

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00754  
Name of Facility: Stephen Foster Elem School  
Address: 3471 SW 22 Street  
City, Zip: Fort Lauderdale 33312  
  
Type: School (9 months or less)  
Owner: Broward County School Board - Food & Nutrition Services  
Person In Charge: Andromahi Kiriakopoulos Phone: (754)- 321- 0215  
PIC Email: Andromahi.Kiriakopoulos@browardschools.com

**Inspection Information**

|                           |   |                      |
|---------------------------|---|----------------------|
| Purpose: Routine          | Number of Risk Factors (Items 1-29): 0  | Begin Time: 08:11 AM |
| Inspection Date: 3/5/2025 | Number of Repeat Violations (1-57 R): 0 | End Time: 09:13 AM   |
| 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**

**SUPERVISION**

- IN 1. Demonstration of Knowledge/Training
- IN 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
- IN 7. 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
- IN 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- NA 14. Shellstock tags & parasite destruction

**PROTECTION FROM CONTAMINATION**

- IN 15. Food separated & protected; Single-use gloves

- IN 16. Food-contact surfaces; cleaned & sanitized

- NO 17. Proper disposal of unsafe food

**TIME/TEMPERATURE CONTROL FOR SAFETY**

- IN 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
- IN 28. Toxic substances identified, stored, & used

**APPROVED PROCEDURES**

- NA 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

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
- NO 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

- NO 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:

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General Comments

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

Food Temps

Cold Foods: milk 34F, milk 36F, ranch 37F, cucumber 39F

Hot Foods: rice 170F

Refrigerator Temps

Reach-in refrigerator: 39F

Reach-in freezer: 25F

Walk-in refrigerator: 35F

Walk-in freezer: -18F

Milk chest: 29F, 39F

Hot Water Temps

Kitchen handsink: 119F

3 comp. sink: 129F

Employee bathroom handsink: 101F

Mopsink: 102F

Probe Food Thermometer

Thermometer calibrated at 32F.

Warewashing Procedure/Sanitizer Used

3 comp. sink chemical sanitizer: 200 QAC PPM

Sanitizer Test kit provided.

Email Address(es): Andromahi.Kiriakopoulos@browardschools.com

Inspection Conducted By: Cameron Giraud (6935)  
Inspector Contact Number: Work: (954) 412-7316 ex.  
Print Client Name:  
Date: 3/5/2025

Inspector Signature:

Client Signature: