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#### STATE OF FLORIDA DEPARTMENT OF HEALTH



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**OUT OF BUSINESS** 

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TYPE:

**PURPOSE:** Private School COUNTY HEALTH DEPARTMENT 13 Public School ROUTINE REINSPECTION PUBLIC/ PRIVATE SCHOOL 22 Charter School CONSTRUCT. CHANGE OF OWNER INSPECTION REPORT CONSULTATION 23 Vocational School COMPLAINT □ EPIDEMIOLOGY 24 College/University □ QA SURVEY OTHER □ Other □ PREOPENING CENSUS RESULTS NAME OF SCHOOL Satisfactory ADDRESS □ Incomplete rtooo 2000 □ Unsatisfactory OWNER 3000 Correct Violations by PERSON IN CHARGE 100 000 01 Mext Inspection 200 (20) (2 = 8:00 AM on: BEGIN END 300 (30) [3] DATE 00 400 (40) (4 POSITION # DATE PERMIT NUMBER 100 500 (50) (5 100 5 2 05 AM 600 (60) (6 0.0000000 2 05 AM 3 10 PM (3 10 PM 00000000 05 0 0 010 030030303030 700 700 7 2 2 2 07 4015 4 d5 = 06 tict CT MA to the total 800 (80) (8 2 2 22222 212 212121212 900 1901 19 3 3 5 20 5 20 2 **07** 212 C31 □ 08 6 25 3 3 3 08 31(31(31(31(3) C3 | C3 313131313131 4 09 6 25 30 (3) 14 FEMALES 7 30 7 30 14 4 09 44444 4 4 4 4 4 4 4 4 4 5 5 10

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.

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ramme to correct violations	may re	esuit in an aciministrative	Jine or other te	gai action being initialed	or com	тиеа.	
SCHOOL SANITATION	10-1-10	2 2 - 1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2	W I MALE THE			QUID/SOLID WASTE	SAFETY
□ 1. School Site		8. Natural Ventilation		15. Handwash Facilities		21. Sewage Disposal	□ 26. First Aid Kit
2. Playground Equipment		9. Mechanical Ventilation	1 -	16. Showers/Fixtures		22. Solid Waste	FOOD
3. Athletic Equipment	SAN	NITARY FACILITIES		17. Shower Water Temp.	VE	CTOR/VERMIN	□ 27. Food Insp. Rpt.
BUILDINGS		10. Provided/Accessible	WA	TER SUPPLY	CO	NTROL	OTHER
4. Construction		11. Cleanliness & Repair		18. Installed/Operated/		23. Infestation/Control	28.
5. Maintenance & Repair		12. Toilet Facilities		Maintained		24. Brush/Trash	□ 29. <u> </u>
6. Lighting/Foot-Candles		13. Separation of Sexes		19. Drinking Fountains		25. Water Collection/Drain	nage
7. Heating, Ventilation, A/G		14. Fixture Ratio		20. Approved Source			100
ITEM COMMENTS AND INSTRUCTIONS							

NUMBERS	(continue on attached sheet)
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	by office
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L. H. SHITT	
HEALTH DEPAR	TMENT INSPECTOR:PHONE:

COPY OF REPORT RECEIVED BY: DH 4030, 01/05 (Obsoletes Previous Editions)

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SERVICE ION REPORT



	COUNTY HEALT
□ REINSPECTION	FOOD : INSPECTI
CHANGE OF OWNER	INSPECTI
CONSULTATION	
	☐ CHANGE OF OWNER

COMPLAINT CONSULTATION	
□ QA SURVEY □ OTHER	
OTHER	RESULTS
NAME OF ESTABLISHMENT Mami Lakey Ted Corden	Satisfactory
ADDRESS 5780 NW 138 57 CITY Makest	Incomplete
	□ Unsatisfactory
OWNER ZIP ZIP	Correct Violations by
PERSON IN CHARGE Mark May of PHONE 305-357-1100	Next Inspection
BEGIN END	== 8:00 AM on:
200 900 Pure Programova Constitution	DATE
DATE POSITION # CERTIFICATE NUMBER TY	PE
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	86, Florida Statutes, Violations must be
FOOD PROTECTION   16. Poisonous Toxic materials   29. Cleanliness of equipment   39.	Other facilities and operations
□ 2. Stored temperature PERSONNEL □ 30. Methods of washing TEMF	PORARY FOOD
	ICE EVENTS
	Temporary food service events
	Vanding mechines
	Vending machines  AGER CERTIFICATION
	Manager certification
	TIFICATES AND FEES
	. Certificates and fees
11. Buffet requirements   24. Ice storage/Counter-protector   37. Garbage disposal INSPE	ECTION/ENFORCEMENT
	Inspection/Enforcement
13. Reservice of food 26. Dishwashing facilities	
ITEM COMMENTS AND INSTRUCTIONS NUMBERS (continue on attached sheet)	
Saturations at the time of Interest	uni
B) Replate water damaged colling the	un they soon
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HEALTH DEPARTMENT INSPECTOR:PHONE:	1 023 3100
COPY OF REPORT RECEIVED BY: DATE:	06/19/14

DH Form 4023, 1/05 (Obsoletes Previous Editions)

pines Vale ESTABLISHMENT/FACILITY

**PURPOSE:** 

☐ QI SURVEY

ROUTINE REINSPECTION

COMPLAINT CONSULTATION

☐ CONSTRUCT ☐ CHANGE OF OWNER

□ EPIDEMIOLOGY

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

CHILD CARE, FAMILY DAY CARE FACILITY INSPECTION REPORT

TYPE:

03 Child Care - No Food

Child Care - Snack Only

child Care - Meals

05 Child Care - Limited Catered Meals

107 Family Day Care

-	ca.	*
3 1	Other	OCS

PREOPENING OTHER Other Local									
NAME OF FACILITY Mount factor Tock Contra D/c RESULTS									
ADDRESS 57 PO	NW INF SH	CITY	□ Satisfactory						
* * *			☐ Incomplete ☐ Unsatisfactory						
OWNER		ZIP	Correct Violations by						
PERSON IN CHARGE PHONE PHONE PHONE PHONE PHONE									
□ 8:00 AM on:									
BEGIN END		CA	PACITY DATE						
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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-11, 65C-22 and 65C-25 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-11, 65C-22 and 65C-25, FAC, and Chapters 381, 386 and 402, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.  FOOD  VERMIN/ANIMAL CONTROL  LIQUID & SOLID WASTE  SANITARY FACILITIES &  DIAPER CHANGING  MISC.  2. Food Storage  12, Infestation  21. Operation  30, Toilet/Bath Facilities  39. Other  31. Potty Chair  40. Other  4. Sanitizing  BEDS/BEDDING  23. Collection/Storage/Disposal  32. Hygiene/Disease Control									
□ 5. Handwash Sink	☐ 14. Maintenance		nging Station Actual Temperatures						
6. Hot & Cold Water	☐ 15. Spacing WATER SUPPLY	☐ 24. Construction/Repair ☐ 34. Har ☐ 25. Lighting/Footcandles ☐ 35. San							
7. Temperatures 8. 64E-11 - Other	□ 16. Approved System	☐ 25. Lighting/Footcandies ☐ 35. San							
HOUSEKEEPING	□ 17. Bacteriological/Chemical	□ 27. Ventilation/Cooling □ 36. Litt	1						
9. Cleaning	□ 18. Operation	□ 28. Cleanable Surfaces □ 37. Equ	ipment/Fence						
□ 10. Toxic Substances □ 19. Drinking Fountain □ 29. Product & Equip. Safety □ 38. Other □									
ITEM COMMENTS AND INSTRUCTIONS NUMBERS (continue on attached sheet)									
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HEALTH DEPARTMENT INSPECTO	HEALTH DEPARTMENT INSPECTOR:								
COPY OF REPORT RECEIVED BY.	11. 10 10 Km K	DATE:	ostatio.						
DH 4031, 01/05 (Obsoletes Previous Edition	1	Fore -	1.11						
	ESTA	BLISHMENT/FACILITY							

### STATE OF FLORIDA **DEPARTMENT OF HEALTH**

FOOD SERVICE

INSPECTION REPORT

## **COUNTY HEALTH DEPARTMENT**

PURPOSE:

ROUTINE

□ REINSPECTION

CONSTRU		CHANG								AND WE
COMPLAIN		CONSU		N						
□ QA SURVE	EY 🗀	OTHER								
OTHER _									1	RESULTS
NAME OF	FSTARI	ISHM	ENT	16	ami Lak	DA 7	ecl	Toroto D	1	C 1 0
NAME OF	LOTADE	1511111			1 1 8 11					Satisfactory
ADDRESS	510	10	1	10	100 17	CIT	Y	At oil out		□ Incomplete
OWNER -		NI	PIS			Z	IP	33014		Unsatisfactory
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PERSON I	N CHAR	GE _	1	welk	Moyel.	PHO	NE 3	01-111-	100	Next Inspection
BEGIN   F	END		-							= 8:00 AM on:
										DATE
	00	1	DATE		POSITION #	CEF	TIFICA'	TE NUMBER	TYPE	
中 (1)	THE REAL PROPERTY.	26	10	10	00216	19	48	16 112		
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C50 (20) C50	DOM:		2121		[2][2][2][2]	12:12:	2:2:	(2)(2)(2)(2)(2)	Lounge	3 3 3 3 0 08
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12 55 12	55	190	190	14	(9)(9)(9)(9)(9)	90.90	90.90	191191191191191	□ Other	OUT OF BUSINESS
without make	ng these co	rrection	s is a vi ndicated	iolation I in the	of Chapter 64E-11, Results section above	Florida Admi	nistrative nistrative f	Code and Chapters . ine or other legal ac	381, and 386, Floric	nued operation of this facility la Statutes, Violations must be !.
FOOD SUPP					Sneeze guards			Design and fabrication	OTHER FACI	LITIES
1. Sources,	etc.				Transportation of food			nstallation and location	AND OPERAT	
FOOD PROT				<b>1</b> 6.	Poisonous/Toxic materia	ls		Cleanliness of equipmen	t 39. Other fac	ilities and operations
2. Stored ter				PERSC	ONNEL		□ 30. N	Aethods of washing	TEMPORARY	FOOD
3. No furthe	er cooking/Ra	ipid cooli	-		Exclusion of personnel		SANITA	ARY FACILITIES	SERVICE EVI	ENTS
4. Thawing			E	<b>18.</b>	Cleanliness		AND C	ONTROLS	40. Temporar	y food service events
5. Raw fruit	IS			<b>1</b> 9.	Tobacco use		□ 31. \	Vater supply	VENDING MA	ACHINES
6. Pork cool					Handwashing		☐ 32. I	ce	41. Vending	machines
7. Poultry co	ooking			<b>=</b> 21.	Handling of dishware		□ 33. S	sewage	MANAGER C	ERTIFICATION
8. Other ani	mal cooking	1		EQUIP	MENT/UTENSILS		□ 34. F	Plumbing	42. Manager	certification
9. Least con	itact/Reheatir	ng		<b>22</b> .	Refrigeration facilities/T	hermometers	□ 35.7	Coilet facilities	CERTIFICAT	ES AND FEES
10. Food con	tainer			<b>23.</b>	Sinks		□ 36. I	Handwashing facilities	43. Certificat	es and fces
11. Buffet red	quirements		<i> </i>	<b>24.</b>	Ice storage/Counter-prote	ector	<b>37.</b> (	Garbage disposal	INSPECTION	ENFORCEMENT
12. Self-servi	ice condimen	nts		<b>1</b> 25.	Ventilation/Storage/Suffi	cient equipmen	t 🗀 38. V	/ermin control	44. Inspection	n/Enforcement
13. Reservice	e of food			□ 26.	Dishwashing facilities			and it shall still the own		Manuth
ITEM NUMBERS						ENTS AND continue on at				and South
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				-		Name of the last				

HEALTH DEPARTMENT INSPECTOR:

COPY OF REPORT RECEIVED BY: DH Form 4023, 1/05 (Obsoletes Previous Editions)

# STATE OF FLORIDA



PURPOSE  ROUTINE  CONSTRU  COMPLAII  QA SURVE	ICT. =	REINSP CHANC CONSU OTHER	E OF OWNER	СО	DEPAR UNTY H INS		H DEP	ARTMI					
OTHER _				_							RESULTS		
NAME OF ADDRESS OWNER - PERSON I	57.	MAI	Nue 058 May	158		CITTE Z	v	4. cils		100	☐ Satisfactory ☐ Incomplete ☐ Unsatisfactory Correct Violations by ☐ Next Inspection ☐ 8:00 AM on:		
	05 AM 10 PM 15 20 25 30 35 40 45	06	DATE  14 / 0  0 0 0 0 0  1 0 0 0  2 2 2 0 0  3 3 3 0 0  4 0 0  5 1 1  6 1 1  7 1 2  8 1 3  9 1 1	0 2 0 0 0 1 1 2 2 3 13 4 14 5 15 6 16 7 17 8 18	ITION #  3	CEF  13 -  10 00  15 11  21 21  31 33  4 14  15 15 1  16 16 1  71 71  18 18 18	4 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TE NUMB - / 6 9 - 00:00:00 - 00:00 - 00	069	TYPE  Hospital Nursing Detention Lounge Civic Movie School Residen. Child Limited Other	DATE  0.00.00.00.00.00.05  1.00.00.00.00.00.05  0.00.00.00.00.00.05  0.00.00.00.00.00.05  0.00.00.00.00.00.05  0.00.00.00.00.00.05  0.00.00.00.00.00.05  0.00.00.00.00.00.05  0.00.00.00.00.00.05  0.00.00.00.00.00.00  0.00.00.00.00.00.		
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.													
FOOD SUPP				I. Sneeze gua				Design and fab		OTHER FACIL	and the second second second		
1. Sources,				. Transportat				installation and		AND OPERAT			
FOOD PROT				ONNEL	Toxic materials			Cleanliness of Methods of wa			lities and operations		
3. No furthe		anid coolii		Exclusion of	of personnel				acilities Service Events				
4. Thawing	or edoking i	alpid eduli		3. Cleanliness	A STATE OF THE PARTY OF THE PAR				ATTES		y food service events		
5. Raw fruit			AND CONTROLS 40. Temporary food service event  31. Water supply VENDING MACHINES										
6. Pork cool	king		<u> </u>	). Handwashi	ng		32.1	ce		☐ 41. Vending n	nachines		
7. Poultry co	ooking		<u> </u>	. Handling o	f dishware		33. 8	Sewage			ERTIFICATION		
8. Other ani		70	-		TENSILS		□ 34. I	TENES 192		42. Manager of			
9. Least con		ing		2. Refrigerations. 3. Sinks	on facilities/Th	ermometers		Foilet facilities		CERTIFICATE			
11. Buffet red					Counter-protec	tor		Handwashing ( Garbage dispos		INSPECTION/			
□ 11. Buffet requirements □ 24. Ice storage/Counter-protector □ 37. Garbage disposal INSPECTION/ENFORCEMENT □ 12. Self-service condiments □ 25. Ventilation/Storage/Sufficient equipment □ 38. Vermin control □ 44. Inspection/Enforcement													
□ 13. Reservice	e of food		2	. Dishwashir	ng facilities								
ITEM NUMBERS					COMME	NTS AND	INSTRU tached she	UCTIONS eet)					
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			1						/				

HEALTH DEPARTMENT INSPECTOR: COPY OF REPORT RECEIVED BY: demes DH Form 4023, 1/05 (Obsoletes Previous Editions)

### STATE OF FLORIDA **DEPARTMENT OF HEALTH**

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PURPOSE:			EALTH DEDART	The second secon	ate School					
ROUTINE	E REINSPECTION		EALTH DEPART IC/ PRIVATE SCHOOL	MENI						
□ CONSTRU				ter School						
COMPLA		1113	PECTION REPORT	- Lynning	ational School					
□ QA SURV					ege/University					
□ PREOPEN				□ Othe						
	7.1	The same of								
NAME OF	F SCHOOL	cami Lukes	Total Conte	CENSU	- KESULIS					
		0158 84	CITY	600	Satisfactory					
ADDRESS	5 5180 NO			1000	□ Incomplete					
OWNER	HPRSD		ZIP330	2000	□ Unsatisfactory					
DUDGON	IN CHARGE			-1/00 8000	Correct Violations by					
PERSON	IN CHARGE	4028 60	PHONE	100 (10)	□ Next Inspection					
				200 201	□ 8:00 AM on:					
BEGIN	END			300 (30) (	DATE					
100 1	DATE	POSITION#	PERMIT NUM	BER 400 (40) (						
	000	0 2000	510	8 1 Z 6 500 (50) C						
(2) 05 AM (2	THE RESERVE TO SERVE	Q Q 2 19 19	13-51-0	600 (60)						
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			BEAT ST.	800 800						
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		14 (9)(9)(9)(9)	THE STATE OF THE PARTY OF THE P	90191190190	OUT OF BUSINESS					
requirement section abo	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.									
	SANITATION	an administrative fine or or	ner regar action being minu	LIQUID/SOLID W	ASTE SAFETY					
1. Scho		ural Ventilation	☐ 15. Handwash Facilitie							
□ 2. Play	ground Equipment	chanical Ventilation	☐ 16. Showers/Fixtures	22. Solid Waste	FOOD					
□ 3. Athl	letic Equipment SANITAR	Y FACILITIES	☐ 17. Shower Water Tem	P. VECTOR/VERMI	N 27. Food Insp. Rpt.					
BUILDIN		ovided/Accessible	WATER SUPPLY	CONTROL	OTHER					
4. Con:		eanliness & Repair	□ 18. Installed/Operated/							
	ntenance & Repair 12. To		Maintained	24. Brush/Trasl						
	hting/Foot-Candles   13. Se		19. Drinking Fountains	□ 25. Water Colle	ction/Drainage					
/. Heat	iting, Ventilation, A/C 14. Fix	dure Katio	20. Approved Source		party & marginal at					
ITEM	the party in the same		ENTS AND INSTRUCT	IONS						
NUMBERS		(0	continue on attached sheet)							
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HEALTH DEPARTMENT INSPECTOR:

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