

**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 Nathan Young Elem
 ADDRESS 14120 NW 24 Ave CITY Miam
 OWNER DCSB ZIP 33054
 PERSON IN CHARGE Raymond Sands PHONE 305-724

CENSUS

30
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000

RESULTS

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

DATE	
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

FEMALES

MALES

BEGIN	END
00:00	00:00
01:00	01:00
02:00	02:00
03:00	03:00
04:00	04:00
05:00	05:00
06:00	06:00
07:00	07:00
08:00	08:00
09:00	09:00
10:00	10:00
11:00	11:00
12:00	12:00

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

POSITION #
38431
00
01
02
03
04
05
06
07
08
09
10
11
12
13
14

PERMIT NUMBER
13-51-08117
00
01
02
03
04
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09
10
11
12
13
14

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

- 1. School Site
- 2. Playground Equipment
- 3. Athletic Equipment
- 4. Construction
- 5. Maintenance & Repair
- 6. Lighting/Foot-Candles
- 7. Heating, Ventilation, A/C
- 8. Natural Ventilation
- 9. Mechanical Ventilation
- 10. Provided/Accessible
- 11. Cleanliness & Repair
- 12. Toilet Facilities
- 13. Separation of Sexes
- 14. Fixture Ratio

SANITARY FACILITIES

- 15. Handwash Facilities
- 16. Showers/Fixtures
- 17. Shower Water Temp.
- 18. Installed/Operated/Maintained
- 19. Drinking Fountains
- 20. Approved Source

WATER SUPPLY

LIQUID/SOLID WASTE

- 21. Sewage Disposal
- 22. Solid Waste

VECTOR/VERMIN CONTROL

- 23. Infestation/Control
- 24. Brush/Trash
- 25. Water Collection/Drainage

SAFETY

- 26. First Aid Kit

FOOD

- 27. Food Insp. Rpt.

OTHER

- 28. _____
- 29. _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

5	Replace water damaged ceiling tiles in classroom 9
28	All cleaning supplies kept in classrooms should be kept locked up to prevent access to children.

HEALTH DEPARTMENT INSPECTOR: _____

PHONE: 316-22-3570

COPY OF REPORT RECEIVED BY: _____

DATE: 9/10/09

**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 Nathan Young Elem After-school
 ADDRESS 14120 NW 24 Ave CITY Miami
 OWNER _____ ZIP 33054
 PERSON IN CHARGE _____ PHONE 31688-3116

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
9:30 AM	9:45 AM	09 10 09	38431	13 - 48 -	<input type="checkbox"/> Hospital
1:00	1:00	0 0 0 0 05	0 0 0 0 0	0 0 0 0 0 0	<input type="checkbox"/> Nursing
2:05 AM	2:05 AM	1 1 1 1 06	1 1 1 1 1	1 1 1 1 1 1	<input type="checkbox"/> Detention
3:10 PM	3:10 PM	2 2 2 2 07	2 2 2 2 2	2 2 2 2 2 2	<input type="checkbox"/> Lounge
4:15	4:15	3 3 3 3 08	3 3 3 3 3	3 3 3 3 3 3	<input type="checkbox"/> Civic
5:20	5:20	4 4 4 4 09	4 4 4 4 4	4 4 4 4 4 4	<input type="checkbox"/> Movie
6:25	6:25	5 5 5 5 10	5 5 5 5 5	5 5 5 5 5 5	<input type="checkbox"/> School
7:30	7:30	6 6 6 6 11	6 6 6 6 6	6 6 6 6 6 6	<input type="checkbox"/> Residen.
8:35	8:35	7 7 7 7 12	7 7 7 7 7	7 7 7 7 7 7	<input checked="" type="checkbox"/> Child
9:40	9:40	8 8 8 8 13	8 8 8 8 8	8 8 8 8 8 8	<input type="checkbox"/> Limited
10:45	10:45	9 9 9 9 14	9 9 9 9 9	9 9 9 9 9 9	<input type="checkbox"/> 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.

- | | | | |
|--|---|--|--|
| FOOD SUPPLIES | <input type="checkbox"/> 14. Sneeze guards | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES |
| <input type="checkbox"/> 1. Sources, etc. | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | AND OPERATIONS |
| FOOD PROTECTION | <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 | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | TEMPORARY FOOD |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES | SERVICE EVENTS |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 18. Cleanliness | AND CONTROLS | <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 | VENDING MACHINES |
| <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 | MANAGER CERTIFICATION |
| <input type="checkbox"/> 8. Other animal cooking | EQUIPMENT/UTENSILS | <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 | CERTIFICATES AND FEES |
| <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 | INSPECTION/ENFORCEMENT |
| <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**
 (continue on attached sheet)

Program ran by F.C.A.A.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 31623-3500
 COPY OF REPORT RECEIVED BY: _____ DATE: 9/10/09

**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**

RESULTS

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

NAME OF ESTABLISHMENT Nathan Young Elem
 ADDRESS 14120 NW 24 Ave CITY Miam
 OWNER DCSB ZIP 33054
 PERSON IN CHARGE _____ PHONE 3/688-316

DATE				
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

OUT OF BUSINESS

BEGIN	END
9:45A	10:30A
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				
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 #				
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

CERTIFICATE NUMBER										
1	3	-	4	8	-	0	9	8	2	0
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	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

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.

- | | | | |
|--|--|---|---|
| <p>FOOD SUPPLIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Sources, etc. <p>FOOD PROTECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2. Stored temperature <input type="checkbox"/> 3. No further cooking/Rapid cooling <input type="checkbox"/> 4. Thawing <input type="checkbox"/> 5. Raw fruits <input type="checkbox"/> 6. Pork cooking <input type="checkbox"/> 7. Poultry cooking <input type="checkbox"/> 8. Other animal cooking <input type="checkbox"/> 9. Least contact/Reheating <input type="checkbox"/> 10. Food container <input type="checkbox"/> 11. Buffet requirements <input type="checkbox"/> 12. Self-service condiments <input type="checkbox"/> 13. Reservice of food | <ul style="list-style-type: none"> <input type="checkbox"/> 14. Sneeze guards <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Poisonous/Toxic materials <p>PERSONNEL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 17. Exclusion of personnel <input type="checkbox"/> 18. Cleanliness <input type="checkbox"/> 19. Tobacco use <input type="checkbox"/> 20. Handwashing <input type="checkbox"/> 21. Handling of dishware <p>EQUIPMENT/UTENSILS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 22. Refrigeration facilities/Thermometers <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/Counter-protector <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment <input type="checkbox"/> 26. Dishwashing facilities | <ul style="list-style-type: none"> <input type="checkbox"/> 27. Design and fabrication <input type="checkbox"/> 28. Installation and location <input type="checkbox"/> 29. Cleanliness of equipment <input type="checkbox"/> 30. Methods of washing <p>SANITARY FACILITIES AND CONTROLS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 31. Water supply <input type="checkbox"/> 32. Ice <input type="checkbox"/> 33. Sewage <input type="checkbox"/> 34. Plumbing <input type="checkbox"/> 35. Toilet facilities <input type="checkbox"/> 36. Handwashing facilities <input type="checkbox"/> 37. Garbage disposal <input type="checkbox"/> 38. Vermin control | <p>OTHER FACILITIES AND OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 39. Other facilities and operations <p>TEMPORARY FOOD SERVICE EVENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 40. Temporary food service events <p>VENDING MACHINES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 41. Vending machines <p>MANAGER CERTIFICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 42. Manager certification <p>CERTIFICATES AND FEES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> 44. Inspection/Enforcement |
|--|--|---|---|

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Food from North Dade Middle
	Satisfactory at inspection.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 3/623-3500
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 9/10/09