

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



**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-1627140  
Name of Facility: iPreparatory Academy/ Loc.#7581  
Address: 1500 Biscayne Boulevard  
City, Zip: Miami 33132  
  
Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Martha Gaitan Phone: (786) 275-0400  
PIC Email:

**Inspection Information**

Purpose: Routine Number of Risk Factors (Items 1-29): 1 Begin Time: 09:00 AM  
Inspection Date: 6/5/2024 Number of Repeat Violations (1-57 R): 0 End Time: 10:10 AM  
Correct By: Next Inspection Facility Grade: N/A  
**Re-Inspection Date: None** StopSale: No

*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**

- NO 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
- OUT 10. Handwashing sinks, accessible & supplies

**APPROVED SOURCE**

- IN 11. Food obtained from approved source
- IN 12. Food received at proper temperature
- IN 13. Food in good condition, safe, & unadulterated
- NO 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
- IN 21. Hot holding temperatures
- IN 22. Cold holding temperatures
- IN 23. Date marking and disposition
- IN 24. Time as PHC; procedures & records

**CONSUMER ADVISORY**

- IN 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**

- IN 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

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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
- IN** 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
- 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
- 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

- NO** 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
- 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 #10. Handwashing sinks, accessible & supplies

Observed missing waste receptacle at the handwashing sink. Provide a waste receptacle to dispose of paper towels. Employee provided a waste receptacle. Corrected on site.

Observed missing waste receptacle in the employee restroom's handwashing sink. Provide a waste receptacle to dispose of paper towels.

CODE REFERENCE: 64E-11.003(5)(d). Handwashing sinks are properly equipped with hand soap, individual disposable towels or hand drying device, and signage; and conveniently located.

Inspector Signature:

Client Signature:

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**General Comments**

Temperatures were taken with a thermopen thermometer.

Handwashing sink 100F  
3 compartment sink 130F  
Ammonium chloride test strips expire June 15, 2024 (no sanitizer is made at the time of inspection)  
Employee restroom 111F  
Mop sink 120F

Warmer: Peperoni pizza 137F, potatoes 135F

Refrigerator 40F Cheese 40F  
Refrigerator 40F Milk 41F  
Freezer 5F

Satisfactory

Email Address(es): 280750@dadeschools.net;  
Lbonachea@dadeschools.net

Inspection Conducted By: Tiaja Sexton (179959)  
Inspector Contact Number: Work: (305) 623-3512 ex.  
Print Client Name: Ina Caballin  
Date: 6/5/2024

Inspector Signature:

A handwritten signature in black ink, appearing to be "Tiaja Sexton".

Client Signature:

A handwritten signature in black ink, appearing to be "T. Caballin".