

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



*Std - Satellite
2x*

PURPOSE:

- ROUTINE REINSPECTION
- CONSTRUCT. CHANGE OF OWNER
- COMPLAINT CONSULTATION
- QA SURVEY OTHER
- OTHER _____

**FOOD SERVICE
INSPECTION REPORT**

Head Start -

NAME OF ESTABLISHMENT Perkins Early Childhood Center
 ADDRESS 16868 Palm Beach St CITY IT
 OWNER MCSB ZIP 34956
 PERSON IN CHARGE Maria Francisco PHONE 597-2645

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
10:05	11:00	02/16/10	41877	43-48-00175	
<input type="checkbox"/> 1:00	<input type="checkbox"/> 1:00				<input type="checkbox"/> Hospital
<input type="checkbox"/> 2:05 AM	<input type="checkbox"/> 2:05 AM				<input type="checkbox"/> Nursing
<input type="checkbox"/> 3:10 PM	<input type="checkbox"/> 3:10 PM				<input type="checkbox"/> Detention
<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:15				<input type="checkbox"/> Lounge
<input type="checkbox"/> 5:20	<input type="checkbox"/> 5:20				<input type="checkbox"/> Civic
<input type="checkbox"/> 6:25	<input type="checkbox"/> 6:25				<input type="checkbox"/> Movie
<input type="checkbox"/> 7:30	<input type="checkbox"/> 7:30				<input checked="" type="checkbox"/> School
<input type="checkbox"/> 8:35	<input type="checkbox"/> 8:35				<input type="checkbox"/> Residen.
<input type="checkbox"/> 9:40	<input type="checkbox"/> 9:40				<input type="checkbox"/> Child
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45				<input type="checkbox"/> Limited
<input type="checkbox"/> 11:50	<input type="checkbox"/> 11:50				<input type="checkbox"/> Other
<input type="checkbox"/> 12:55	<input type="checkbox"/> 12:55				

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES AND OPERATIONS
FOOD PROTECTION	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities and operations
<input checked="" type="checkbox"/> 2. Stored temperature	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	TEMPORARY FOOD SERVICE EVENTS
<input type="checkbox"/> 3. No further cooking/Rapid cooling	PERSONNEL	<input checked="" type="checkbox"/> 30. Methods of washing	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES AND CONTROLS	VENDING MACHINES
<input type="checkbox"/> 5. Raw fruits	<input type="checkbox"/> 18. Cleanliness	<input type="checkbox"/> 31. Water supply	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 6. Pork cooking	<input type="checkbox"/> 19. Tobacco use	<input type="checkbox"/> 32. Ice	MANAGER CERTIFICATION
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 33. Sewage	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 8. Other animal cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 34. Plumbing	CERTIFICATES AND FEES
<input type="checkbox"/> 9. Least contact/Reheating	EQUIPMENT/UTENSILS	<input type="checkbox"/> 35. Toilet facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 36. Handwashing facilities	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 38. Vermin control	
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment		
	<input type="checkbox"/> 26. Dishwashing facilities		

*Food arrived @ 10:55
 Cheese sticks 118
 Corn 145
 Man Sauce
 131*

ITEM NUMBERS 36 COMMENTS AND INSTRUCTIONS 40 - Milk 38
Make 2/23/10 - 390 (continue on attached sheet) 2/23/10

Sanitizer - (Cleaning Genie) Quat Am 300-400 ppm ✓
Bottle labeled Sanitizer (#72 G Force) does not test on test strips!
for Quat Am on Hydrogen Peroxide - 100-200?
Do Not use to Sanitize - OK to use Cleaning Genie until you empty bottles + Re mix G Force -

HEALTH DEPARTMENT INSPECTOR: A. DeWald PHONE: 221-4090
 COPY OF REPORT RECEIVED BY: Maria Francisco DATE: 2-16-10
 DH Form 4023, 1/05 (Obsoletes Previous Editions) ② Cheese sticks not held @ 140 as menu

ESTABLISHMENT/FACILITY