

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 Sunset Park Elementary
 ADDRESS 10205 SW 84 ST CITY Miami
 OWNER MDCPS ZIP 33173
 PERSON IN CHARGE Wendy Hernandez PHONE (305) 279-3222

CENSUS

620

1000	<input type="checkbox"/>
2000	<input type="checkbox"/>
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4000	<input type="checkbox"/>
5000	<input type="checkbox"/>
6000	<input type="checkbox"/>
7000	<input type="checkbox"/>
8000	<input type="checkbox"/>
9000	<input type="checkbox"/>

FEMALES

MALES

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
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OUT OF BUSINESS

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POSITION #			
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PERMIT NUMBER											
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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.

<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> LIQUID/SOLID WASTE	<input type="checkbox"/> SAFETY
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 22. Solid Waste	<input type="checkbox"/> FOOD
BUILDINGS	SANITARY FACILITIES	WATER SUPPLY	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> OTHER
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio			

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<i>Satisfactory at time of inspection.</i>

HEALTH DEPARTMENT INSPECTOR: MARIA Adiver PHONE: 786 216-9759
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 09/03/15

ESTABLISHMENT/FACILITY

DH 4030, 01/05 (Obsoletes Previous Editions)