

**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
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- PREOPENING
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY
- OTHER \_\_\_\_\_

NAME OF SCHOOL NORTH DADE MIDBUS  
 ADDRESS 1840 NW 157 ST. CITY MIAMI  
 OWNER MDCPS ZIP 33054  
 PERSON IN CHARGE DR. TANVA DILLARD PHONE (305) 624-845

**CENSUS**

736

|     |     |
|-----|-----|
| 100 | 100 |
| 200 | 200 |
| 300 | 300 |
| 400 | 400 |
| 500 | 500 |
| 600 | 600 |
| 700 | 700 |
| 800 | 800 |
| 900 | 900 |

**FEMALES**

341

**MALES**

395

**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      |
|----------|----------|
| 12:30 P. | 1:30 P.  |
| 1:30 P.  | 2:30 P.  |
| 2:30 P.  | 3:30 P.  |
| 3:30 P.  | 4:30 P.  |
| 4:30 P.  | 5:30 P.  |
| 5:30 P.  | 6:30 P.  |
| 6:30 P.  | 7:30 P.  |
| 7:30 P.  | 8:30 P.  |
| 8:30 P.  | 9:30 P.  |
| 9:30 P.  | 10:30 P. |
| 10:30 P. | 11:30 P. |
| 11:30 P. | 12:30 P. |

| DATE     |
|----------|
| 02 21 13 |
| 05       |
| 06       |
| 07       |
| 08       |
| 09       |
| 10       |
| 11       |
| 12       |
| 13       |
| 14       |

| POSITION # |
|------------|
| 31137      |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |
|            |

| PERMIT NUMBER |
|---------------|
| - 51 -        |
|               |
|               |
|               |
|               |
|               |
|               |
|               |
|               |
|               |
|               |

*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**

- 1. School Site
- 2. Playground Equipment
- 3. Athletic Equipment
- 4. Construction
- 5. Maintenance & Repair
- 6. Lighting/Foot-Candles
- 7. Heating, Ventilation, A/C
- 8. Natural Ventilation
- 9. Mechanical Ventilation
- 10. Provided/Accessible
- 11. Cleanliness & Repair
- 12. Toilet Facilities
- 13. Separation of Sexes
- 14. Fixture Ratio

**SANITARY FACILITIES**

- 15. Handwash Facilities
- 16. Showers/Fixtures
- 17. Shower Water Temp.
- 18. Installed/Operated/Maintained
- 19. Drinking Fountains
- 20. Approved Source

**LIQUID/SOLID WASTE**

- 21. Sewage Disposal
- 22. Solid Waste
- 23. Infestation/Control
- 24. Brush/Trash
- 25. Water Collection/Drainage

**VECTOR/VERMIN CONTROL**

**SAFETY**

- 26. First Aid Kit
- 27. Food Insp. Rpt.
- 28. FIRE SAFETY
- 29. \_\_\_\_\_

**ITEM NUMBERS**

**COMMENTS AND INSTRUCTIONS**  
(continue on attached sheet)

28. Provide fire extinguishers in Bldg. 2. (work order in) #  
NB Refer to fire department.

HEALTH DEPARTMENT INSPECTOR Jodie Dobbson PHONE: (305) 623-3500  
 COPY OF REPORT RECEIVED BY: Jody Davella DATE: 02/21/13  
 DH 4030, 01/05 (Obsoletes Previous Editions)