

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC/PRIVATE SCHOOL
INSPECTION REPORT**

TYPE:

- Private School
- Public School
- Charter School
- Vocational School
- College/University
- Other _____



PURPOSE:

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

NAME OF SCHOOL Sch. for Advanced Studies Kendall Camp.
 ADDRESS 11011 SW 104 ST CITY MIAMI
 OWNER MDCPS ZIP 33176
 PERSON IN CHARGE James Coats PHONE (305) 237 0510

CENSUS
193
 FEMALES
122
 MALES
71

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
<u>1:45</u>	<u>3:00</u>	<u>052711</u>	<u>67699</u>	<u>13-51-16123</u>
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 05	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 07	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 08	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 09	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 10	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 11	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 12	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 13	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 14	<input type="checkbox"/> 00	<input type="checkbox"/> 00

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

- | | | | |
|--|--|--|--|
| SCHOOL SANITATION | SANITARY FACILITIES | LIQUID/SOLID WASTE | SAFETY |
| <input type="checkbox"/> 1. School Site | <input type="checkbox"/> 10. Provided/Accessible | <input type="checkbox"/> 15. Handwash Facilities | <input type="checkbox"/> 21. Sewage Disposal |
| <input type="checkbox"/> 2. Playground Equipment | <input checked="" type="checkbox"/> 11. Cleanliness & Repair | <input type="checkbox"/> 16. Showers/Fixtures | <input type="checkbox"/> 22. Solid Waste |
| <input type="checkbox"/> 3. Athletic Equipment | <input checked="" type="checkbox"/> 12. Toilet Facilities | <input type="checkbox"/> 17. Shower Water Temp. | VECTOR/VERMIN CONTROL |
| BUILDINGS | <input type="checkbox"/> 13. Separation of Sexes | <input type="checkbox"/> 18. Installed/Operated/Maintained | <input type="checkbox"/> 23. Infestation/Control |
| <input type="checkbox"/> 4. Construction | <input type="checkbox"/> 14. Fixture Ratio | <input type="checkbox"/> 19. Drinking Fountains | <input type="checkbox"/> 24. Brush/Trash |
| <input checked="" type="checkbox"/> 5. Maintenance & Repair | | <input type="checkbox"/> 20. Approved Source | <input type="checkbox"/> 25. Water Collection/Drainage |
| <input checked="" type="checkbox"/> 6. Lighting/Foot-Candles | | | <input type="checkbox"/> 26. First Aid Kit |
| <input type="checkbox"/> 7. Heating, Ventilation, A/C | | | FOOD |
| | | | <input type="checkbox"/> 27. Food Insp. Rpt. |
| | | | OTHER |
| | | | <input type="checkbox"/> 28. _____ |
| | | | <input type="checkbox"/> 29. _____ |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
<u>6</u>	<u>Repair or replace 2 out of order light fixtures in room 4308.</u>
<u>5-6</u>	<u>Fasten loose and partially detached plastic protector of one light fixture in room 4308.</u>
<u>11-12</u>	<u>Repair or replace one out of order toilet in the women's bathroom # 4314.</u>

HEALTH DEPARTMENT INSPECTOR: Osvaldo Sanchez PHONE: (305) 668 7243
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 05/27/2011

DH 4030, 01/05 (Obsoletes Previous Editions)

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



**FOOD SERVICE
INSPECTION REPORT**

PURPOSE:

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

NAME OF ESTABLISHMENT Sch. for Advanced Studies Kendall Campus
 ADDRESS 11011 SW 10457 CITY MIAMI
 OWNER MDCPS ZIP 33176
 PERSON IN CHARGE James Coats PHONE (305) 23705110

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
0	0	05
1	1	06
2	2	07
3	3	08
4	4	09
5	5	10
6	6	11
7	7	12
8	8	13
9	9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:15	1:45	052711	67699	13-48-18920	<input checked="" type="checkbox"/> School
2:00	2:00				<input type="checkbox"/> Hospital
2:05 AM	2:05 AM				<input type="checkbox"/> Nursing
3:10	3:10				<input type="checkbox"/> Detention
4:15	4:15				<input type="checkbox"/> Lounge
5:20	5:20				<input type="checkbox"/> Civic
6:25	6:25				<input type="checkbox"/> Movie
7:30	7:30				<input type="checkbox"/> Residen.
8:35	8:35				<input type="checkbox"/> Child
9:40	9:40				<input type="checkbox"/> Limited
10:45	10:45				<input type="checkbox"/> Other
11:50	11:50				
12:55	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 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 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 | | |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Food catered by "Arvida Middle School" food permit # 13-51-00868 The food is delivered near lunch time in closed styrofoam trays. Eating utensils are disposable and individually wrapped (plastic). Cold foods (milk, juice, etc) are kept in a cooler with ice. Satisfactory.
HEALTH DEPARTMENT INSPECTOR:	<u>Oswaldo Sauber</u> PHONE: <u>(305) 6697243</u>
COPY OF REPORT RECEIVED BY:	<u>[Signature]</u> DATE: <u>05/27/2011</u>