alberto Reyes (913936)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name:  
Date: 2/5/2020

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client, R. Rinero.