

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



PURPOSE:

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

TYPE:

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

NAME OF SCHOOL Citrus Grove Middle School
 ADDRESS 2153 NW 35T CITY Miami
 OWNER MDCPS ZIP 33125
 PERSON IN CHARGE Emrice Ladaga PHONE (305) 642-5055

CENSUS

993
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000
 FEMALES
 493
 MALES
 496

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

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
08/31/11
0 0 0 0 05
1 1 1 1 06
2 2 2 2 07
3 3 3 3 08
4 4 4 4 09
5 5 5 5 10
6 6 6 6 11
7 7 7 7 12
8 8 8 8 13
9 9 9 9 14

POSITION #
32763
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

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-14 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-14, 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	WATER SUPPLY	LIQUID/SOLID WASTE	SAFETY
<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste	FOOD
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control	OTHER
<input checked="" type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash	<input checked="" type="checkbox"/> 28. _____
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio			
<input type="checkbox"/> 7. Heating, Ventilation, A/C				

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
5	Clean air vents throughout Bld. 1
5	Replace missing/damaged ceiling tiles throughout Bld. 1
5	Replace missing air vent covers throughout Bld. 1
5	Cover holes on wall in Rm 135
28	Lock away commercial cleaning supplies. (corrected during inspection.)
5	Replace missing electrical plate (outlet) cover in Rm. 2209-Bld. 2
5	Replace broken electrical plate cover (outlet) in hallway, 2nd floor-Bld. 2
5	Adjust displaced ceiling tile outside girls restroom-2nd floor-Bld. 2

HEALTH DEPARTMENT INSPECTOR: Dr. B. C. Cynthia B. Campos PHONE: (305) 623-3500
 COPY OF REPORT RECEIVED BY: Wendell Michael Crowl DATE: 08/31/2011
 DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY

**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 NW 3 ST **CITY** Miami
OWNER MDCPS **ZIP** 33125
PERSON IN CHARGE Emirce Ladaga **PHONE** (305)642-5055

RESULTS

- Satisfactory
 - Incomplete
 - Unsatisfactory
- Correct Violations by**
 Next Inspection
 8:00 AM on:

BEGIN	END
9:45A	10:30A
<input type="checkbox"/> 1:00	<input type="checkbox"/> 1:00
<input type="checkbox"/> 2:05 AM	<input type="checkbox"/> 2:05 AM
<input type="checkbox"/> 3:10 PM	<input type="checkbox"/> 3:10 PM
<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:15
<input type="checkbox"/> 5:20	<input type="checkbox"/> 5:20
<input type="checkbox"/> 6:25	<input type="checkbox"/> 6:25
<input type="checkbox"/> 7:30	<input type="checkbox"/> 7:30
<input type="checkbox"/> 8:35	<input type="checkbox"/> 8:35
<input type="checkbox"/> 9:40	<input type="checkbox"/> 9:40
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45
<input type="checkbox"/> 11:50	<input type="checkbox"/> 11:50
<input type="checkbox"/> 12:55	<input type="checkbox"/> 12:55

DATE	
08/31/11	
<input type="checkbox"/> 0:0	<input type="checkbox"/> 0:0
<input type="checkbox"/> 1:1	<input type="checkbox"/> 1:1
<input type="checkbox"/> 2:2	<input type="checkbox"/> 2:2
<input type="checkbox"/> 3:3	<input type="checkbox"/> 3:3
<input type="checkbox"/> 4:4	<input type="checkbox"/> 4:4
<input type="checkbox"/> 5:5	<input type="checkbox"/> 5:5
<input type="checkbox"/> 6:6	<input type="checkbox"/> 6:6
<input type="checkbox"/> 7:7	<input type="checkbox"/> 7:7
<input type="checkbox"/> 8:8	<input type="checkbox"/> 8:8
<input type="checkbox"/> 9:9	<input type="checkbox"/> 9:9

POSITION #	
32763	
<input type="checkbox"/> 0:0	<input type="checkbox"/> 0:0
<input type="checkbox"/> 1:1	<input type="checkbox"/> 1:1
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<input type="checkbox"/> 3:3	<input type="checkbox"/> 3:3
<input type="checkbox"/> 4:4	<input type="checkbox"/> 4:4
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<input type="checkbox"/> 6:6	<input type="checkbox"/> 6:6
<input type="checkbox"/> 7:7	<input type="checkbox"/> 7:7
<input type="checkbox"/> 8:8	<input type="checkbox"/> 8:8
<input type="checkbox"/> 9:9	<input type="checkbox"/> 9:9

CERTIFICATE NUMBER	
13-48-02821	
<input type="checkbox"/> 0:0	<input type="checkbox"/> 0:0
<input type="checkbox"/> 1:1	<input type="checkbox"/> 1:1
<input type="checkbox"/> 2:2	<input type="checkbox"/> 2:2
<input type="checkbox"/> 3:3	<input type="checkbox"/> 3:3
<input type="checkbox"/> 4:4	<input type="checkbox"/> 4:4
<input type="checkbox"/> 5:5	<input type="checkbox"/> 5:5
<input type="checkbox"/> 6:6	<input type="checkbox"/> 6:6
<input type="checkbox"/> 7:7	<input type="checkbox"/> 7:7
<input type="checkbox"/> 8:8	<input type="checkbox"/> 8:8
<input type="checkbox"/> 9:9	<input type="checkbox"/> 9:9

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE	
09/01/11	
<input type="checkbox"/> 0:0	<input type="checkbox"/> 0:0
<input type="checkbox"/> 1:1	<input type="checkbox"/> 1:1
<input type="checkbox"/> 2:2	<input type="checkbox"/> 2:2
<input type="checkbox"/> 3:3	<input type="checkbox"/> 3:3
<input type="checkbox"/> 4:4	<input type="checkbox"/> 4:4
<input type="checkbox"/> 5:5	<input type="checkbox"/> 5:5
<input type="checkbox"/> 6:6	<input type="checkbox"/> 6:6
<input type="checkbox"/> 7:7	<input type="checkbox"/> 7:7
<input type="checkbox"/> 8:8	<input type="checkbox"/> 8:8
<input type="checkbox"/> 9:9	<input type="checkbox"/> 9:9

OUT OF BUSINESS

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

ITEM NUMBERS COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

	Clean air vents throughout kitchen and dining area
	Replace air vent covers in dining area
	Replace missing ceiling tile by dishwashing area in kitchen
	Provide hot water for dishwashing and food prep
	Exterminate live egg roaches in utility sink room. Provide pest control measure.

HEALTH DEPARTMENT INSPECTOR: Dr. Cynthia B. Campos **PHONE:** (305)623-3500
COPY OF REPORT RECEIVED BY: Wanda Michael Clark **DATE:** 08/31/2011



Estb. No.: 13-48-02821

STATE OF FLORIDA
DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: Citrus Grove Middle School

COMMENTS AND INSTRUCTION:

Repair ice machine water leak outside of machine

Clean old droppings and dead roach by tray machine

Repair mesh covering drain by tray machine

Provide new vermin strip or cover entry under back door

Chemical Room

Cover wall holes in Chemical room

Provide thermometers for all freezers/refrigerators. *avoid dairy*

Place eggs under ready to eat food in walk in refrigerator

add preparation date to food inside refrigerators and use
the food within 7 calendar days

Food preparation should be conducted outside of dry storage room

Repair food warmer in food line area. Temperature should
be 140°F or above. Do not use for food ^{use} until repaired.

Copy of Inspection Report Received by: Wendy M. ...

Health Department Inspector: Steph B. ... Date: 08/31/2011