

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00194
Name of Facility: Cross Creek Center
Address: 1010 NW 31 Avenue
City, Zip: Pompano Beach 33069

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

Type: School (more than 9 months)
Owner: Broward County School Board - Food & Nutrition Services
Person In Charge: Broward County School Board - Food & Nutrition Services
Phone: (754) 321-0235

Inspection Information

Purpose: Routine
Inspection Date: 9/28/2017

Begin Time: 09:53 AM
End Time: 10:21 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

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

Inspector Signature:

M Boyd

Client Signature:

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General Comments

HANDWASHING SINK: 119F
FOOD PREP SINK: 116F
BATHROOM SINK: 107F
MOP SINK: 103F

REACH IN REFRIGERATOR: 26F
WALK IN REFRIGERATOR: 22F
WALK IN FREEZER: -8F
MILK COOLER: 28F
MILK 41F

NO POTENTIALLY HAZARDOUS FOOD STORED IN REACH IN OR WALK IN REFRIGERATOR OR WALK IN FREEZER.
NO FOOD AT THE TIME OF INSPECTION. FOOD IS DELIVERED FROM DAVE THOMAS FOR BREAKFAST AND LUNCH.
KITCHEN USED ONLY TO REHEAT FOOD.

3 COMPARTMENT SINK NOT IN USE DURING THE TIME OF INSPECTION: QUAT AMMONIUM USED.

Email Address(es): lucinda.grinder@browardschools.com

Violations Comments

Violation #10. Food container
OBSERVED PANS OF FLOUR IN WALK IN REFRIGERATOR UNCOVERED AND EXPOSED TO UNCLEAN SURFACES.
CODE REFERENCE: Storage Containers. 64E-11.004(13)(14). Food storage containers shall be clean, covered, and marked with their contents.
Refrigerated, ready-to-eat, potentially hazardous food prepared in the facility, must be marked with date of preparation, if held greater than 24 hours.
Food must be stored six inches above the floor.

Violation #39. Other facilities and operations
OBSERVED MOPS NOT STORED IN AN ORDERLY MANNER. MOP STORED LEANING ON STOVE.
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: Marquena Boyd (6608)
Inspector Contact Number: Work: (954) 467-4700 ex. 4252
Print Client Name:
Date: 9/28/2017

Inspector Signature:

Client Signature: