



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
OPERATING PERMIT

Permit Number: 13-48-17306

Food Hygiene - School Cafeteria(more than 9 months)

Issued to: Downtown Miami Charter School  
305 NW 3 Avenue  
Miami, FL 33128

Mailed To: Downtown Development Authority  
305 NW 3 Avenue  
Miami, FL 33128

Audit Control: 13-BID-1558490  
County: Dade 570488  
Issue Date: 10/01/2010  
Amount Paid: \$150.00  
Date Paid: 11/24/2010  
Permit Expires On: 09/30/2011

Dade County Health Department  
1725 NW 167 Street  
Miami, FL 33056

ORIGINAL - CUSTOMER (Non-Transferable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE



STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
OPERATING PERMIT

Permit Number: 13-48-17306

Food Hygiene - School Cafeteria(more than 9 months)

Issued to: Downtown Miami Charter School  
305 NW 3 Avenue  
Miami, FL 33128

Mailed To: Downtown Miami Charter School  
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Miami, FL 33128

Audit Control: 13-BID-1558490  
County: Dade 570488  
Issue Date: 10/01/2010  
Amount Paid: \$150.00  
Date Paid: 11/24/2010  
Permit Expires On: 09/30/2011

Dade County Health Department  
1725 NW 167 Street  
Miami, FL 33056

DUPLICATE - CUSTOMER (Non-Transferable) DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

**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 Downtown Miami Charter School  
 ADDRESS 305 NW 3 AVE CITY Miami  
 OWNER Rebecca Dinda ZIP 33128  
 PERSON IN CHARGE Same as PHONE (305) 579-2112

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

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	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
8:00 A	8:30 A	09 08 11	32763	13-48-17306	<input checked="" type="checkbox"/> School
1 00	1 00	0 0 0 0 05	0 0 0 0 0	0 0 0 0 0 0	<input type="checkbox"/> Hospital
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"/> Nursing
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"/> Detention
4 15	4 15	3 3 3 3 08	3 3 3 3 3	3 3 3 3 3 3	<input type="checkbox"/> Lounge
5 20	5 20	4 4 4 4 09	4 4 4 4 4	4 4 4 4 4 4	<input type="checkbox"/> Civic
6 25	6 25	5 5 5 5 10	5 5 5 5 5	5 5 5 5 5 5	<input type="checkbox"/> Movie
7 30	7 30	6 6 6 6 11	6 6 6 6 6	6 6 6 6 6 6	<input type="checkbox"/> School
8 35	8 35	7 7 7 7 12	7 7 7 7 7	7 7 7 7 7 7	<input type="checkbox"/> Residen.
9 40	9 40	8 8 8 8 13	8 8 8 8 8	8 8 8 8 8 8	<input type="checkbox"/> Child
10 45	10 45	9 9 9 9 14	9 9 9 9 9	9 9 9 9 9 9	<input type="checkbox"/> Limited
11 50	11 50				<input type="checkbox"/> Other
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    | <b>OTHER FACILITIES AND OPERATIONS</b>              |
| <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. Poisonous/Toxic materials                | <input type="checkbox"/> 29. Cleanliness of equipment  |   |
| <input type="checkbox"/> 4. Thawing                          | <b>PERSONNEL</b>  | <input type="checkbox"/> 30. Methods of washing        |   |
| <input type="checkbox"/> 5. Raw fruits                       | <input type="checkbox"/> 17. Exclusion of personnel                   | <b>SANITARY FACILITIES AND CONTROLS</b>                | <b>TEMPORARY FOOD SERVICE EVENTS</b>                |
| <input type="checkbox"/> 6. Pork cooking                     | <input type="checkbox"/> 18. Cleanliness                              | <input type="checkbox"/> 31. Water supply              | <b>VENDING MACHINES</b>                             |
| <input type="checkbox"/> 7. Poultry cooking                  | <input type="checkbox"/> 19. Tobacco use                              | <input type="checkbox"/> 32. Ice                       | <b>MANAGER CERTIFICATION</b>                        |
| <input type="checkbox"/> 8. Other animal cooking             | <input type="checkbox"/> 20. Handwashing                              | <input type="checkbox"/> 33. Sewage                    | <input type="checkbox"/> 42. Manager certification  |
| <input type="checkbox"/> 9. Least contact/Reheating          | <b>EQUIPMENT/UTENSILS</b>   | <input type="checkbox"/> 34. Plumbing                  | <b>CERTIFICATES AND FEES</b>                        |
| <input type="checkbox"/> 10. Food container                  | <input type="checkbox"/> 22. Refrigeration facilities/Thermometers    | <input type="checkbox"/> 35. Toilet facilities         | <input type="checkbox"/> 43. Certificates and fees  |
| <input type="checkbox"/> 11. Buffet requirements             | <input type="checkbox"/> 23. Sinks                                    | <input type="checkbox"/> 36. Handwashing facilities    | <b>INSPECTION/ENFORCEMENT</b>                       |
| <input type="checkbox"/> 12. Self-service condiments         | <input type="checkbox"/> 24. Ice storage/Counter-protector            | <input type="checkbox"/> 37. Garbage disposal          | <input type="checkbox"/> 44. Inspection/Enforcement |
| <input type="checkbox"/> 13. Reservice of food               | <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment | <input type="checkbox"/> 38. Vermit control            |   |
|  | <input type="checkbox"/> 26. Dishwashing facilities                   |  |   |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>Satisfactory inspection</u>

HEALTH DEPARTMENT INSPECTOR: Cynthia B. Campos PHONE: (305) 623-3500  
 COPY OF REPORT RECEIVED BY: Stephonie M... DATE: 09/08/2011

**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 \_\_\_\_\_

NAME OF SCHOOL Downtown Miami Charter School  
 ADDRESS 305 NW 3 AVE CITY Miami  
 OWNER Rebecca Pinda ZIP 33128  
 PERSON IN CHARGE Same as PHONE (305) 579-2122

CENSUS

630

1000  
2000  
3000  
4000  
5000  
6000  
7000  
8000  
9000

FEMALES  
MALES

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	DATE	POSITION #	PERMIT NUMBER
8:30 AM	10:00 AM	09/08/11	32763	13-51-10958
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			

*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.*

<b>SCHOOL SANITATION</b>	<b>SANITARY FACILITIES</b>	<b>LIQUID/SOLID WASTE</b>	<b>SAFETY</b>
<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.	<input type="checkbox"/> 23. Infestation/Control
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 24. Brush/Trash
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 25. Water Collection/Drainage
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio		<input type="checkbox"/> 27. Food Insp. Rpt.
			<input type="checkbox"/> 28. _____
			<input type="checkbox"/> 29. _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
5	Rm. 123: Secure computer cables to wall and add chemical name to spray bottle with liquid (corrected).
5	Rm. 206: Secure computer cables to wall
28	Lock away cleaning supplies throughout school for children's safety.
23	Remove excess storage under sinks in classrooms throughout school to prevent vermin harborage.
5	Rm. 214: Repair baseboard to North East corner of room
23, 28	Rm. 228: Clean old roach droppings in all cabinets and under sink and remove/lock away roach spray-Baid, elorox bottle and woodcleaning supply

HEALTH DEPARTMENT INSPECTOR: Dr. B. A. Cynthia B. Campos PHONE: (305) 623-3500 (corrected)  
 COPY OF REPORT RECEIVED BY: Stephonia Miras DATE: 09/08/11