

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



**FOOD SERVICE  
INSPECTION REPORT**

**PURPOSE:**

- ROUTINE
- REINSPECTION
- CONSTRUCT
- CHANGE OF OWNER
- COMPLAINT
- CONSULTATION
- QASURVEY
- OTHER
- OTHER

NAME OF ESTABLISHMENT West Little River Elem  
 ADDRESS 2450 NW 84 Street CITY Miami  
 OWNER DCPS ZIP 33147  
 PERSON IN CHARGE Shirley Gardner PHONE 305-691-6491

**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
10:30 AM	11:15 AM	09-22-09	01469	13-48-14766	<input checked="" type="checkbox"/> School

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. Spices, etc.	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	<b>OTHER FACILITIES AND OPERATIONS</b>
<input type="checkbox"/> 2. Food protection	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	<input type="checkbox"/> 39. Other facilities
<input type="checkbox"/> 3. Sanitary transportation	<input type="checkbox"/> 16. Personnel	<input type="checkbox"/> 29. Cleanliness of equipment	<b>TEMPORARY FOOD SERVICE EVENTS</b>
<input type="checkbox"/> 4. Sanitary transportation	<input type="checkbox"/> 17. Exclusion of personnel	<input type="checkbox"/> 30. Method of washing	<input type="checkbox"/> 40. Temporary events
<input type="checkbox"/> 5. Sanitary transportation	<input type="checkbox"/> 18. Cleanliness	<b>SANITARY FACILITIES AND CONTROLS</b>	<b>VENDING MACHINES</b>
<input type="checkbox"/> 6. Sanitary transportation	<input type="checkbox"/> 19. Sanitation	<input type="checkbox"/> 31. Ventilation	<input type="checkbox"/> 41. Vending machines
<input type="checkbox"/> 7. Sanitary transportation	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 32. Sinks	<b>MANAGER CERTIFICATION</b>
<input type="checkbox"/> 8. Sanitary transportation	<input type="checkbox"/> 21. Handwashing	<input type="checkbox"/> 33. Plumbing	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 9. Sanitary transportation	<input type="checkbox"/> 22. Refrigeration facilities (thermometers)	<input type="checkbox"/> 34. Plumbing	<b>CERTIFICATES AND FEES</b>
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 35. Toilet 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"/> 36. Handwashing facilities	<b>INSPECTION/ENFORCEMENT</b>
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment	<input type="checkbox"/> 37. Garbage disposal	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 13. Reserve of food	<input type="checkbox"/> 26. Dishwashing facilities	<input type="checkbox"/> 38. Vermin control	

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(10)	Provide a label for the food containers, (corrected immediately).

HEALTH DEPARTMENT INSPECTOR: Dr. Dimitri H. Hinton PHONE: 305-623-3500  
 COPY OF REPORT RECEIVED BY: Shirley Gardner DATE: 09-22-09

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

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 West Little River Elem  
 ADDRESS 2450 NW 84 St CITY MIAMI  
 OWNER DCPS ZIP 33147  
 PERSON IN CHARGE Martina Harris PHONE 305-691-6491

CENSUS

352

- 1000
- 2000
- 3000
- 4000
- 5000
- 6000
- 7000
- 8000
- 9000

FEMALES

177

MALES

175

RESULTS

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

DATE

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
11:15	1:45	09/22/09	01469	13-51-08000

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. Handwashing Facilities
- 3. Toilet Facilities
- 4. Toilet Paper
- 5. Ventilation
- 6. Heating
- 7. Natural Ventilation
- 8. Mechanical Ventilation
- 9. Provided/Accessible
- 10. Equipment & Repair
- 11. Toilet Facilities
- 12. Separation of Sexes
- 13. Fixture Ratio

LIQUID/SOLID WASTE

- 15. Handwash Facilities
- 16. Sanitary Facilities
- 17. Shower Water Temp
- 18. Handwashing
- 19. Handwashing
- 20. Approved

SAFETY

- 21. Sewage Disposal
- 22. Solid Waste
- 23. Insect/Vermin Control
- 24. Broom/Trash
- 25. Water Collection/Storage

FOOD

- 26. Fire Extinguisher
- 27. First Aid Kit
- 28. Other

VECTOR/VERMIN CONTROL

- 29. Insect/Vermin Control
- 30. Broom/Trash
- 31. Water Collection/Storage

ITEM NUMBERS COMMENTS AND INSTRUCTIONS (continue on attached sheet)

(28)	Remove every combustible material in the electrical closet - the main vault - 1st floor.
(6)	Provide light bulbs for the light fixture in the hallway in the East wing.
(15)	Provide a cap for the faucet head in the girls' main bathroom upstairs - 2nd floor.
(9)	Clean the air conditioner in Rm 224, 223, 222.

HEALTH DEPARTMENT INSPECTOR: Dimitri Hilton PHONE: 305-623-3500  
 COPY OF REPORT RECEIVED BY: Martina Harris DATE: 09-22-09



STATE OF FLORIDA  
DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: West Little River Elementary

COMMENTS AND INSTRUCTION:

- (11) Remove the dead insect (s) from the light fixture in Rm 222, 207, 204, 205, 208, 210
- (5) Replace the stained ceiling tile in Rm 210.
- (6) Provide bulbs for the light fixture in Rm 211.
- (6) Provide a bulb for the light fixture in Rm 110, 105.
- (6) Replace the lens on the light fixture in Rm 104.
- (11) Remove the dead insects from the light fixture in Rm 105
- (11) Remove the dead roach from the light fixture in Rm 115.
- (5) Replace the stained ceiling tile in Rm 116, 124.

Copy of Inspection Report Received by: Martha Z. Harris MARTHA HARRIS

Health Department Inspector: Dr. Dimitri Hilton Date: 09-22-09