

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



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

Type: School (more than 9 months)
Owner: Broward County School Board - Food & Nutrition Services
Person In Charge: Blossom Jacobs Phone: 754 312 0215
PIC Email: blossom.jacobs@browardschools.com

Inspection Information

Purpose: Routine
Inspection Date: 8/31/2023
Correct By: Next Inspection
Re-Inspection Date: None

Number of Risk Factors (Items 1-29): 1
Number of Repeat Violations (1-57 R): 1
Facility Grade: N/A
Stop Sale: No

Begin Time: 11:51 AM
End Time: 12:41 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
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
NO 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

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- NO** 18. Cooking time & temperatures
NO 19. Reheating procedures for hot holding
NO 20. Cooling time and temperature
IN 21. Hot holding temperatures

- OUT** 22. Cold holding temperatures (**COS**)

- 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
- NO 34. Plant food properly cooked for hot holding
- NO 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

- 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
- OUT 55. Facilities installed, maintained, & clean (**R**)
- 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

Violation #22. Cold holding temperatures

Cold TCS food (salad with cheese) tested 43 F, not held at 41F or less. Place in walk in to bring temperature down.

CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are held cold, and not subject to an approved HACCP plan, must be maintained at 41°F.

Violation #55. Facilities installed, maintained, & clean

Several lightbulbs not working by 3-compartment sink and serving line.

CODE REFERENCE: 64E-11.003(5). Floors, walls, and ceilings shall be smooth, durable, easily cleanable, and non-absorbent. Exterior areas shall be kept cleaned.

Inspector Signature:

Client Signature:

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General Comments

Inspection result: Satisfactory

Employee Food Safety Training/Employee Health policy training completed on 8/16/2023

Equipment:

Reach in Refrigerator: 34 F

Walk in refrigerator: 38 F

Walk in freezer: 6 F

Hot Water:

Handwashing sink: 113 F

Prep-sink: 104 F

4 compartment sink: 124 F

Bathroom: 111F

Mop Sink: 105 F

Food:

Milk: 37 F, use-by 9/7

French fries: 145 F

Chicken patty: 154 F

Salad with cheese: 43 F

Note: Food catered from Charles Drew Elementary daily.

Email Address(es): blossom.jacobs@browardschools.com

Inspection Conducted By: Stella Aquino Figueroa (6599)

Inspector Contact Number: Work: (954) 412-7320 ex.

Print Client Name:

Date: 8/31/2023

Inspector Signature:

Client Signature: