

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 Citrus Grove Middle School
ADDRESS 2153 N.W. 3rd St. CITY Miami
OWNER MDCPS ZIP 33125
PERSON IN CHARGE Ermirce Ladaga PHONE 312-5055

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
12/14/11
0 0 0 0 05
0 0 0 0 06
0 0 0 0 07
0 0 0 0 08
0 0 0 0 09
0 0 0 0 10
0 0 0 0 11
0 0 0 0 12
0 0 0 0 13
0 0 0 0 14

POSITION #
2743)
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

PERMIT NUMBER
13-51-08184
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

CENSUS
1,014
1000
2000
3000
400 100 11
500 200 12
600 300 13
700 400 14
800 500 15
900 600 16
FEMALES
MALES

RESULTS
 Satisfactory
 Incomplete
 Unsatisfactory
Correct Violations by
 Next Inspection
 8:00 AM on:
DATE
05
06
07
08
09
10
11
12
13
14
 OUT OF BUSINESS

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 <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <input checked="" type="checkbox"/> 4. Construction <input checked="" type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C	SANITARY FACILITIES <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <input type="checkbox"/> 10. Provided/Accessible <input type="checkbox"/> 11. Cleanliness & Repair <input type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio	LIQUID/SOLID WASTE <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <input type="checkbox"/> 18. Installed/Operated/Maintained <input checked="" type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	SAFETY <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage	FOOD <input type="checkbox"/> 26. First Aid Kit <input type="checkbox"/> 27. Food Insp. Rpt. <input checked="" type="checkbox"/> 28. <u>leaking</u> <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
28	Leaking throughout the school. Effective measures must be taken
5	Provide missing ceiling tile's throughout the school. (almost every classroom)
405	Replace water stained ceiling tile's throughout the school. (dozens stained)
5	Replace burned out bulb's throughout the school.
5 19	Repair water fountain across Rm. 259 and next to boy's restroom Clean all air condition vents. Rm. 139

HEALTH DEPARTMENT INSPECTOR: Ermirce Ladaga Jr. PHONE: 623-3500
COPY OF REPORT RECEIVED BY: Ermirce Ladaga DATE: 12/14/11
DH 4030, 01/05 (Obsoletes Previous Editions)

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Citrus Grove Middle School
 ADDRESS 2153 N.W. 34 St. CITY Miami
 OWNER MDCPS ZIP 33125
 PERSON IN CHARGE Emirce Ladaga PHONE 3/642-5055

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00	12/4/11	27431	13-48-02821	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	0 0 0 05	0 0 0 00	0 0 0 00	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	0 1 0 06	1 1 1 07	1 1 1 07	<input type="checkbox"/> Detention
4:15	4:15	0 2 0 07	2 2 2 08	2 2 2 08	<input type="checkbox"/> Lounge
5:20	5:20	0 3 0 08	3 3 3 09	3 3 3 09	<input type="checkbox"/> Civic
6:25	6:25	0 4 0 09	4 4 4 10	4 4 4 10	<input type="checkbox"/> Movie
7:30	7:30	0 5 0 10	5 5 5 11	5 5 5 11	<input checked="" type="checkbox"/> School
8:35	8:35	0 6 0 11	6 6 6 12	6 6 6 12	<input type="checkbox"/> Residen.
9:40	9:40	0 7 0 12	7 7 7 13	7 7 7 13	<input type="checkbox"/> Child
10:45	10:45	0 8 0 13	8 8 8 14	8 8 8 14	<input type="checkbox"/> Limited
11:50	11:50	0 9 0 14	9 9 9 9	9 9 9 9	<input type="checkbox"/> Other
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 |
| FOOD PROTECTION | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | AND OPERATIONS |
| <input type="checkbox"/> 2. Stored temperature | <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"/> 3. No further cooking/Rapid cooling | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | TEMPORARY FOOD |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES | SERVICE EVENTS |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 18. Cleanliness | AND CONTROLS | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 31. Water supply | VENDING MACHINES |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 32. Ice | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 33. Sewage | MANAGER CERTIFICATION |
| <input type="checkbox"/> 9. Least contact/Reheating | EQUIPMENT/UTENSILS | <input type="checkbox"/> 34. Plumbing | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 10. Food container | <input checked="" type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 35. Toilet facilities | CERTIFICATES AND FEES |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 36. Handwashing facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 37. Garbage disposal | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 13. Reservice of food | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 38. Vermin control | <input type="checkbox"/> 44. Inspection/Enforcement |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(22)	Provide thermometer for refrigerator by the food prep. service area. corrected at time of inspection in a

HEALTH DEPARTMENT INSPECTOR: Marjorie M. Alvarado, Jr. PHONE: 673-3500
 COPY OF REPORT RECEIVED BY: Emirce Ladaga DATE: 12/10/11