

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



PURPOSE:

- ROUTINE
- 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 Southeast Miami Sr. Hg. Center
 ADDRESS 8855 SW 50 Ter CITY Miami
 OWNER D. C. P. S. ZIP 33165
 PERSON IN CHARGE Carlos Diaz PHONE 305 740181
Michael Sell

CENSUS

2014

1000
2000
3000
4000
5000
6000
7000
8000
9000

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
8:00 AM	8:00 AM	090111	27402	13-51-14690
9:00 AM	9:00 AM			
10:00 AM	10:00 AM			
11:00 AM	11:00 AM			
12:00 PM	12:00 PM			
1:00 PM	1:00 PM			
2:00 PM	2:00 PM			
3:00 PM	3:00 PM			
4:00 PM	4:00 PM			
5:00 PM	5:00 PM			
6:00 PM	6:00 PM			
7:00 PM	7:00 PM			
8:00 PM	8:00 PM			
9:00 PM	9:00 PM			

FEMALES

1914

MALES

1500

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 checked="" 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 checked="" type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input checked="" type="checkbox"/> 28. _____
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 19. Drinking Fountains	<input checked="" 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)

5 - Repair broken lock on new building entrance door.
 5-28 Repair/replace several loose handles on windows throughout
 11-12-15 Repair loose door on partition in restroom 516;
 provide caulking for handwash sink and broken soap
 dispenser in restroom 550; repair broken paper towel
 dispenser in restroom 553; repair running water all
 the time on handwash sinks in restrooms 580 and in 550;
 repair one broken urinal and one missing partition door in # 583.
 5-29 Repair elevator out of order.

HEALTH DEPARTMENT INSPECTOR: Jose V. A. PHONE: 305 2810974
 COPY OF REPORT RECEIVED BY: Michael Sell DATE: 9-1-11