

PUBLIC / PRIVATE SCHOOL

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC/PRIVATE SCHOOL**



PURPOSE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> EPIDEMIOLOGY |
| <input type="checkbox"/> PREOPENING | <input type="checkbox"/> OTHER |

TYPE

- Private School
 Public School
 Charter School
 Vocational School
 College/University
 Other

NAME OF SCHOOL <u>Miami Shores Elem.</u>	
ADDRESS <u>10351 NE 5 Avenue</u>	CITY <u>Miami</u>
OWNER <u>M-DCSB Food and Nutrition</u>	ZIP <u>33138</u>
PERSON IN CHARGE <u>BRENDA SWAIN</u>	PHONE _____

RESULTS		
<input checked="" type="checkbox"/> Satisfactory <input type="checkbox"/> Incomplete <input type="checkbox"/> Unsatisfactory		
Correct Violations by <input checked="" type="checkbox"/> Next Inspection <input type="checkbox"/> 8:00 AM on:		
<table border="1" style="width: 100%;"> <tr> <th style="text-align: center;">DATE</th> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table>	DATE	
DATE		
<input type="checkbox"/> OUT OF BUSINESS		

BEGIN	END	DATE	POSITION #	PERMIT NUMBER	CENSUS
9:15 am	10:15 am	10/17/2017	085423	13-51-08041	
					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 Chapters 381 FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

<p>SCHOOL SANITATION</p> <p><input type="checkbox"/> 1. School Site</p> <p><input type="checkbox"/> 2. Playground Equipmen</p> <p><input type="checkbox"/> 3. Athletic Equipment</p> <p>BUILDINGS</p> <p><input type="checkbox"/> 4. Construction</p> <p><input type="checkbox"/> 5. Maintenance & Repai</p> <p><input type="checkbox"/> 6. Lighting/Foot-Candles</p> <p><input type="checkbox"/> 7. Heating, Ventilation, A/C</p>	<p><input type="checkbox"/> 8. Natural Ventilation</p> <p><input type="checkbox"/> 9. Mechanical Ventilation</p> <p>SANITARY FACILITIES</p> <p><input type="checkbox"/> 10. Provided/Accessible</p> <p><input type="checkbox"/> 11. Cleanliness & Repa</p> <p><input type="checkbox"/> 12. Toilet Facilities</p> <p><input type="checkbox"/> 13. Separation of Sexes</p> <p><input type="checkbox"/> 14. Fixture Ratio</p>	<p><input type="checkbox"/> 15. Handwash Facilitie</p> <p><input type="checkbox"/> 16. Showers/Fixtures</p> <p><input type="checkbox"/> 17. Shower Water Temp</p> <p>WATER SUPPLY</p> <p><input type="checkbox"/> 18. Installed/Operated/Maintained</p> <p><input type="checkbox"/> 19. Drinking Fountains</p> <p><input type="checkbox"/> 20. Approved Source</p>	<p>LIQUID/SOLID WASTE</p> <p><input type="checkbox"/> 21. Sewage Dispos</p> <p><input type="checkbox"/> 22. Solid Waste</p> <p>VECTOR/VERMIN CONTROL</p> <p><input type="checkbox"/> 23. Infestation/Contro</p> <p><input type="checkbox"/> 24. Brush/Trash</p> <p><input type="checkbox"/> 25. Water Collection/Drainag</p>	<p>MISC.</p> <p><input type="checkbox"/> 26. First Aid Kit</p> <p>FOOD</p> <p><input type="checkbox"/> 27. Food Insp. Rp</p> <p>OTHER</p> <p><input type="checkbox"/> 28.</p> <p><input type="checkbox"/> 29.</p>
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	See Comments on Next Page

HEALTH DEPARTMENT INSPECTOR:	<u>Carlos Perez</u>	PHONE:	<u>(305) 623-3500 EX.</u>
COPY OF REPORT RECEIVED BY:	<u>SIGNED</u>	DATE:	<u>10/17/2017</u>

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Facility Name: **Miami Shores Elem.**

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS
12. Toilet Facilities	BOYS RESTROOM 018 SINK OFF THE WALL, WORK ORDER (MD17417). BOYS RESTROOM 016 RUST OVER COVER NEED REPAIR, WORK ORDER (MD17429). 12. Toilet Facilities. 5(16)(b)2.c SREF. Deodorizers shall not be used in toilet rooms. 5(10)(f) SREF. Toilet and bath accessories, including grab bars; toilet paper dispensers; paper towel dispensers or hot-air drying devices; napkin disposal units; shelving, and mirrors, where provided, shall be maintained in a safe and secure condition at all times. The use of common or public towels shall not be permitted. 5(13)(f)4 SREF. Toilet facilities shall have a nonslip, impervious floor, impervious base, and minimum four foot- high impervious wainscot. 5(13)(p)2 SREF. Each staff toilet room shall be provided with at least one water closet and one lavatory and shall be provided with hot and cold water at the lavatory. 5(14)(b)10.a SREF. Walls in toilet rooms shall be finished with impervious materials to a minimum height of four feet. Floor and base in individual or group toilet rooms shall be impervious. 468.3.5.4 FBC. The entry to each group toilet room shall be provided with a door, partition, or other shielding device to block from view the occupants in the toilet room. If a door is provided, it shall have a closer. 5(16)(b)1 SREF. Toilet facilities shall be maintained in a satisfactory state of repair at all times. 5(16)(b)2.a. SREF. Water closets, urinals, lavatories, faucets, flush valves, dispensers, partitions, lower half of walls, and floors shall be maintained in a clean & sanitary condition at all times.
5. Maintenance & Repair	ROOM 106 CLOSED AND UNDER REPAIRS, WORKER ORDER (MC82006). 5. Maintenance and Repair. 5(1)(e)8.h SREF. Light fixtures and window surfaces, both inside and outside, shall be kept clean, serviceable, and in good repair at all times. 5(1)(e)8.i. Custodial areas shall be kept clean, safe, and orderly at all times. Custodial equipment shall be in good repair at all times. 5(1)(e)8.j SREF. Building components & finishes shall be kept clean & in good repair.

Inspector Comments: