

PS # 1062

**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 South Miami Senior High School
 ADDRESS 6856 SW 60 Street CITY Miami
 OWNER NDCPS ZIP 33155
 PERSON IN CHARGE Pierre Edward PHONE (305) 666-5871

CENSUS
 1567
 1000
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 FEMALES
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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
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3 3 3 3 3 08
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OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
2:00 PM	4:00 PM	05/27/09	27429	13-51-14508
1 00	1 00	0 0 0 0 0 05	0 0 0 0 0 0	0 0 0 0 0 0
2 05 (AM)	2 05 (AM)	1 1 1 1 1 06	1 1 1 1 1 1	1 1 1 1 1 1
3 10 (PM)	3 10 (PM)	2 2 2 2 2 07	2 2 2 2 2 2	2 2 2 2 2 2
4 15	4 15	3 3 3 3 3 08	3 3 3 3 3 3	3 3 3 3 3 3
5 20	5 20	4 4 4 4 4 09	4 4 4 4 4 4	4 4 4 4 4 4
6 25	6 25	5 5 5 5 5 10	5 5 5 5 5 5	5 5 5 5 5 5
7 30	7 30	6 6 6 6 6 11	6 6 6 6 6 6	6 6 6 6 6 6
8 35	8 35	7 7 7 7 7 12	7 7 7 7 7 7	7 7 7 7 7 7
9 40	9 40	8 8 8 8 8 13	8 8 8 8 8 8	8 8 8 8 8 8
10 45	10 45	9 9 9 9 9 14	9 9 9 9 9 9	9 9 9 9 9 9
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.

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 checked="" 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 checked="" 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)
(19)	Increase the water pressure in the drinking fountain located across from room # 608.
(11)	Repair the commodes in bathroom 603.
(5)	Clean the wall from mildew growth in classroom # 610. Inside near one of the doors and outside.
(5)	Provide missing ceiling tiles in the following locations: in the hallway in front of the stairs door 400B (3rd floor), classroom 422.
(5)	Replace misplaced ceiling tiles in the hallway

HEALTH DEPARTMENT INSPECTOR: Guilherme Augusto Aguiar PHONE: (305) 284-0979
 COPY OF REPORT RECEIVED BY: Pierre Edward DATE: 5/27/09
 DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY

Call # (305) 546-3021

15.41 of 5

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 OWNER MDCPS ZIP 33155
 PERSON IN CHARGE Edouard PHONE (305) 666-5871
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01	01
02	02
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DATE
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4 4 4 09
5 5 5 10
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9 9 9 14

POSITION #
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PERMIT NUMBER
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BUILDINGS	<input checked="" type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control	OTHER
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<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio			
<input type="checkbox"/> 7. Heating, Ventilation, A/C				

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(5)	Remove the out-of-service refrigerator from classroom # 309. It is full of mold and it has a bad odor.
(19)	Increase the water pressure in the drinking fountains located in front of room #200, adjacent to the storage room 212A, in the gym adjacent to the men's bathroom sign (middle).
(19)	Repair the drinking fountains located near the girl's bathroom #250A, and near the entrance of

HEALTH DEPARTMENT INSPECTOR: Alfonso Aguilar PHONE: (305) 284-0929
 COPY OF REPORT RECEIVED BY: Edouard Pierre Edouard DATE: 5/27/09

2011#(305) 887-546-2021