

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00836  
Name of Facility: Watkins Elementary School  
Address: 3520 SW 52 Avenue  
City, Zip: Hollywood 33023

Type: School (more than 9 months)  
Owner: Broward County School Board - Food & Nutrition Services  
Person In Charge: Trenicia Morrow Phone: 754-323-7810  
PIC Email: monique.mcshan@browardschools.com

**Inspection Information**

Purpose: Routine  
Inspection Date: 3/20/2024  
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: 10:43 AM  
End Time: 11:29 AM

*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
- 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

- OUT** 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
- NO** 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**

- NO** 30. Pasteurized eggs used where required  
**IN** 31. Water & ice from approved source  
**NA** 32. Variance obtained for special processing

**FOOD TEMPERATURE CONTROL**

- NO** 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  
**OUT** 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  
**OUT** 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**

- OUT** 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  
**OUT** 54. Garbage & refuse disposal (**R**)  
**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**

Violation #16. Food-contact surfaces; cleaned & sanitized  
OBSERVED LIGHT BROWN SUBSTANCE ON ICE DEFLECTOR INSIDE ICE MACHINE. CLEAN AND SANITIZE INSIDE ICE MACHINE.

CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.

Violation #39. No Contamination (preparation, storage, display)  
OBSERVED CONDENSATION DRIPPING FROM CEILING INSIDE REACH-IN REFRIGERATOR. REPAIR/REPLACE REFRIGERATOR.

CODE REFERENCE: 64E-11.003(2). Food shall be protected from sources of contamination and stored in a clean, dry location at least 6 inches above the floor.

Violation #44. Equipment & linens: stored, dried, & handled  
OBSERVED WET NESTING OF CLEAN, SANITIZED EQUIPMENT (FOOD CONTAINERS) NOT AIR DRIED PRIOR TO STORAGE. WASH RINSE AND SANITIZE. AIR DRY UTENSILS BEFORE STACKING/STORAGE.

CODE REFERENCE: 64E-11.003(4). Utensils and equipment must be cleaned, sanitized and air dried prior to storage. Utensils, equipment, and linens must be properly cleaned and stored.

Violation #47. Food & non-food contact surfaces  
OBSERVED SMALL PATCHES OF ICE ON FLOOR IN WALK-IN FREEZER, NOT EXTENSIVE. REPAIR FREEZER TO STOP ICE BUILDUP.

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

Violation #54. Garbage & refuse disposal  
OBSERVED GARBAGE CONTAINER/DUMPSTER NOT KEPT COVERED WITH TIGHT FITTED LIDS/COVERS/DOORS. MAINTAIN GARBAGE CONTAINER/DUMPSTER CLOSED, PROVIDE TIGHT FITTED LIDS. - REPEATED VIOLATION

CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.

Inspector Signature:

Client Signature:

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General Comments

SATISFACTORY INSPECTION.

FOOD TEMPS

MILK: 41F  
POTATOES: 136F  
CHICKEN NUGGETS: 151F  
CHICKEN SMACKER: 139F  
VEGAN NUGGET: 204F  
BAKED BEANS: 144F

REFRIGERATOR TEMPS

REACH-IN REFRIGERATOR: 35F  
REACH-IN FREEZER: 6F  
WALK-IN REFRIGERATOR: 28F  
WALK-IN FREEZER: -11F  
MILK COOLER: 34F

HOT WATER TEMPS

KITCHEN HANDSINK: 115F  
4 COMP. SINK: 107F  
FOOD PREP SINK: 112F  
EMPLOYEE BATHROOM HANDSINKS: 101F, 107F  
MOPSINK: 103F

CERTIFIED FOOD MANAGER/EMPLOYEE TRAINING

EMPLOYEE FOOD SAFETY TRAINING/EMPLOYEE HEALTH POLICY TRAINING COMPLETED ON 8/16/2023

PROBE FOOD THERMOMETER

THERMOMETER CALIBRATED AT 32F

WAREWASHING PROCEDURE/SANITIZER USED

3 COMP. SINK (QAC): 20 PPM  
WIPING CLOTH (QAC): 200 PPM  
\*QAC SANITIZER TEST KIT PROVIDED.

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): monique.mcshan@browardschools.com

Inspection Conducted By: Amythest Rawls (54900)  
Inspector Contact Number: Work: (954) 412-7319 ex.  
Print Client Name: Shartonya Williams  
Date: 3/20/2024

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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