

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00192  
 Name of Facility: Cresthaven Elementary School  
 Address: 801 NE 25 Street  
 City, Zip: Pompano Beach 33064

Type: School (9 months or less)  
 Owner: Broward County School Board - Food & Nutrition Services  
 Person In Charge: Broward County School Board - Food & Nutrition Services      Phone: (754) 321-0215  
 PIC Email: trenicia.morrow@browardschools.com

**Inspection Information**

Purpose: Routine	Number of Risk Factors (Items 1-29): 1	Begin Time: 09:25 AM
Inspection Date: 3/18/2025	Number of Repeat Violations (1-57 R): 1	End Time: 10:16 AM
Correct By: Next Inspection	FacilityGrade: N/A	
<b>Re-Inspection Date: None</b>	StopSale: 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**

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

Client Signature:

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**Good Retail Practices**

<b>SAFE FOOD AND WATER</b>	
<b>IN</b> 30. Pasteurized eggs used where required	<b>NA</b> 46. Slash resistant/cloth gloves used properly
<b>IN</b> 31. Water & ice from approved source	<b>UTENSILS, EQUIPMENT AND VENDING</b>
<b>NA</b> 32. Variance obtained for special processing	<b>OUT</b> 47. Food & non-food contact surfaces <b>(R)</b>
<b>FOOD TEMPERATURE CONTROL</b>	<b>IN</b> 48. Ware washing: installed, maintained, & used; test strips
<b>IN</b> 33. Proper cooling methods; adequate equipment	<b>IN</b> 49. Non-food contact surfaces clean
<b>IN</b> 34. Plant food properly cooked for hot holding	<b>PHYSICAL FACILITIES</b>
<b>NO</b> 35. Approved thawing methods	<b>IN</b> 50. Hot & cold water available; adequate pressure
<b>IN</b> 36. Thermometers provided & accurate	<b>IN</b> 51. Plumbing installed; proper backflow devices
<b>FOOD IDENTIFICATION</b>	<b>IN</b> 52. Sewage & waste water properly disposed
<b>IN</b> 37. Food properly labeled; original container	<b>IN</b> 53. Toilet facilities: supplied, & cleaned
<b>PREVENTION OF FOOD CONTAMINATION</b>	<b>IN</b> 54. Garbage & refuse disposal
<b>IN</b> 38. Insects, rodents, & animals not present	<b>IN</b> 55. Facilities installed, maintained, & clean
<b>IN</b> 39. No Contamination (preparation, storage, display)	<b>OUT</b> 56. Ventilation & lighting
<b>IN</b> 40. Personal cleanliness	<b>IN</b> 57. Permit; Fees; Application; Plans
<b>IN</b> 41. Wiping cloths: properly used & stored	
<b>NO</b> 42. Washing fruits & vegetables	
<b>PROPER USE OF UTENSILS</b>	
<b>IN</b> 43. In-use utensils: properly stored	
<b>IN</b> 44. Equipment & linens: stored, dried, & handled	
<b>OUT</b> 45. Single-use/single-service articles: stored & used <b>(COS)</b>	

*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**

<p>Violation #13. Food in good condition, safe, &amp; unadulterated Canned food( mandarin oranges) with dents on hermetic seal, food adulterated. Remove dented can/provide intact canned food without dents on hermetic seal. Item discarded.</p> <p>CODE REFERENCE: 64E-11.003(1). The food packaging shall not be compromised nor the true appearance, color, or quality of a food be intentionally altered.</p>
<p>Violation #45. Single-use/single-service articles: stored &amp; used Single-service items (plastic cups) not properly protected from contamination. Store single-use items away from area/sources of contamination. Corrected onsite.</p> <p>CODE REFERENCE: 64E-11.003(4). Single-service/Single-use articles must be properly stored and protected to prevent possible contamination. Discard items after use.</p>
<p>Violation #47. Food &amp; non-food contact surfaces Observed ice buildup in walk-in freezer. Freezer located in (kitchen). Repair refrigerator to stop ice buildup.</p> <p>CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.</p>
<p>Violation #56. Ventilation &amp; lighting Observed one light out above milk cooler. Repair/replace light.</p> <p>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.</p>

Inspector Signature:

Client Signature:

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**General Comments**

Employee Food Safety Training/Employee Health policy training completed on 08/09/24.

Food Temps

Cold Foods:  
Milk: 35F-38F  
Yogurt: 36F

Hot Foods:  
Pasta: 168F  
Meat Sauce: 201F

Refrigerator Temps

Reach-in refrigerator: 30-40F  
Milk Cooler: 30F  
Walk-in refrigerator: 38F  
Walk-in freezer: 0F

Hot Water Temps

Kitchen handsink: 110F  
4 comp. sink: 120F  
Food prep sink: 101F  
Employee bathroom handsink: 104F  
Mopsink: 104F

PEST CONTROL

Facility must implement an Integrated Pest Management plan.  
Pest Control service provided by Beach Environmental Exterminating.

NON-SERVICE ANIMALS

No dogs or non-service animals allowed inside establishment.

Email Address(es): [trenicia.morrow@browardschools.com](mailto:trenicia.morrow@browardschools.com)

Inspection Conducted By: Rhonda Anderson (6608)  
Inspector Contact Number: Work: (954) 412-7034 ex.  
Print Client Name:  
Date: 3/18/2025

Inspector Signature:

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

Client Signature:

A handwritten signature in black ink, reading "Trenicia Morrow".