

Food Establishment Inspection Report

Suffolk County Department of Health Services
 360 Yaphank Avenue Suite 2A
 Yaphank, NY 11980
 631-852-5999
 www.suffolkcountyny.gov/health



Date: 02/06/2023

| | | | | |
|--|---|---|--|------------------|
| Establishment Name PAUMANOK ELEMENTARY | Establishment Address 1 SEAMAN NECK RD | City/State HUNTINGTON STATION, NY | Zip Code 11746 | Telephone |
| Facility ID # FA0001764 | Permit Holder HALF HOLLOW HILLS CSD | Purpose of Inspection Premise/Facility Inspection | Result of Inspection Follow-up Action Required | |
| Owner HALF HOLLOW HILLS CSD | Owner Address 525 HALF HOLLOW RD, HUNTINGTON STATION NY 11746 | Permit Restrictions S | Capacity 288 seats | |

IN = In Compliance OUT = Out of Compliance N/A = Not Applicable N/O = Not Observed COS = Corrected On Site R = Repeat Violation NOC = Number of Occurrences

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

| SUPERVISION | | COMPLY BY DATE |
|--|--|----------------|
| 1 | 01 - PERSON IN CHARGE PRESENT, EMPLOYEES TRAINED, DEMONSTRATES KNOWLEDGE <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| EMPLOYEE HEALTH | | COMPLY BY DATE |
| 2 | 02 - MANAGEMENT, RESPONSIBILITY, REPORTING <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 3 | 03 - PROPER USE OF EXCLUSION AND RESTRICTION OF ILL FOOD WORKERS <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| GOOD HYGIENIC PRACTICES | | COMPLY BY DATE |
| 4 | 04 - PROPER EATING, DRINKING, TASTING, TOBACCO USE <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| PREVENTING CONTAMINATION BY HANDS | | COMPLY BY DATE |
| 5 | 05 - NO BARE HAND CONTACT WITH READY-TO-EAT FOODS <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 6 | 06 - PROPER HANDWASHING <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input checked="" type="checkbox"/> NOC 1 | 02/06/2023 |
| Violation Comments: | | |
| 760-1341.1.b - Employees shall wash their hands and exposed areas of the arms thoroughly with soap and warm water in an acceptable handwashing facility before starting work and as often thereafter as may be necessary to remove soil and contamination. Employees shall wash hands thoroughly after using the toilet, using tobacco, sneezing, coughing, using a handkerchief or disposable tissue, eating, drinking, after caring for or handling an animal that may be present as specified in §760-1366.4 or otherwise soiling their hands, and before returning to work after leaving their work area. Food employees shall clean their hands and exposed portions of their arms with a cleaning compound in a lavatory that is equipped with hand soap and hand drying facilities by vigorously rubbing together the surfaces of their lathered hands and arms for at least 20 seconds and thoroughly rinsing with clean water. Employees shall pay particular attention to the areas underneath the fingernails and between the fingers. The use of a nailbrush is recommended. | | |
| 1) NO PAPER TOWELS WERE PROVIDED AT THE FOOD PREP SINK AREA HAND SINK, AND THE ICE CREAM FREEZER AREA HAND SINK. | | |
| CORRECTIVE ACTION : PAPER TOWELS PROVIDED | | |
| APPROVED SOURCE | | COMPLY BY DATE |
| 7 | 07 - FOOD OBTAINED FROM APPROVED SOURCE <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 8 | 08 - FOOD RECEIVED AT PROPER TEMPERATURES <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 9 | 09 - FOOD IN GOOD CONDITION, SAFE, UNADULTERATED <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 10 | 10 - REQUIRED RECORDS AVAILABLE - SHELLFISH TAGS, PARASITE DESTRUCTION <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| PROTECTION FROM CONTAMINATION | | COMPLY BY DATE |
| 11 | 11 - FOOD SEPARATED AND PROTECTED <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |

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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

PROTECTION FROM CONTAMINATION

COMPLY BY DATE

| | | |
|----|---|--|
| 12 | 12 - FOOD CONTACT SURFACES - CLEANED AND SANITIZED | |
| | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 13 | 13 - PROPER DISPOSITION OF RETURNED, PREVIOUSLY SERVED AND UNSAFE FOOD | |
| | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |

TCS FOOD TEMPERATURE/TIME

COMPLY BY DATE

| | | |
|----|--|--|
| 14 | 14 - PROPER COOKING TIME AND TEMPERATURES, STEM THERMOMETER AVAILABLE AND USED | |
| | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 15 | 15 - PROPER REHEATING PROCEDURES FOR HOT HOLDING | |
| | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 16 | 16 - PROPER COOLING TIME AND TEMPERATURES | |
| | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 17 | 17 - PROPER HOT AND COLD HOLDING TEMPERATURES | |
| | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 18 | 18 - PROPER DATE MARKING PROCEDURES USED | |
| | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 19 | 19 - TIME AS A PUBLIC HEALTH CONTROL - PROCEDURES AND RECORDS | |
| | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |

CONSUMER ADVISORY

COMPLY BY DATE

| | | |
|----|---|--|
| 20 | 20 - CONSUMER ADVISORY PROVIDED FOR RAW AND UNDERCOOKED FOODS | |
| | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |

HIGHLY SUSCEPTIBLE POPULATIONS

COMPLY BY DATE

| | | |
|----|---|--|
| 21 | 21 - PASTEURIZED FOODS USED, PROHIBITED FOODS NOT OFFERED | |
| | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |

CHEMICAL

COMPLY BY DATE

| | | |
|----|--|--|
| 22 | 22 - FOOD ADDITIVES - APPROVED AND PROPERLY USED | |
| | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 23 | 23 - CHEMICALS AND TOXIC MATERIALS STORED AND USED PROPERLY | |
| | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 24 | 24 - PERSONAL MEDICATIONS PROPERLY STORED | |
| | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |

CONFORMANCE WITH APPROVED PROCEDURES

COMPLY BY DATE

| | | |
|----|---|--|
| 25 | 25 - COMPLIANCE WITH VARIANCE PROCEDURES | |
| | <input type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |

ADDITIONAL IMMEDIATE HEALTH HAZARDS THAT MAY CONTRIBUTE TO FOODBORNE ILLNESS

COMPLY BY DATE

| | | |
|----|--|--|
| 26 | 26 - RUNNING WATER PROVIDED WHERE REQUIRED | |
| | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |
| 27 | 27 - SEWAGE AND WASTEWATER PROPERLY DISPOSED | |
| | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |

SAFE FOOD, WATER AND ICE

COMPLY BY DATE

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FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS

SAFE FOOD, WATER AND ICE

COMPLY BY DATE

| | | |
|----|---|--|
| 28 | 28 - WATER AND ICE FROM APPROVED SOURCES, PROTECTED | |
| | <input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input type="checkbox"/> NOC | |

GOOD RETAIL PRACTICES

UTENSILS, EQUIPMENT, WAREWASHING

COMPLY BY DATE

| | | |
|----|---|------------|
| 42 | 42 - SINGLE USE, SINGLE SERVICE ARTICLES | |
| | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input checked="" type="checkbox"/> NOC 1 | 02/20/2023 |

Violation Comments:

760-1346.14.k.2 - Such articles shall be handled and dispensed in such a manner as to prevent contamination of surfaces which may come into contact with food or with the mouth of the user.

1) SINGLE-SERVICE SPOONS WAS/WERE STORED AT THE FRONT COUNTER SERVICE STATION WITH THE FOOD/MOUTH CONTACT SURFACES FACING UPWARDS/OUTWARDS, SUBJECTING THEM TO CONTAMINATION.

PHYSICAL FACILITIES

COMPLY BY DATE

| | | |
|----|---|------------|
| 45 | 45 - HOT AND COLD WATER AVAILABLE, ADEQUATE PRESSURE | |
| | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input checked="" type="checkbox"/> NOC 1 | 02/20/2023 |

Violation Comments:

760-1346.13.b - Each compartment of such sinks shall be supplied with potable hot and cold running water. The temperature of hot water shall be a minimum of 140 degrees Fahrenheit.

1) THE MAXIMUM WATER TEMPERATURE AT THE 3-COMPARTMENT SINK MEASURED 123.6 DEGREES F.

| | | |
|----|---|------------|
| 46 | 46 - PLUMBING MAINTAINED, PROPER BACKFLOW DEVICES | |
| | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input checked="" type="checkbox"/> NOC 1 | 02/20/2023 |

Violation Comments:

760-1352.1.c.1 - All such plumbing fixtures, including each basin of a sink used for warewashing or for food preparation shall be provided with a separate air gap that shall be at least twice the diameter of the water supply inlet and may not be less than 25 mm (1 inch).

1) THE FOOD PREP SINK RIGHTSIDE BASIN AND ADJACENT HAND SINK WERE NOTED WITH THE DRAINLINES MANIFOLDED TOGETHER.

| | | |
|----|---|------------|
| 47 | 47 - TOILET FACILITIES - PROPERLY CONSTRUCTED, SUPPLIED AND MAINTAINED | |
| | <input type="checkbox"/> IN <input checked="" type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O <input type="checkbox"/> COS <input type="checkbox"/> R <input checked="" type="checkbox"/> NOC 1 | 02/20/2023 |

Violation Comments:

760-1353.2.d - A toilet room used by females shall be provided with a covered receptacle for feminine hygiene items.

1) A COVERED RECEPTACLE FOR THE DISPOSAL OF FEMININE HYGIENE ITEMS WAS NOT PROVIDED IN THE EMPLOYEES TOILET ROOM.

Overall Inspection Comments:

THERMOMETER/THERMOCOUPLE ID #840
 HELMY BADR, SAN ID# 840
 Suffolk County Department of Health Services
 Food Control Unit
 360 Yaphank Avenue, Suite 2A
 Yaphank, NY 11980
 Phone: (631) 852-5848
 Fax: (631) 852-5871

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FOOD ESTABLISHMENTS ARE OBLIGATED TO OPERATE THEIR FACILITIES IN COMPLIANCE WITH ALL COVID-19 BUSINESS RE-OPENING ACTIVITY AND OPERATIONS GUIDANCE ISSUED BY THE STATE OF NEW YORK AND SUFFOLK COUNTY.

Inspection results are available online at <https://eco.suffolkcountyny.gov/#/pa1/search>

Risk Factors cited in consecutive inspections may result in enforcement action, including a possible hearing and fine.

THE FOOD MANAGER'S COURSE IS AVAILABLE ONLINE IN ENGLISH, SPANISH AND CHINESE!

To register for the Food Manager's course, please visit <https://apps2.suffolkcountyny.gov/Health/FdOnline/default.aspx>. Suffolk County FMC App and SIRF self-inspection app for mobile devices are available for download from Google Play and the Apple Store.

All food service establishment operators are required to post the following advisory on all menus (including website menus) and menu boards located inside or outside of the establishment: "Before placing your order, please inform your server if a person in your party has a food allergy". College, public and private school food operations are exempt.

Effective Jan. 1, 2020 all drinking straws and stirrers must be provided in food establishments by consumer request only, and must be made of biodegradable (non-plastic) material. Plastic drinking straws and stirrers may continue to be provided by request to consumers with a disability or medical condition. Additionally, Polystyrene (Styrofoam) may no longer be used. Effective July 1, 2021 the use of latex products is prohibited in all food establishments. Further information at <https://suffolkcountyny.gov/Departments/Health-Services/Public-Health-Protection/Plastics-and-Latex-Laws>

Suffolk County Local Law 29-2009 amended Chapter 437 (now Chapter 754) of the Suffolk County Code to prohibit "heating or ignition of an e-cigarette which creates a vapor" in all public places. The use of "E-CIGARETTES" IN ALL ESTABLISHMENTS WITH A SUFFOLK COUNTY FOOD PERMIT IS PROHIBITED, SUBJECT TO ALL PROVISIONS OF THE NY STATE CLEAN INDOOR AIR ACT AND SUFFOLK COUNTY LOCAL LAW.

EMPLOYEE SICK POLICY WAS DISCUSSED DURING THE INSPECTION:

Person in charge was reminded that all sick employees MUST be excluded from food service. No sick employee is permitted to return to work until they have been symptom-free for at least 24 hours; certain illnesses require that employees are tested prior to returning to work, even if symptom-free, or require further Department approval. Contact the Bureau of Public Health Protection for details. A log must be kept on-site documenting the exclusion of ill employees.

Schools:

TODAYS INSPECTION WAS LIMITED TO THE KITCHEN, SERVING LINES, STORAGE AREAS, WAREWASHING AREA, AND CAFETERIA. FOOD SERVICE BEYOND THESE AREAS WERE NOT INSPECTED AND ARE NOT "COVERED" UNDER THE FOOD SERVICE PERMIT ISSUED BY THIS AGENCY. FOOD SERVICE SUCH AS BUT NOT LIMITED TO OUTDOOR BBQS, SPORT FIELD CONCESSIONS, CLUBS LIKE DECA OR SWIM CLUBS, SCHOOL STORES AND FUND RAISING EVENTS THAT INVOLVE FOOD SERVICE MAY REQUIRE A SEPARATE PERMIT OR TEMPORARY EVENT PERMIT. CONTACT THIS DEPARTMENT OR VISIT THE COUNTY WEBSITE FOR APPLICATIONS/QUESTIONS. OPERATING WITHOUT A PERMIT IS SUBJECT TO LEGAL ACTION.

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Signatures

 Helmy Badr

Helmy.Badr@suffolkcountyny.gov

"The items noted above are violations of applicable laws, rules and regulations found during an inspection of the operation of the facilities in this establishment which must be corrected as indicated. Failure to comply may result in the initiation of legal action against this establishment as provided for in Articles 2 and 13 of the Suffolk County Sanitary Code including a hearing, possible suspension of your food operation, and/or the publication of the violation and fines."



STEVEN BELLONE
 SUFFOLK COUNTY EXECUTIVE

GREGSON H. PIGOTT, MD, MPH
 COMMISSIONER

SUFFOLK COUNTY
 DEPARTMENT OF HEALTH SERVICES