

**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 Keys Gate Charter School
 ADDRESS 2000 SE 28th Av. CITY Homestead
 OWNER Keys Gate Charter Sch. ZIP 33031
 PERSON IN CHARGE Sharon Smith PHONE 3052301616

CENSUS

1200
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000

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
<u>8:00</u>	<u>9:30</u>
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE
<u>09/11/08</u>
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

POSITION #
<u>34600</u>
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

PERMIT NUMBER
<u>13-51-11412</u>
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

FEMALES

MALES

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
<u>11, 12</u>	<u>Replace toilet in 1135 w handicap -</u>
<u>11, 12</u>	<u>Repair toilet in 1110 bathroom (currently covered) -</u>
<u>05</u>	<u>Replace electrical outlet plaque in bathroom 1110.</u>
<u>19</u>	<u>Repair drinking fountain by the cafeteria.</u>

HEALTH DEPARTMENT INSPECTOR: E. V. [Signature] PHONE: 3052840980
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 09/11/09

**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**

NAME OF ESTABLISHMENT Key's Gate Charter School
 ADDRESS 2000 SE 34th Ave CITY Homestead
 OWNER Key's Gate Charter Sch. ZIP 33035
 PERSON IN CHARGE Sharon Smith PHONE 305 230 1616

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
0 0 0 0 0 05
0 0 0 0 0 06
0 0 0 0 0 07
0 0 0 0 0 08
0 0 0 0 0 09
0 0 0 0 0 10
0 0 0 0 0 11
0 0 0 0 0 12
0 0 0 0 0 13
0 0 0 0 0 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
9:30	10:00	09/11/08	834600	13-48-17404	<input checked="" type="checkbox"/> School
1:00	1:00				<input type="checkbox"/> Hospital
2:05 AM	2:05 AM				<input type="checkbox"/> Nursing
3:10 PM	3:10 PM				<input type="checkbox"/> Detention
4:15	4:15				<input type="checkbox"/> Lounge
5:20	5:20				<input type="checkbox"/> Civic
6:25	6:25				<input type="checkbox"/> Movie
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. Sneezing guards | <input type="checkbox"/> 27. Design and fabrication | OTHER FACILITIES AND OPERATIONS |
| <input type="checkbox"/> 2. Stored temperature | <input type="checkbox"/> 15. Transportation of food | <input type="checkbox"/> 28. Installation and location | |
| <input type="checkbox"/> 3. No further cooking/Rapid cooling | <input type="checkbox"/> 16. Pesticides/Toxic materials | <input type="checkbox"/> 29. Cleanliness of equipment | |
| <input type="checkbox"/> 4. Thawing | <input type="checkbox"/> 17. Exclusion of personnel | <input type="checkbox"/> 30. Methods of washing | |
| <input type="checkbox"/> 5. Raw fruits | PERSONNEL | SANITARY FACILITIES AND CONTROLS | TEMPORARY FOOD SERVICE EVENTS |
| <input type="checkbox"/> 6. Pork cooking | <input type="checkbox"/> 18. Cleanliness | <input type="checkbox"/> 31. Water supply | 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. Hand washing | <input type="checkbox"/> 33. Sewage | CERTIFICATES AND FEES |
| <input type="checkbox"/> 9. Least contact/Reheating | <input type="checkbox"/> 21. Handling of dishware | <input type="checkbox"/> 34. Plumbing | INSPECTION/ENFORCEMENT |
| <input type="checkbox"/> 10. Food container | EQUIPMENT/UTENSILS | <input type="checkbox"/> 35. Toilet facilities | |
| <input type="checkbox"/> 11. Buffet requirements | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers | <input type="checkbox"/> 36. Handwashing facilities | |
| <input type="checkbox"/> 12. Self-service condiments | <input type="checkbox"/> 23. Sink | <input type="checkbox"/> 37. Garbage disposal | |
| <input type="checkbox"/> 13. Reserve 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. Dish washing facilities | | |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<i>Food provided by Preferred Meals System. Utensils & disposables. Satisfactory at the time of inspection.</i>

HEALTH DEPARTMENT INSPECTOR: E. Valdes Smith PHONE: 305 284 0980
 COPY OF REPORT RECEIVED BY: X DATE: 09/11/08