

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



**PURPOSE:**

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

**FOOD SERVICE  
INSPECTION REPORT**

NAME OF ESTABLISHMENT School for Advanced Studies  
 ADDRESS 500 College Terrace CITY Homestead  
 OWNER MIDAPS ZIP 33030  
 PERSON IN CHARGE Eliisa Rivas PHONE (305) 717-5762

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

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

OUT OF BUSINESS

| BEGIN   | END     |
|---------|---------|
| 1:00    | 1:00    |
| 2:05 AM | 2:05 AM |
| 3:10 PM | 3:10 PM |
| 4:15    | 4:15    |
| 5:20    | 5:20    |
| 6:25    | 6:25    |
| 7:30    | 7:30    |
| 8:35    | 8:35    |
| 9:40    | 9:40    |
| 10:45   | 10:45   |
| 11:50   | 11:50   |
| 12:55   | 12:55   |

| DATE |    |
|------|----|
| 09   | 27 |
| 11   |    |
| 0    | 05 |
| 1    | 06 |
| 2    | 07 |
| 3    | 08 |
| 4    | 09 |
| 5    | 10 |
| 6    | 11 |
| 7    | 12 |
| 8    | 13 |
| 9    | 14 |

| POSITION # |   |
|------------|---|
| 6          | 7 |
| 6          | 7 |
| 0          | 0 |
| 1          | 1 |
| 2          | 2 |
| 3          | 3 |
| 4          | 4 |
| 5          | 5 |
| 6          | 6 |
| 7          | 7 |
| 8          | 8 |
| 9          | 9 |

| CERTIFICATE NUMBER |    |
|--------------------|----|
| 13                 | 48 |
| 18                 | 19 |
| 0                  | 0  |
| 1                  | 1  |
| 2                  | 2  |
| 3                  | 3  |
| 4                  | 4  |
| 5                  | 5  |
| 6                  | 6  |
| 7                  | 7  |
| 8                  | 8  |
| 9                  | 9  |

- TYPE**
- Hospital
  - Nursing
  - Detention
  - Lounge
  - Civic
  - Movie
  - School
  - Residen.
  - Child
  - Limited
  - Other

*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.*

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

| ITEM NUMBERS | COMMENTS AND INSTRUCTIONS<br>(continue on attached sheet)  |
|--------------|--|
|              | Food catered by Homestead Middle School and permit # 13-48-06196   |
|              | Food provided in single serving units. no serving utensils are used. Hot food is held in an electrical warmer. Cold foods are held in a cooler with ice. |
|              | Eating utensils are disposable. Food is delivered approximately 15 min before serving time. Satisfactory.  |

HEALTH DEPARTMENT INSPECTOR: Cesvaldo Saucy PHONE: 305 669 7243  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 09/27/2011