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



PURPOSE:

- ROHTLINE
- REINSPECTION
- CONSTRUCT.
- CHANGE OF OWNER
- COMPLAINT
- CONSULTATION
- QA SURVEY
- EPIDEMIOLOGY
- PREOPENING
- OTHER _____

TYPE:

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

NAME OF SCHOOL Martin Luther King Elm
 ADDRESS 7124 NW 12 Ave CITY Miami
 OWNER DC PS ZIP 33150
 PERSON IN CHARGE Mary J Brown PHONE 305-836-6928

CENSUS
 265
 000
 000
 000
 100 100 11
 200 200 22
 300 300 33
 400 400 44
 500 500 55
 600 600 66
 700 700 77
 800 800 88
 900 900 99
 FEMALES
 131
 MALES
 134

RESULTS
 Satisfactory
 Incomplete
 Unsatisfactory
 Correct Violations by
 Next Inspection
 8:00 AM on:
 DATE
 0 0 0 0 0 05
 1 1 1 1 1 06
 2 2 2 2 2 07
 3 3 3 3 3 08
 4 4 4 4 4 09
 5 5 5 5 5 10
 6 6 6 6 6 11
 7 7 7 7 7 12
 8 8 8 8 8 13
 9 9 9 9 9 14
 OUT OF BUSINESS

BEGIN	END
1:15	2:45
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:18	4:18
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
05 21 09
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
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0 0 0 0 0 11
0 0 0 0 0 12
0 0 0 0 0 13
0 0 0 0 0 14

POSITION #
01469
0 0 0 0 0 0
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PERMIT NUMBER
13 - 51 - 08380
0 0 0 0 0 0
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In per section 320.095 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-19 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-11 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"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	FOOD
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 11. Cleanliness & Repair	WATER SUPPLY	OTHER
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 28. _____
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio	<input type="checkbox"/> 20. Approved Source	
<input type="checkbox"/> 7. Heating, Ventilation, A/C		<input type="checkbox"/> 21. Sewage Disposal	
		<input type="checkbox"/> 22. Solid Waste	
		VECTOR/VERMIN CONTROL	
		<input type="checkbox"/> 23. Infestation/Control	
		<input type="checkbox"/> 24. Brush/Trash	
		<input type="checkbox"/> 25. Water Collection/Drainage	

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(a)	Clean the return air vent in the ^{main} office.
(ii)	Remove dead insect from the light fixture in personnel office.
(iii)	Remove the dead insects from the light fixture in Rm 300c.
(e)	Replace the bent sensor on the light fixture in Rm 300D.
(h)	Provide the unbreakable plastic table for the light bulbs in Rm 500E.

HEALTH DEPARTMENT INSPECTOR: Rt. Dimpert PHONE: 305-623-3000
 COPY OF REPORT RECEIVED BY: Mary J. Brown DATE: 05-21-09
 MARY J. BROWN