

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



**PURPOSE:**

- INSPECTION
- REINSPECTION
- CONSTRUCTION
- CHANGE OF OWNER
- COMPLAINT
- CONSULTATION
- DISCOVERY
- EPIDEMIOLOGY
- PRECIPITATION
- OTHER

**TYPE:**

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

NAME OF SCHOOL MADIE EVES ELEM.  
 ADDRESS 20770 NE 14AV CITY NY BCHA  
 OWNER DADE COUNTY SCHOOL B ZIP 33179  
 PERSON IN CHARGE PAULA GOOD PHONE 3/651-3031  
ASSIST. PRINCIPAL

**CENSUS**

0  
 1000  
 2000  
 3000  
 4000  
 5000  
 6000  
 7000  
 8000  
 9000  
 FEMALES  
 MALES

**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
9:30	10:30	08/12/09	27430	13-51-08373
1:00	1:00	0 0 0 0 05	0 0 0 0 0 0	0 0 0 0 0 0
2:05	2:05	1 1 0 1 06	1 1 1 1 1	1 1 1 1 1 1
3:10	3:10	2 2 0 2 07	2 2 2 2 2	2 2 2 2 2 2
4:15	4:15	3 3 3 3 08	3 3 3 3 3	3 3 3 3 3 3
5:20	5:20	4 4 0 4 09	4 4 4 4 4	4 4 4 4 4 4
6:25	6:25	5 5 5 5 10	5 5 5 5 5	5 5 5 5 5 5
7:30	7:30	6 6 6 6 11	6 6 6 6 6	6 6 6 6 6 6
8:35	8:35	7 7 7 7 12	7 7 7 7 7	7 7 7 7 7 7
9:40	9:40	8 8 8 8 13	8 8 8 8 8	8 8 8 8 8 8
10:45	10:45	9 9 9 9 14	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.*

<b>SCHOOL SANITATION</b>	<b>SANITARY FACILITIES</b>	<b>LIQUID/SOLID WASTE</b>	<b>SAFETY</b>
<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	<b>FOOD</b>
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp	<input checked="" type="checkbox"/> 27. Food Insp. Rpt.
<b>BUILDINGS</b>	<input checked="" type="checkbox"/> 11. Cleanliness & Repair	<b>WATER SUPPLY</b>	<b>OTHER</b>
<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		<b>VECTOR/VERMIN CONTROL</b>	
		<input checked="" type="checkbox"/> 23. Infestation Control	
		<input type="checkbox"/> 21. Sewage Disposal	
		<input type="checkbox"/> 22. Solid Waste	
		<input type="checkbox"/> 24. Brush/Trash	
		<input type="checkbox"/> 25. Water Collection/Drainage	

**ITEM NUMBERS**      **COMMENTS AND INSTRUCTIONS** (continue on attached sheet) *MUST BE COMPLETED BEFORE THE SCHOOL YEAR STARTS.*

NO CHILDREN PRESENT AT TIME OF INSPECTION.

(5)(11) PROVIDE WATER UNDER PRESSURE TO THE HANDSINKS' FAUCETS IN THE GIRLS REST ROOM BY THE MAIN CORRIDOR.

(5)(15) PROVIDE RUNNING WATER TO ONE OF (4) FAUCETS (1<sup>ST</sup> TO RIGHT SIDE) SEEN WITHOUT WATER AND PROVIDE WATER PRESSURE TO THE LAST ONE FAUCET IN THE BOYS REST ROOM.

(5) REPAIR BASEBOARD IN THE ROOM #33A & #33. CLEAN & ORGANIZE THE ROOM #33A, #33.

(5)(23) SEAL ALL THE OPENINGS BY THE PLUMBING CONDUCITS IN THE REST ROOMS.

HEALTH DEPARTMENT INSPECTOR: Lilia Perry PHONE: 3/623-3572  
 COPY OF REPORT RECEIVED BY: Paula Good DATE: 8/13/09

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 TRADIE IV @ E PLC  
 ADDRESS 20770 NE 14 AVE CITY NTBCA  
 OWNER Dade County School B ZIP 33174  
 PERSON IN CHARGE APRILA GOOD PHONE 3/651-3031  
ASST. PRINCIPAL

CENSUS

0  
 000  
 000  
 000  
 100  
 200  
 300  
 400  
 500  
 600  
 700  
 800  
 900  
 FEMALES  
 MALES

RESULTS

Satisfactory  
 Incomplete  
 Unsatisfactory  
 Correct Violations by  
 Next Inspection  
 8:00 AM on:  
 DATE  
 05  
 06  
 07  
 08  
 09  
 10  
 11  
 12  
 13  
 14  
 OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
<u>10:30</u>	<u>11:30</u>	<u>08/12/09</u>	<u>27430</u>	<u>13-51-08768</u>
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14
<input type="checkbox"/> 50	<input type="checkbox"/> 50			
<input type="checkbox"/> 55	<input type="checkbox"/> 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 this report. Failure to correct violations may result in an administrative fine or other legal action being initiated by continued.*

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>NO CHILDREN PRESENT AT TIME OF INSPECTION</u>
<u>(5)</u>	<u>REPLACE THE WATER DAMAGED CEILING TILES BY THE ENTRANCE TO THE PLC. (EXIT SIGN) (NO LEAKING OBSERVED)</u>

HEALTH DEPARTMENT INSPECTOR: Julia Fein PHONE: 3/623-3512  
 COPY OF REPORT RECEIVED BY: Paula Good DATE: 8/13/09