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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00099 Name of Facility: Bright Horizons School Address: 3901 NE 1 Terrace City, Zip: Pompano Beach 33064

Type: School (more than 9 months) Owner: Broward County School Board - Food & Nutrition Services Person In Charge: Judith Yazell Phone: 754.321.6410 PIC Email: yudith.yazell@browardschools.com

Inspection Information

Purpose: Routine Inspection Date: 10/14/2021 Correct By: None **Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 0 Number of Repeat Violations (1-57 R): 0 FacilityGrade: N/A StopSale: No

Begin Time: 11:43 AM End Time: 12:10 PM

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
- NA 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
- T. 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
- NO 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- 14. Shellstock tags & parasite destruction NA

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
- 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
- NA 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
- 28. Toxic substances identified, stored, & used IN APPROVED PROCEDURES
- NA 29. Variance/specialized process/HACCP

Inspector Signature:				Client Signature:
LOY				Gran verget
Form Number: DH 4023	03/18	06-48-00099	Bright Horizons School	

Form Number: DH 4023 03/18

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
- N 35. Approved thawing methods
- N 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
- N 44. Equipment & linens: stored, dried, & handled
- N 45. Single-use/single-service articles: stored & used

- NA 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

Inspector Signature:

LAN/

Client Signature:

gran sengel

Form Number: DH 4023 03/18

06-48-00099 Bright Horizons School

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



General Comments

Inspection result: Satisfactory
Equipment: Reach in refrigerator: 40 F (right side of kitchen) / 40 F (back of kitchen) Reach in freezer: 20 F / 20 F, food frozen solid. Milk chest cooler: 36 F Chest freezer: -20 F
Hot Water: Handwashing sink: 109 F, cold running water provided Prep sink: 109 F 3 Compartment sink: 103 F Mop sink: 114 F Bathrooms: 119 F, cold running water provided Sanitizing: 3 compartment sink and wet wiping bucket: 200 ppm Quat Food: Milk: 38 F Hummus: 38 F Yogurt: 38 F Chicken nuggets: 187 F Carrots: 146 F
Note: Employee health and food safety training observed conducted on 1/12/21 and 8/2021.
Email Address(es): Judith.Yazell@browardschools.com

Inspection Conducted By: Stella Aquino Figueroa (6599) Inspector Contact Number: Work: (954) 412-7320 ex. Print Client Name: Date: 10/14/2021

Inspector Signature:

Client Signature:

Las/

Juan younged

Form Number: DH 4023 03/18

06-48-00099 Bright Horizons School