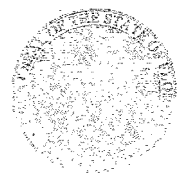


**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
PUBLIC/PRIVATE SCHOOL  
INSPECTION REPORT**



**PURPOSE:**

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

**TYPE:**

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

NAME OF SCHOOL Citrus Grove Middle School  
 ADDRESS 2153 NW 3 St. CITY Miami  
 OWNER DCSB ZIP 33125  
 PERSON IN CHARGE Emerce Ladaga PHONE (305) 642-5058

**CENSUS**

**1049**

**FEMALES**

**471**

**MALES**

**578**

**RESULTS**

- Satisfactory
- Incomplete
- Unsatisfactory
- Correct Violations by
- Next Inspection
- By: A.M. on:

**DATE**

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1015A	1115A	01 21 10	32763	13-51-08184

*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.*

- |   |   |  |   |
|---|---|--|---|
| <b>SCHOOL SANITATION</b>                                    | <b>SANITARY FACILITIES</b>                                  | <b>LIQUID/SOLID WASTE</b>                              | <b>SAFETY</b>   |
| <input type="checkbox"/> 1. School Site                     | <input type="checkbox"/> 4. Natural Ventilation             | <input type="checkbox"/> 13. Handwash Facilities       | <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          | <b>FOOD</b>   |
| <input type="checkbox"/> 3. Athletic Equipment              | <input checked="" type="checkbox"/> 10. Provided/Accessible | <input type="checkbox"/> 17. Shower Water Temp.        | <input checked="" type="checkbox"/> 27. Food Insp. Rpt. |
| <b>BUILDINGS</b>  | <b>WATER SUPPLY</b>   | <b>VECTOR/VERMIN CONTROL</b>                           | <b>OTHER</b>  |
| <input type="checkbox"/> 4. Construction                    | <input type="checkbox"/> 18. Installed/Operated/Maintained  | <input type="checkbox"/> 23. Infestation/Control       | <input checked="" type="checkbox"/> 28. <u>Five</u>     |
| <input checked="" type="checkbox"/> 5. Maintenance & Repair | <input type="checkbox"/> 19. Drinking Fountains             | <input type="checkbox"/> 24. Brush/Trash               | <input type="checkbox"/> 29. _____                      |
| <input type="checkbox"/> 6. Lighting/Foot-Candles           | <input type="checkbox"/> 20. Approved Source                | <input type="checkbox"/> 25. Water Collection/Drainage |   |
| <input type="checkbox"/> 7. Heating, Ventilation, A/C       |   |  |   |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
10	Secure cleaning / chemical supplies. Rooms 120, 222, 223, 224, 225.
5, 28	Remove temp permanent dividers/cabinets/drawers from teacher desk area. Room 224.
27	Provide a thermometer in refrigerator. Room 225. 41°F.

HEALTH DEPARTMENT INSPECTOR Travis Morris PHONE: (305) 623-3500  
 COPY OF REPORT RECEIVED BY Emerce Ladaga DATE: 11/21/10  
 DH 4030, 01/05 (Obsoletes Previous Editions)

