

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



Facility Information

RESULT: Satisfactory

Permit Number: 06-48-00859
 Name of Facility: Wilton Manors Elementary School
 Address: 2401 NE 3 Avenue
 City, Zip: Wilton Manors 33305

Type: School (more than 9 months)
 Owner: Broward County School Board - Food & Nutrition Services
 Person In Charge: Laquanda Brown Phone: (754) 321-0215
 PIC Email: laquanda.brown@browardschools.com

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 09:21 AM
Inspection Date: 3/4/2026	Number of Repeat Violations (1-57 R): 0	End Time: 10:03 AM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: 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

<p>SUPERVISION</p> <p><u>IN</u> 1. Demonstration of Knowledge/Training</p> <p><u>IN</u> 2. Certified Manager/Person in charge present</p> <p>EMPLOYEE HEALTH</p> <p><u>IN</u> 3. Knowledge, responsibilities and reporting</p> <p><u>IN</u> 4. Proper use of restriction and exclusion</p> <p><u>IN</u> 5. Responding to vomiting & diarrheal events</p> <p>GOOD HYGIENIC PRACTICES</p> <p><u>IN</u> 6. Proper eating, tasting, drinking, or tobacco use</p> <p><u>IN</u> 7. No discharge from eyes, nose, and mouth</p> <p>PREVENTING CONTAMINATION BY HANDS</p> <p><u>IN</u> 8. Hands clean & properly washed</p> <p><u>IN</u> 9. No bare hand contact with RTE food</p> <p><u>IN</u> 10. Handwashing sinks, accessible & supplies</p> <p>APPROVED SOURCE</p> <p><u>IN</u> 11. Food obtained from approved source</p> <p><u>IN</u> 12. Food received at proper temperature</p> <p><u>IN</u> 13. Food in good condition, safe, & unadulterated</p> <p><u>NA</u> 14. Shellstock tags & parasite destruction</p> <p>PROTECTION FROM CONTAMINATION</p> <p><u>IN</u> 15. Food separated & protected; Single-use gloves</p>	<p><u>IN</u> 16. Food-contact surfaces; cleaned & sanitized</p> <p><u>NO</u> 17. Proper disposal of unsafe food</p> <p>TIME/TEMPERATURE CONTROL FOR SAFETY</p> <p><u>NO</u> 18. Cooking time & temperatures</p> <p><u>NO</u> 19. Reheating procedures for hot holding</p> <p><u>NO</u> 20. Cooling time and temperature</p> <p><u>NO</u> 21. Hot holding temperatures</p> <p><u>IN</u> 22. Cold holding temperatures</p> <p><u>IN</u> 23. Date marking and disposition</p> <p><u>NA</u> 24. Time as PHC; procedures & records</p> <p>CONSUMER ADVISORY</p> <p><u>NA</u> 25. Advisory for raw/undercooked food</p> <p>HIGHLY SUSCEPTIBLE POPULATIONS</p> <p><u>IN</u> 26. Pasteurized foods used; No prohibited foods</p> <p>ADDITIVES AND TOXIC SUBSTANCES</p> <p><u>IN</u> 27. Food additives: approved & properly used</p> <p><u>IN</u> 28. Toxic substances identified, stored, & used</p> <p>APPROVED PROCEDURES</p> <p><u>NA</u> 29. Variance/specialized process/HACCP</p>
---	---

Inspector Signature:

Client Signature:

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



Good Retail Practices

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

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 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 #43. In-use utensils: properly stored Probe thermometer stored in sanitizer. Store thermometer in clean dry area when not in use. Corrective action taken- item was removed from sanitizer, dried and properly stored by PIC Laquanda Brown.</p> <p>CODE REFERENCE: 64E-11.003(4). The establishment shall use an approved method for the storage of in-use utensils during pauses in food preparation or dispensing.</p>
<p>Violation #51. Plumbing installed; proper backflow devices Kitchen wash down hose missing backflow prevention device. Provide backflow prevention device.</p> <p>CODE REFERENCE: 64E-11.003(5)(c). Plumbing will be installed and maintained to comply with plumbing requirements, including backflow prevention devices. A mop sink will be provided.</p>
<p>Violation #55. Facilities installed, maintained, & clean Exhaust vent in mens restroom dirty/dusty. Clean exhaust vent. CODE REFERENCE: 64E-11.003(5). Floors, walls, and ceilings shall be smooth, durable, easily cleanable, and non-absorbent. Exterior areas shall be kept cleaned.</p>

Inspector Signature:

Client Signature:

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



General Comments

Inspection Result Satisfactory

Employee Food Safety Training/Employee Health policy training completed on 08-07-2025 and 09-11-2025.

Food Temps
Cold Foods
Milk: 39F
Cheese: 39F

Refrigerator Temps
Reach-in refrigerator: 32F
Reach-in freezer: 0F
Milk chest: 39F
Walk-in refrigerator: 39F
Walk-in freezer: 10F
Ice cream chest: -10F
Hot Water Temps
Kitchen handsink: 121F
3 comp. sink: 106F
Employee bathroom handsink: 101F, 102F
Mopsink: 105F

Sanitizer Used: Ecolab Sink and Surface Cleaner Sanitizer
3 comp. sink chemical sanitizer: DDBSA-700 PPM, Lactic Acid-1875 PPM
Ecolab Sink and Surface Cleaner Sanitizer Test kit provided.

Note: This facility receives regularly scheduled pest control treatment from Tower Pest Control. Last pest control treatment received on 02-09-2026.
Note: No dogs or non-service animals allowed inside establishment.

Email Address(es): laquanda.brown@browardschools.com

Inspection Conducted By: Colin Dickinson (27050)
Inspector Contact Number: Work: (954) 412-7302 ex.
Print Client Name:
Date: 3/4/2026

Inspector Signature:

Handwritten signature of Colin Dickinson.

Client Signature:

Handwritten signature of the client.