

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-11249  
 Name of Facility: Ponce De Leon Middle/ Loc.# 6741  
 Address: 5801 Augusto Street  
 City, Zip: Coral Gables 33146

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:

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 11:00 AM
Inspection Date: 4/19/2022	Number of Repeat Violations (1-57 R): 0	End Time: 12:00 PM
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**

<p><b>SUPERVISION</b></p> <p><input checked="" type="checkbox"/> 1. Demonstration of Knowledge/Training</p> <p><input checked="" type="checkbox"/> 2. Certified Manager/Person in charge present</p> <p><b>EMPLOYEE HEALTH</b></p> <p><input checked="" type="checkbox"/> 3. Knowledge, responsibilities and reporting</p> <p><input checked="" type="checkbox"/> 4. Proper use of restriction and exclusion</p> <p><input checked="" type="checkbox"/> 5. Responding to vomiting &amp; diarrheal events</p> <p><b>GOOD HYGIENIC PRACTICES</b></p> <p><input checked="" type="checkbox"/> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><input checked="" type="checkbox"/> 7. No discharge from eyes, nose, and mouth</p> <p><b>PREVENTING CONTAMINATION BY HANDS</b></p> <p><input checked="" type="checkbox"/> 8. Hands clean &amp; properly washed</p> <p><input checked="" type="checkbox"/> 9. No bare hand contact with RTE food</p> <p><input checked="" type="checkbox"/> 10. Handwashing sinks, accessible &amp; supplies</p> <p><b>APPROVED SOURCE</b></p> <p><input checked="" type="checkbox"/> 11. Food obtained from approved source</p> <p><input checked="" type="checkbox"/> 12. Food received at proper temperature</p> <p><input checked="" type="checkbox"/> 13. Food in good condition, safe, &amp; unadulterated</p> <p><input checked="" type="checkbox"/> 14. Shellstock tags &amp; parasite destruction</p> <p><b>PROTECTION FROM CONTAMINATION</b></p> <p><input checked="" type="checkbox"/> 15. Food separated &amp; protected; Single-use gloves</p>	<p><input checked="" type="checkbox"/> 16. Food-contact surfaces; cleaned &amp; sanitized</p> <p><input checked="" type="checkbox"/> 17. Proper disposal of unsafe food</p> <p><b>TIME/TEMPERATURE CONTROL FOR SAFETY</b></p> <p><input checked="" type="checkbox"/> 18. Cooking time &amp; temperatures</p> <p><input checked="" type="checkbox"/> 19. Reheating procedures for hot holding</p> <p><input checked="" type="checkbox"/> 20. Cooling time and temperature</p> <p><input checked="" type="checkbox"/> 21. Hot holding temperatures</p> <p><input checked="" type="checkbox"/> 22. Cold holding temperatures</p> <p><input checked="" type="checkbox"/> 23. Date marking and disposition</p> <p><input checked="" type="checkbox"/> 24. Time as PHC; procedures &amp; records</p> <p><b>CONSUMER ADVISORY</b></p> <p><input checked="" type="checkbox"/> 25. Advisory for raw/undercooked food</p> <p><b>HIGHLY SUSCEPTIBLE POPULATIONS</b></p> <p><input checked="" type="checkbox"/> 26. Pasteurized foods used; No prohibited foods</p> <p><b>ADDITIVES AND TOXIC SUBSTANCES</b></p> <p><input checked="" type="checkbox"/> 27. Food additives: approved &amp; properly used</p> <p><input checked="" type="checkbox"/> 28. Toxic substances identified, stored, &amp; used</p> <p><b>APPROVED PROCEDURES</b></p> <p><input checked="" type="checkbox"/> 29. Variance/specialized process/HACCP</p>
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Inspector Signature:

Client Signature:

CM

Form Number: DH 4023 03/18

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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
- 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
- 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
- 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**

No Violation Comments Available

**General Comments**

Inspection report emailed to Yader Lacayo on 04/19/2022.

Digital thermometer model DPP400W was used during the inspection.

Temperatures taken:

Handwashing sink: 112°F.

Three compartment sink: 113°F.

Mop sink: 115°F.

Reach-in refrigerators: 36 - 38°F.

Reach-in freezers: -5 - 0°F.

Green beans: 149°F.

Beafaroni: 154°F.

Jamaican parties: 147°F.

Milk: 38°F.

Email Address(es): lacayoy@dadeschools.net;

talvin@dadeschools.net;

monicagill@dadeschools.net

Inspector Signature:

CM

Client Signature:

Form Number: DH 4023 03/18

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