

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-48-09052  
Name of Facility: Howard D. McMillan Middle School  
Address: 13100 SW 59 Street  
City, Zip: Kendall 33183  
  
Type: School (more than 9 months)  
Owner: M-DCSB Food and Nutrition  
Person In Charge: Hilca Thomas Phone: (305) 385-6877

**Correct By: Next Inspection  
Re-Inspection Date: None**

**Inspection Information**

Purpose: Routine  
Inspection Date: 3/22/2018

Begin Time: 10:15 AM  
End Time: 11:30 AM

**Additional Information**

No Additional Information Available

*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.*

**Violation Markings**

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

**General Comments**

No General Comments Available

Email Address(es): hthomas@dadeschools.net;  
jcdiaz@dadeschools.net;  
zdora123@dadeschools.net

Inspector Signature:

Client Signature:

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**Violations Comments**

Violation #38. Vermin control

Vermin proof the kitchen's back door.

CODE REFERENCE: Vermin. 64E-11.007(7). Effective measures shall be taken to protect against rodents, flies, roaches and other vermin. All openings to the outside are protected against vector entrance.

Inspection Conducted By: Osvaldo Samper (67699)  
Inspector Contact Number: Work: (305) 623-3500  
Print Client Name: Joel Diaz  
Date: 3/22/2018

Inspector Signature:

A handwritten signature in black ink, appearing to be "Osvaldo Samper".

Client Signature:

A handwritten signature in black ink, appearing to be "Joel Diaz".