

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00377  
Name of Facility: Horizon Elementary School  
Address: 2101 Pine Island Road NW  
City, Zip: Sunrise 33322  
  
Type: School (9 months or less)  
Owner: Broward County School Board - Food & Nutrition Services  
Person In Charge: Shirley Montenegro Phone: 754-322-6460  
PIC Email: jana.levinson@browardschools.com

**Inspection Information**

Purpose: Reinspection	Number of Risk Factors (Items 1-29): 0	Begin Time: 11:19 AM
Inspection Date: 2/5/2024	Number of Repeat Violations (1-57 R): 0	End Time: 11:43 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
- 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**

- NO 6. Proper eating, tasting, drinking, or tobacco use
- NO 7. No discharge from eyes, nose, and mouth

**PREVENTING CONTAMINATION BY HANDS**

- NO 8. Hands clean & properly washed
- NA 9. No bare hand contact with RTE food
- IN 10. Handwashing sinks, accessible & supplies

**APPROVED SOURCE**

- IN 11. Food obtained from approved source
- NA 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- NA 14. Shellstock tags & parasite destruction

**PROTECTION FROM CONTAMINATION**

- NA 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**

- NA 18. Cooking time & temperatures
- NA 19. Reheating procedures for hot holding
- NA 20. Cooling time and temperature
- NA 21. Hot holding temperatures
- IN 22. Cold holding temperatures
- NA 23. Date marking and disposition
- NA 24. Time as PHC; procedures & records

**CONSUMER ADVISORY**

- NA 25. Advisory for raw/undercooked food

**HIGHLY SUSCEPTIBLE POPULATIONS**

- NA 26. Pasteurized foods used; No prohibited foods

**ADDITIVES AND TOXIC SUBSTANCES**

- NA 27. Food additives: approved & properly used
- NA 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**

- NA 30. Pasteurized eggs used where required
- NA 31. Water & ice from approved source
- NA 32. Variance obtained for special processing

**FOOD TEMPERATURE CONTROL**

- NA 33. Proper cooling methods; adequate equipment
- NA 34. Plant food properly cooked for hot holding
- NA 35. Approved thawing methods
- NA 36. Thermometers provided & accurate

**FOOD IDENTIFICATION**

- NA 37. Food properly labeled; original container

**PREVENTION OF FOOD CONTAMINATION**

- NA 38. Insects, rodents, & animals not present
- NA 39. No Contamination (preparation, storage, display)
- NA 40. Personal cleanliness
- NA 41. Wiping cloths: properly used & stored
- NA 42. Washing fruits & vegetables

**PROPER USE OF UTENSILS**

- IN 43. In-use utensils: properly stored
- NA 44. Equipment & linens: stored, dried, & handled
- NA 45. Single-use/single-service articles: stored & used

- NA 46. Slash resistant/cloth gloves used properly

**UTENSILS, EQUIPMENT AND VENDING**

- NA 47. Food & non-food contact surfaces
- NA 48. Ware washing: installed, maintained, & used; test strips
- NA 49. Non-food contact surfaces clean

**PHYSICAL FACILITIES**

- NA 50. Hot & cold water available; adequate pressure
- NA 51. Plumbing installed; proper backflow devices
- NA 52. Sewage & waste water properly disposed
- NA 53. Toilet facilities: supplied, & cleaned
- IN 54. Garbage & refuse disposal
- NA 55. Facilities installed, maintained, & clean
- NA 56. Ventilation & lighting
- NA 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:

Client Signature:

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General Comments

SATISFACTORY INSPECTION.

NOV: 68289 - ABATED

THERE IS A \$50 FEE FOR THE FIRST RE-INSPECTION AND A \$75 FEE FOR EACH RE-INSPECTION THEREAFTER AS REQUIRED.

LATE NOTE: UNABLE TO CONDUCT REINSPECTION ON (12/21/2023) DUE TO INSPECTOR CONDUCTING PRIORITY INSPECTIONS.

PREVIOUS VIOLATION#S: 1, 11, 22, 43 & 54 WERE CORRECTED.

FOOD:

-YOGURT: 36F

NOTE: EMPLOYEE FOOD SAFETY TRAINING/EMPLOYEE HEALTH POLICY TRAINING COMPLETED ON 8/17/2023

PROBE FOOD THERMOMETER

THERMOMETER CALIBRATED AT 32.1F

PEST CONTROL

FACILITY MUST IMPLEMENT AN INTEGRATED PEST MANAGEMENT PLAN.

PEST CONTROL SERVICE PROVIDED BY BEACH ENVIRONMENTAL.

NON-SERVICE ANIMALS

NO DOGS OR NON-SERVICE ANIMALS ALLOWED INSIDE ESTABLISHMENT.

Email Address(es): jana.levinson@browardschools.com

Inspection Conducted By: Amythest Rawls (54900)  
Inspector Contact Number: Work: (954) 412-7319 ex.  
Print Client Name:  
Date: 2/5/2024

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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