

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

Itinoco@keys Charter. org

NAME OF SCHOOL Keys Gate Charter High School
 ADDRESS 2325 SE 28 Ave CITY Honolulu
 OWNER Keys Gate Charter School ZIP 33035
 PERSON IN CHARGE David McKnight PHONE (786)272960

CENSUS

493

1000
2000
3000

100 10 1
200 20 2
300 30 3
400 40 4
500 50 5
600 60 6
700 70 7
800 80 8
900 90 9

FEMALES

MALES

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
1:00	1:00
2:05	2:05
3:10	3:10
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
10/17/11
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

POSITION #
84600
0 0 0 0
1 1 1 1
2 2 2 2
3 3 3 3
4 4 4 4
5 5 5 5
6 6 6 6
7 7 7 7
8 8 8 8
9 9 9 9

1358096

PERMIT NUMBER
13-51-
0 0 0 0 0 0
1 1 1 1 1 1
2 2 2 2 2 2
3 3 3 3 3 3
4 4 4 4 4 4
5 5 5 5 5 5
6 6 6 6 6 6
7 7 7 7 7 7
8 8 8 8 8 8
9 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-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	SANITARY FACILITIES	LIQUID/SOLID WASTE	SAFETY
<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 21. Sewage Disposal
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 23. Infestation/Control
BUILDINGS	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 24. Brush/Trash
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 14. Fixture Ratio	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 25. Water Collection/Drainage
<input checked="" type="checkbox"/> 5. Maintenance & Repair		<input type="checkbox"/> 20. Approved Source	VECTOR/VERMIN CONTROL
<input type="checkbox"/> 6. Lighting/Foot-Candles			<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 7. Heating, Ventilation, A/C			<input type="checkbox"/> 27. Food Insp. Rpt.
			OTHER
			<input type="checkbox"/> 28. _____
			<input type="checkbox"/> 29. _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
<u>S Rm 206</u>	<u>Secure extension cords running across room.</u>

HEALTH DEPARTMENT INSPECTOR: Adrienne Adriaene Garcia PHONE: (305) 623 3500
 COPY OF REPORT RECEIVED BY: Isabel Tinoco DATE: 10/17/11

DH 4030, 01/05 (Obsoletes Previous Editions)

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



PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

I tinoco@keyscharter.org

NAME OF ESTABLISHMENT Keys Gate Charter High School

ADDRESS 2325 SE 28 Ave **CITY** Homestead

OWNER Charter Schools USA **ZIP** 33035

PERSON IN CHARGE Isabel Tinoco **PHONE** (305) 272-9600

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
12:00	1:25P	10/12/11	84600	13-48-	<input type="checkbox"/> Hospital
1:00	1:00				<input type="checkbox"/> Nursing
2:05 AM	2:05 AM				<input type="checkbox"/> Detention
3:10 PM	3:10 PM				<input type="checkbox"/> Lounge
4:15	4:15				<input type="checkbox"/> Civic
5:20	5:20				<input type="checkbox"/> Movie
6:25	6:25				<input checked="" type="checkbox"/> School
7:30	7:30				<input type="checkbox"/> Residen.
8:35	8:35				<input type="checkbox"/> Child
9:40	9:40				<input type="checkbox"/> Limited
10:45	10:45				<input type="checkbox"/> Other
11:50	11:50				
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 AND OPERATIONS |
| FOOD PROTECTION | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | <input type="checkbox"/> 39. Other facilities and operations |
| <input type="checkbox"/> 2. Stored temperature | <input type="checkbox"/> 16. Poisonous/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | PERSONNEL | <input type="checkbox"/> 30. Methods of washing | <input type="checkbox"/> 40. Temporary food service events |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | SANITARY FACILITIES AND CONTROLS | VENDING MACHINES |
| <input type="checkbox"/> 5. Raw fruits | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | <input type="checkbox"/> 41. Vending machines |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 19. Tobacco use | <input type="checkbox"/> 32. Ice | MANAGER CERTIFICATION |
| <input type="checkbox"/> 7. Poultry cooking | <input type="checkbox"/> 20. Handwashing | <input type="checkbox"/> 33. Sewage | <input type="checkbox"/> 42. Manager certification |
| <input type="checkbox"/> 8. Other animal cooking | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | CERTIFICATES AND FEES |
| <input type="checkbox"/> 9. Least contact/Reheating | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | <input type="checkbox"/> 43. Certificates and fees |
| <input type="checkbox"/> 10. Food container | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 36. Handwashing facilities | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 23. Sinks | <input type="checkbox"/> 37. Garbage disposal | <input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 24. Ice storage/Counter-protector | <input type="checkbox"/> 38. Vermin control | |
| <input type="checkbox"/> 13. Reserve of food | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | | |
| | <input type="checkbox"/> 26. Dishwashing facilities | | |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Individually packed precooked meals delivered by preferred meals.

HEALTH DEPARTMENT INSPECTOR: Adriana Guevara **PHONE:** (305) 623-3500

COPY OF REPORT RECEIVED BY: Isabel Tinoco **DATE:** 10/12/11

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