

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-16381  
Name of Facility: Laura C. Saunders Elem.  
Address: 505 SW 8 Street  
City, Zip: Homestead 33030

**Correct By: Next Inspection**  
**Re-Inspection Date: None**

Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Gretza Adorno Phone: (305) 248-1030

**Inspection Information**

Purpose: Routine  
Inspection Date: 3/21/2017

Begin Time: 09:30 AM  
End Time: 10:00 AM

**Additional Information**

No Additional Information Available

*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.*

**Violation Markings**

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

**General Comments**

No General Comments Available

Email Address(es): bleveille@dadeschools.net;  
princessk@dadeschools.net;

Inspector Signature:

Client Signature:

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**Violations Comments**

Violation #34. Plumbing

Repair water leak from the hand sink located at the end of the serving line.

CODE REFERENCE: Plumbing. 64E-11.007(3). Plumbing will comply with the plumbing authority having jurisdiction. Backflow prevention will be provided where needed.

Violation #39. Other facilities and operations

Clean the wall fans throughout the kitchen.

CODE REFERENCE: Other Facilities. 64E-11.008. 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 quarter shall open to the facility. No live animals. Exterior area shall be kept clean.

Inspection Conducted By: Arnolito Aguilera (27429)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name: Barbara Leveille-Brown  
Date: 3/21/2017

Inspector Signature:

Handwritten signature of the inspector, Arnolito Aguilera.

Client Signature:

Handwritten signature of the client, Barbara Leveille-Brown.