

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



\*\*\*\* McFeeKA 1/19/2024 5:36:32 PM \*\*\*\*

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 05-48-01167  
Name of Facility: DeLaura Middle School Cafeteria  
Address: 300 Jackson Avenue  
City, Zip: Satellite Bch 32937

Type: School (9 months or less)  
Owner: Brevard County School Board  
Person In Charge: Candace Fleites Phone: (321) 773-6789  
PIC Email: fleites.candace@brevardschools.org

**Inspection Information**

Purpose: Routine  
Inspection Date: 1/18/2024  
Correct By: Next Inspection  
**Re-Inspection Date: None**

Number of Risk Factors (Items 1-29): 2  
Number of Repeat Violations (1-57 R): 0  
Facility Grade: N/A  
Stop Sale: No

Begin Time: 12:10 PM  
End Time: 01:00 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
- 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

- NO** 17. Proper disposal of unsafe food

**TIME/TEMPERATURE CONTROL FOR SAFETY**

- NO** 18. Cooking time & temperatures
- IN** 19. Reheating procedures for hot holding
- IN** 20. Cooling time and temperature
- OUT** 21. Hot holding temperatures (**COS**)
- IN** 22. Cold holding temperatures
- OUT** 23. Date marking and disposition
- IN** 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**

<b>SAFE FOOD AND WATER</b>	
<u>NA</u> 30. Pasteurized eggs used where required	<u>NO</u> 46. Slash resistant/cloth gloves used properly
<u>IN</u> 31. Water & ice from approved source	<b>UTENSILS, EQUIPMENT AND VENDING</b>
<u>NA</u> 32. Variance obtained for special processing	<u>IN</u> 47. Food & non-food contact surfaces
<b>FOOD TEMPERATURE CONTROL</b>	<u>OUT</u> 48. Ware washing: installed, maintained, & used; test strips ( <b>COS</b> )
<u>IN</u> 33. Proper cooling methods; adequate equipment	<u>IN</u> 49. Non-food contact surfaces clean
<u>IN</u> 34. Plant food properly cooked for hot holding	<b>PHYSICAL FACILITIES</b>
<u>NO</u> 35. Approved thawing methods	<u>IN</u> 50. Hot & cold water available; adequate pressure
<u>IN</u> 36. Thermometers provided & accurate	<u>IN</u> 51. Plumbing installed; proper backflow devices
<b>FOOD IDENTIFICATION</b>	<u>IN</u> 52. Sewage & waste water properly disposed
<u>IN</u> 37. Food properly labeled; original container	<u>IN</u> 53. Toilet facilities: supplied, & cleaned
<b>PREVENTION OF FOOD CONTAMINATION</b>	<u>IN</u> 54. Garbage & refuse disposal
<u>IN</u> 38. Insects, rodents, & animals not present	<u>IN</u> 55. Facilities installed, maintained, & clean
<u>IN</u> 39. No Contamination (preparation, storage, display)	<u>OUT</u> 56. Ventilation & lighting
<u>IN</u> 40. Personal cleanliness	<u>IN</u> 57. Permit; Fees; Application; Plans
<u>IN</u> 41. Wiping cloths: properly used & stored	
<u>NO</u> 42. Washing fruits & vegetables	
<b>PROPER USE OF UTENSILS</b>	
<u>IN</u> 43. In-use utensils: properly stored	
<u>OUT</u> 44. Equipment & linens: stored, dried, & handled	
<u>IN</u> 45. Single-use/single-service articles: stored & used	

*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**

<p>Violation #21. Hot holding temperatures Observed fried chicken on serving line at 104F and stuffing at 101F. Ensure to maintain hot holding at 135F or above. COS- Staff removed the items from the serving line for reheating and replaced with some in temp. CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are held hot and not subject to an approved HACCP plan, must be maintained at 135°F.</p>
<p>Violation #23. Date marking and disposition Observed pepperoni in freezer outside of original packing without a date. Observed shredded carrots without date marking. Ensure to date mark all items held over 24 hours. CODE REFERENCE: 64E-11.003(2). PHF/TCS foods, which are RTE and held refrigerated for more than 24 hours, shall be properly date marked unless otherwise exempted.</p>
<p>Violation #44. Equipment &amp; linens: stored, dried, &amp; handled Observed wet nesting in metal pans behind 3 compartment sink. Ensure to full air dry equipment before 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.</p>
<p>Violation #48. Ware washing: installed, maintained, &amp; used; test strips Observed sanitizer in 3 compartment sink with 0ppm. Ensure to maintain adequate sanitizer concentration. COS- Staff made fresh sanitizer solution and tested at 200ppm. CODE REFERENCE: 64E-11.003(4). Warewashing facilities must be approved, available, maintained, effective, and used for cleaning and sanitizing food-contact surfaces and equipment. Test strips are available and used to verify the solution is at a concentration necessary to achieve sanitization.</p>
<p>Violation #56. Ventilation &amp; lighting Observed vent in staff bathroom with build up. Ensure to clean on a routine basis. 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.</p>

Inspector Signature:

Client Signature:

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**General Comments**

Violations #21 and 48 corrected at time of inspection. All other violations to be corrected by next routine inspection.

City water, city sewer.

Seating capacity- 360 people.

Training completed 8/2023.

3 compartment sink with quat sanitizer and test strips, 0ppm corrected to 200ppm.

Walk-in cooler 38F, walk-in freezer 12F, reach-in cooler 33F and 42F, reach-in freezer -0F.

Orange chicken 170F, taco meat 195F, chicken 164F, rice 149F, mashed potatoes 168F, fried chicken 104F replaced with 137F, chicken sandwich 149F, milk 37F.

Email Address(es): fleites.candace@brevardschools.org

Inspection Conducted By: LeeAnn Latford (84449)  
Inspector Contact Number: Work: (321) 615-9380 ex.  
Print Client Name: Candace Fleites  
Date: 1/18/2024

Inspector Signature:

Handwritten signature of LeeAnn Latford.

Client Signature:

Handwritten signature of Candace Fleites.

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