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

PURPOSE:
- [x] ROUTINE
- [ ] REINSPECTION
- [ ] CONSTRUCT.
- [ ] CHANGE OF OWNER
- [ ] COMPLAINT
- [ ] CONSULTATION
- [ ] QA SURVEY
- [ ] EPIDEMIOLOGY
- [ ] PREOPENING
- [ ] OTHER _____

TYPE:
- [ ] 12 Private School
- [x] 13 Public School
- [ ] 22 Charter School
- [ ] 23 Vocational School
- [ ] 24 College/University
- [ ] Other _____

NAME OF SCHOOL Shenandoah Middle Learning Ctr.
ADDRESS 1950 SW 19th st. **CITY** Miami
OWNER MDCPS **ZIP** 33145
PERSON IN CHARGE Paulo De la Osa **PHONE** 305-856-8282

BEGIN	END
00	00
05 AM	05 AM
10 PM	10 PM
15	15
20	20
25	25
30	30
35	35
40	40
45	45
50	50
55	55

DATE: 09/18/13

POSITION #: 27431

PERMIT NUMBER: 13-51-0961 9

CENSUS: ~~552~~

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: 283

MALES: 280

RESULTS
- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [x] Next Inspection
- [ ] 8:00 AM on:

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

- [ ] OUT OF BUSINESS

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

BUILDINGS
- [x] 4. Construction
- [x] 5. Maintenance & Repair
- [ ] 6. Lighting/Foot-Candles
- [ ] 7. Heating, Ventilation, A/C
- [ ] 8. Natural Ventilation
- [ ] 9. Mechanical Ventilation

SANITARY FACILITIES
- [ ] 10. Provided/Accessible
- [ ] 11. Cleanliness & Repair
- [ ] 12. Toilet Facilities
- [ ] 13. Separation of Sexes
- [ ] 14. Fixture Ratio

- [ ] 15. Handwash Facilities
- [ ] 16. Showers/Fixtures
- [ ] 17. Shower Water Temp.

WATER SUPPLY
- [ ] 18. Installed/Operated/ Maintained
- [x] 19. Drinking Fountains
- [ ] 20. Approved Source

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
- [x] 28. clean vents
- [ ] 29. _____

ITEM NUMBERS — **COMMENTS AND INSTRUCTIONS** (continue on attached sheet)

(4) Repair wall in Rm. 202.

(5)(19) Replace broken water fountain handle's for water fountain across Rm. 304 and by the elevator.

(5)(19) Repair water fountain across Rm. 303

(4) Repair wall of stairwell leading to 3rd floor east side of bldg

(5) Replace water stained ceiling tile's throughout the school.

(28) Clean all air condition vent's.

HEALTH DEPARTMENT INSPECTOR: Manuel Alzugaray Jr. Manuel Alzugaray J. PHONE: 623-3500

COPY OF REPORT RECEIVED BY: Paulo Dela O PAULO DELA OSA DATE: 9/18/13

DH 4030, 01/05 (Obsoletes Previous Editions)

CHD/HEADQUARTERS

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE INSPECTION REPORT

PURPOSE:
- [x] ROUTINE
- [ ] REINSPECTION
- [ ] CONSTRUCT.
- [ ] CHANGE OF OWNER
- [ ] COMPLAINT
- [ ] CONSULTATION
- [ ] QA SURVEY
- [ ] OTHER
- [ ] OTHER _____

NAME OF ESTABLISHMENT Shenandoah Middle Learning Ctr.
ADDRESS 1950 S.W. 19th St. **CITY** Miami
OWNER MDCPS **ZIP** 33145
PERSON IN CHARGE Paulo De La Osa **PHONE** 305-856-8282

RESULTS
- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [x] Next Inspection
- [ ] 8:00 AM on:

DATE

- [ ] OUT OF BUSINESS

BEGIN	END

DATE: 09/18/13

POSITION #: 27431

CERTIFICATE NUMBER: 13-48-16972

TYPE
- [ ] Hospital
- [ ] Nursing
- [ ] Detention
- [ ] Lounge
- [ ] Civic
- [ ] Movie
- [x] School
- [ ] Residen.
- [ ] Child
- [ ] Limited
- [ ] 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
- [ ] 1. Sources, etc.

FOOD PROTECTION
- [ ] 2. Stored temperature
- [ ] 3. No further cooking/Rapid cooling
- [ ] 4. Thawing
- [ ] 5. Raw fruits
- [ ] 6. Pork cooking
- [ ] 7. Poultry cooking
- [ ] 8. Other animal cooking
- [ ] 9. Least contact/Reheating
- [ ] 10. Food container
- [ ] 11. Buffet requirements
- [ ] 12. Self-service condiments
- [ ] 13. Reservice of food
- [ ] 14. Sneeze guards
- [ ] 15. Transportation of food
- [ ] 16. Poisonous/Toxic materials

PERSONNEL
- [ ] 17. Exclusion of personnel
- [ ] 18. Cleanliness
- [ ] 19. Tobacco use
- [ ] 20. Handwashing
- [ ] 21. Handling of dishware

EQUIPMENT/UTENSILS
- [ ] 22. Refrigeration facilities/Thermometers
- [ ] 23. Sinks
- [ ] 24. Ice storage/Counter-protector
- [ ] 25. Ventilation/Storage/Sufficient equipment
- [ ] 26. Dishwashing facilities
- [ ] 27. Design and fabrication
- [ ] 28. Installation and location
- [ ] 29. Cleanliness of equipment
- [ ] 30. Methods of washing

SANITARY FACILITIES AND CONTROLS
- [ ] 31. Water supply
- [ ] 32. Ice
- [ ] 33. Sewage
- [ ] 34. Plumbing
- [ ] 35. Toilet facilities
- [ ] 36. Handwashing facilities
- [ ] 37. Garbage disposal
- [ ] 38. Vermin control

OTHER FACILITIES AND OPERATIONS
- [x] 39. Other facilities and operations

TEMPORARY FOOD SERVICE EVENTS
- [ ] 40. Temporary food service events

VENDING MACHINES
- [ ] 41. Vending machines

MANAGER CERTIFICATION
- [ ] 42. Manager certification

CERTIFICATES AND FEES
- [ ] 43. Certificates and fees

INSPECTION/ENFORCEMENT
- [ ] 44. Inspection/Enforcement

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(39)	Clean light cover fixture in storage room.

HEALTH DEPARTMENT INSPECTOR: Manuel Alvarez Jr. Manuel Alvarez Jr. PHONE: 623-3500

COPY OF REPORT RECEIVED BY: Paulo DeLa O PAULO DE LA OSA DATE: 9/18/13

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

CHD/HEADQUARTERS

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

PURPOSE:
- [x] ROUTINE
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TYPE:
- [x] 12 Private School
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NAME OF SCHOOL Shenandoah Middle School
ADDRESS 1950 S.W. 19th St. CITY Miami
OWNER MDCPS ZIP 33145
PERSON IN CHARGE Paulo De La Osa PHONE 305-856-8282

BEGIN	END
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: 09 18 13

POSITION #: 27431

PERMIT NUMBER: 13 - 51 - 0829 7

CENSUS: 555
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: 278

MALES: 281

RESULTS
- [x] 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

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- [ ] 1. School Site
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- [ ] 21. Sewage Disposal
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- [ ] 25. Water Collection/Drainage

SAFETY
- [ ] 26. First Aid Kit

FOOD
- [ ] 27. Food Insp. Rpt.

OTHER
- [x] 28. Clean light cov
- [x] 29. replace rug

ITEM NUMBERS | **COMMENTS AND INSTRUCTIONS** (continue on attached sheet)

(28) Clean light cover fixture in Rm. 107 and media ctr.
(4) Replace rusted floor tile's in Rm. 206.
(29)(4)(5) Replace water damaged rug in media ctr.
(5) Replace water stained ceiling tiles throughout the school
(5) Replace burned out bulb's in the media ctr.

HEALTH DEPARTMENT INSPECTOR: Manuel Alzuguray Jr. Manuel Alzuguray Jr. PHONE: 623-3500
COPY OF REPORT RECEIVED BY: Paulo De La O PAULO DELAOSA DATE: 9/18/13

DH 4030, 01/05 (Obsoletes Previous Editions)

CHD/HEADQUARTERS

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE INSPECTION REPORT

PURPOSE:
- [x] ROUTINE
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- [ ] QA SURVEY
- [ ] OTHER
- [ ] OTHER _____

NAME OF ESTABLISHMENT Shenandoah Middle School
ADDRESS 1950 S.W. 19th st. **CITY** Miami
OWNER MDCPS **ZIP** 33145
PERSON IN CHARGE Paula De La Osa **PHONE** 305-856-8282

BEGIN	END
12:55	12:55

DATE: 09/18/13

POSITION #: 27431

CERTIFICATE NUMBER: 13-48-1260 1

TYPE
- [ ] Hospital
- [ ] Nursing
- [ ] Detention
- [ ] Lounge
- [ ] Civic
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CERTIFICATES AND FEES
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INSPECTION/ENFORCEMENT
- [ ] 44. Inspection/Enforcement

ITEM NUMBERS | **COMMENTS AND INSTRUCTIONS** (continue on attached sheet)

Satisfactory!

HEALTH DEPARTMENT INSPECTOR: Manuel Alzugaray Jr. Manuel Alzugaray Jr. *PHONE:* 623-3500

COPY OF REPORT RECEIVED BY: Paula De La O PAULA DE LA OSA. *DATE:* 9/18/13

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

CHD/HEADQUARTERS