

FOOD SERVICE

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

Geocoded 25.612277/-80.361243

PURPOSE:

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

TYPE: School (more than 9 months)



RESULTS:

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

NAME Ethel Beckford/Richmond Elementary School
 ADDRESS 16929 SW 104 Avenue CITY Miami
 OWNER M-DCSB ZIP 33157
 PERSON IN CHARGE Jacqua Little PHONE (305) 238-5194
 EMAIL jjlittle@dadeschools.net; ecraig@dadeschools.net

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
12:40	13:30	01/29/2014	67699	13-48-16790

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.

<p>FOOD SUPPLIES</p> <p>1. Sources etc.</p> <p>FOOD PROTECTION</p> <p>2. Stored temperature</p> <p>3. No further cooking/rapid cooling</p> <p>4. Thawing</p> <p>5. Raw fruits</p> <p>6. Pork cooking</p> <p>7. Poultry cooking</p> <p>8. Other animal cooking</p> <p>9. Least contact/reheating</p> <p>10. Food container</p> <p>11. Buffet requirements</p> <p>12. Self-service condiments</p> <p>13. Reservice of food</p>	<p>14. Sneeze guards</p> <p>15. Transportation of food</p> <p>16. Poisonous/toxic materials</p> <p>PERSONNEL</p> <p>17. Exclusion of personnel</p> <p>18. Cleanliness</p> <p>19. Tobacco use</p> <p>20. Handwashing</p> <p>21. Handling of dishware</p> <p>EQUIPMENT/UTENSILS</p> <p>22. Refrigeration facilities/Therm.</p> <p>23. Sinks</p> <p>24. Ice storage/counter-protector</p> <p>25. Ventilation/Storage/Sufficient equip.</p> <p>26. Dishwashing facilities</p>	<p>27. Design and fabrication</p> <p>28. Installation and location</p> <p>29. Cleanliness of equipment</p> <p>30. Methods of washing</p> <p>SANITARY FACILITIES AND CONTROLS</p> <p>31. Water supply</p> <p>32. Ice</p> <p>33. Sewage</p> <p>34. Plumbing</p> <p>35. Toilet facilities</p> <p>36. Handwashing facilities</p> <p>37. Garbage disposal</p> <p>38. Vermin control</p>	<p>OTHER FACILITIES AND OPERATIONS</p> <p>39. Other facilities and operations</p> <p>TEMPORARY FOOD SERVICE EVENTS</p> <p>40. Temporary food service events</p> <p>VENDING MACHINES</p> <p>41. Vending machines</p> <p>MANAGER CERTIFICATION</p> <p>42. Manager certification</p> <p>CERTIFICATES AND FEES</p> <p>43. Certificates and fees</p> <p>INSPECTION/ENFORCEMENT</p> <p>44. Inspection/Enforcement</p>
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COMMENTS AND INSTRUCTIONS

The inspection is satisfactory.

INSPECTION CONDUCTED BY: Oswaldo Samper
 INSPECTION COND SIGNATURE: [Signature]
 COPY OF REPORT RECEIVED BY: [Signature]

PHONE: (305) 623-3500
 FAX #: _____
 DATE: 1/29/2014

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



Name: Ethel Beckford/Richmond Elementary School

Date: 01/29/2014

Identification No: 13-48-16790

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Osvaldo Samper

Page 2

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> OTHER | |

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Elhel Beckford / Richmond Elem. School
 ADDRESS 16019 S.W. 107th Ave CITY Miami
 OWNER MISCDS ZIP 33137
 PERSON IN CHARGE Jacquie Little PHONE 31232-5194

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
0	0	05
1	1	06
2	2	07
3	3	08
4	4	09
5	5	10
6	6	11
7	7	12
8	8	13
9	9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00	12 02 13	27431	13-48-16790	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM				<input type="checkbox"/> Nursing
3:10 PM	3:10 PM				<input type="checkbox"/> Detention
4:15	4:15				<input type="checkbox"/> Lounge
5:20	5:20				<input type="checkbox"/> Civic
6:25	6:25				<input type="checkbox"/> Movie
7:30	7:30				<input checked="" type="checkbox"/> School
8:35	8:35				<input type="checkbox"/> Residen.
9:40	9:40				<input type="checkbox"/> Child
10:45	10:45				<input type="checkbox"/> Limited
11:50	11:50				<input type="checkbox"/> Other
12:55	12:55				

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. Sneeze guards | <input type="checkbox"/> 27. Design and fabrication | <input type="checkbox"/> 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"/> 39. Other facilities and operations |
| <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"/> TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | <input type="checkbox"/> 30. Methods of washing | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | <input type="checkbox"/> VENDING MACHINES |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> MANAGER CERTIFICATION |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 9. Least contact/Reheating | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> CERTIFICATES AND FEES |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 36. Handwashing facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 38. Vermin control | <input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory!

HEALTH DEPARTMENT INSPECTOR: Margaret Reynolds Jr. - 11220 N.W. 30th St. PHONE: 623-3500
 COPY OF REPORT RECEIVED BY: Jacquie Little DATE: 12/2/13

DH Form 4023, 1/05 (Obsoletes Previous Editions) ESTABLISHMENT/FACILITY

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC/PRIVATE SCHOOL
INSPECTION REPORT**



PURPOSE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> EPIDEMIOLOGY |
| <input type="checkbox"/> PREOPENING | <input type="checkbox"/> OTHER _____ |

TYPE:

- Private School
 Public School
 Charter School
 Vocational School
 College/University
 Other _____

NAME OF SCHOOL Elbert Beckford / Richardson Elem School
 ADDRESS 16929 SW 104th Ave. CITY Miami
 OWNER MDCPS ZIP 33157
 PERSON IN CHARGE Jacques Little PHONE 31238-5194

CENSUS
 234
 1000
 2000
 3000
 100 10: 1
 200 20: 2
 300 30: 3
 400 40: 4
 500 50: 5
 600 60: 6
 700 70: 7
 800 80: 8
 900 90: 9
FEMALES
 107
MALES
 127

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1:00	1:00	12/02/13	27431	13-51-08263
2:05 AM	2:05 AM	0 0 0 0 0 5	0 0 0 0 0 0	0 0 0 0 0 0
3:10 PM	3:10 PM	1 1 1 1 0 6	1 1 1 1 1 1	1 1 1 1 1 1
4:15	4:15	2 2 2 0 7	2 2 2 2 2	2 2 2 2 2
5:20	5:20	3 3 3 0 8	3 3 3 3 3	3 3 3 3 3
6:25	6:25	4 4 0 9	4 4 4 4 4	4 4 4 4 4
7:30	7:30	5 5 0 10	5 5 5 5 5	5 5 5 5 5
8:35	8:35	6 6 0 11	6 6 6 6 6	6 6 6 6 6
9:40	9:40	7 7 0 12	7 7 7 7 7	7 7 7 7 7
10:45	10:45	8 8 0 13	8 8 8 8 8	8 8 8 8 8
11:50	11:50	9 9 0 14	9 9 9 9 9	9 9 9 9 9
12:55	12:55			

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

SCHOOL SANITATION	<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	LIQUID/SOLID WASTE	<input type="checkbox"/> 21. Sewage Disposal	SAFETY	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.	FOOD	<input type="checkbox"/> 28. <u>clean</u>
<input type="checkbox"/> 3. Athletic Equipment	SANITARY FACILITIES	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> 24. Brush/Trash	OTHER	<input type="checkbox"/> 29. <u>clean</u>	
BUILDINGS	<input type="checkbox"/> 10. Provided/Accessible	WATER SUPPLY	<input type="checkbox"/> 25. Water Collection/Drainage				
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained					
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains					
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source					
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio						

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(29)(5)	Clear all air condition vent's throughout the school.
(5)(9)	Increase water pressure for all water faucets in the classrooms.
(5)	Replace burned out bulb's throughout the school.
(4)(5)	Replace broken light cover fixture in Rms 17, 003 & the art lab (12)
(7)(2)	clean light cover fixture in Rm 003 & Rm 12.
(4)	Replace broken ceiling tile's in Rms 003 & 17.

HEALTH DEPARTMENT INSPECTOR: Manuel Alejandro Jr. Alejandro Jr. PHONE: 623-3500
 COPY OF REPORT RECEIVED BY: Jacques Little DATE: 12/2/13
 DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY