

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 06-48-00478  
Name of Facility: Margate Elementary School  
Address: 6300 NW 18 Street  
City, Zip: Margate 33063

Type: School (more than 9 months)  
Owner: Broward County School Board - Food & Nutrition Services  
Person In Charge: Felicia Steele Phone: 754-322-6910  
PIC Email: felicia.steele@browardschools.com

**Inspection Information**

Purpose: Routine  
Inspection Date: 4/7/2025  
Correct By: Next Inspection  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 3  
Number of Repeat Violations (1-57 R): 0  
Facility Grade: N/A  
Stop Sale: No

Begin Time: 11:43 AM  
End Time: 12:40 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
- 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
- OUT** 13. Food in good condition, safe, & unadulterated (**COS**)
- NA** 14. Shellstock tags & parasite destruction

**PROTECTION FROM CONTAMINATION**

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

- OUT** 16. Food-contact surfaces; cleaned & sanitized (**COS**)

- NO** 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
- 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
- OUT** 28. Toxic substances identified, stored, & used (**COS**)

**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
- 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
- NO 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

- IN 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
- OUT 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.*

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**Violations Comments**

Violation #13. Food in good condition, safe, & unadulterated Canned food (salsa) with dents on hermetic seal, food adulterated. Remove dented can/provide intact canned food without dents on hermetic seal. Corrected on site, item removed.  CODE REFERENCE: 64E-11.003(1). The food packaging shall not be compromised nor the true appearance, color, or quality of a food be intentionally altered.
Violation #16. Food-contact surfaces; cleaned & sanitized DDBSA and Lactic acid sanitizer concentration level measured 0 PPM in manual operation (3 comp. sink). Manufacturer's specification requires concentration of 272 to 700 PPM. Corrected on site, new level tested 700 ppm. Provide sanitizer level according to manufacturer specification.  CODE REFERENCE: 64E-11.003(2). Food shall only contact surfaces that are clean and sanitized.
Violation #28. Toxic substances identified, stored, & used Cleaning/sanitizing product container missing label identifying content. Label cleaning/sanitizing product container. Corrected on site, solution removed.  CODE REFERENCE: 64E-11.003(6). Toxic substances properly identified, stored and used
Violation #44. Equipment & linens: stored, dried, & handled 3-compartment sink air-drying area were clean and sanitized equipment is held is not protected from splash from hand sink. Provide splash guard/relocate clean equipment from hand sink area.  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 #56. Ventilation & lighting Several light bulbs not working in kitchen. Replaced light bulbs. A/C vent dusty above prep sink. Maintain free of dust.  CODE REFERENCE: 64E-11.003(6)(a). Adequate exhaust ventilation hood systems in food prep and warewashing areas shall be provided and designed. 50 foot candles shall be at surfaces where employees work with food and 20 foot candles shall be at surfaces where food is provided to consumers.

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General Comments

Employee health and food safety training observed conducted on 8/7/2024

Food Temps:

Milk: 36 F, use-by 4/21

Chicken: 152 F

Green beans: 170 F

Rice: 170 F

Yogurt: 40 F (reach-in refrigerator)

Yogurt: 36 F, use-by 5/6

Refrigerator Temps

Reach-in refrigerator: 36 F

Reach-in freezer: 8 F

Milk cooler: 28 F

Walk-in refrigerator: 26 F

Walk-in freezer: -8 F

Hot Water Temps

Handwashing sink: 110 to 114 F

3 comp. sink: 115 F

Food prep sink: 112 F

Employee bathroom handsink: 100 F

Mopsink: 104 F

Warewashing Procedure/Sanitizer Used

3 comp. sink chemical sanitizer: 700 ppm DDBSA

Sanitizer Test kit provided.

Probe Food Thermometer

Thermometer calibrated at 32F.

Pest Control

Pest Control service provided by Tower Pest Control, service 3/19/2025

Non-Service Animals

No dogs or non-service animals allowed inside establishment.

Email Address(es): felicia.steele@browardschools.com

Inspection Conducted By: Stella Aquino Figueroa (6599)

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

Print Client Name:

Date: 4/7/2025

Inspector Signature:

Client Signature:

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