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

PURPOSE:
- [x] ROUTINE
- [ ] CONSTRUCT
- [ ] COMPLAINT
- [ ] QA SURVEY
- [ ] PRE-OPENING
- [ ] REINSPECTION
- [ ] CHANGE OF OWNER
- [ ] CONSULTATION
- [ ] EPIDEMIOLOGY
- [ ] OTHER

TYPE:
- [12] Private School
- [13] Public School
- [23] Charter School
- [25] Vocational School
- [26] College/University
- [ ] Other

NAME OF SCHOOL: WESLEY MATTHEWS ELEM
ADDRESS: 12345 SW 18 TER CITY: MIAMI
OWNER: MDCPS ZIP: 33175
PERSON IN CHARGE: ANNETTE DIAZ P. PHONE: 305 2228150
Mayra DE LEON ASP

BEGIN	END
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE: 05 12 11

POSITION #: 13809

PERMIT NUMBER: 13-5151-08339

CENSUS: 504
FEMALES: 235
MALES: 269

RESULTS
- [ ] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [ ] Next Inspection
- [ ] 8:00 AM on:

DATE

- [ ] OUT OF BUSINESS

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 must be corrected within the time period indicated in the "Remedy" column above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-12 and 64E-11, FAC, and Chapter 381.006, 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

BUILDINGS
- [ ] 4. Construction
- [x] 5. Maintenance & Repair
- [x] 6. Lighting-Foot-Candles
- [ ] 7. Heating, Ventilation, A/C
- [ ] 8. Natural Ventilation
- [ ] 9. Mechanical Ventilation

SANITARY FACILITIES
- [ ] 10. Provided/Accessible
- [ ] 11. Cleanliness & Repair
- [ ] 12. Toilet Facilities
- [ ] 13. Separation of Sexes
- [ ] 14. Fixture Ratio
- [ ] 15. Handwash Facilities
- [ ] 16. Showers/Fixtures
- [ ] 17. Shower Water Temp.

WATER SUPPLY
- [ ] 18. Installed/Operated/Maintained
- [ ] 19. Drinking Fountains
- [ ] 20. Approved Source MD

LIQUID/SOLID WASTE
- [ ] 21. Sewage Disposal MD
- [ ] 22. Solid Waste

VECTOR/VERMIN CONTROL
- [ ] 23. Infestation/Control
- [ ] 24. Brush/Trash
- [ ] 25. Water Collection/Drainage

SAFETY
- [ ] 26. First Aid Kit

FOOD
- [ ] 27. Food Insp. Rpt

OTHER
- [ ] 28. _____
- [ ] 29. _____

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

ITEM NUMBERS	
5	Replace A/VENTS VENTILATION in BATHROOMS 038, 039 AISO in OTHER BATHROOMS.
5	Replace CARPET in MUSIC Room.
5	Replace Tables in Dining Room.
6	Replace light bulb in Dining Room

HEALTH DEPARTMENT INSPECTOR: Gladys Bacallao PHONE: 305 668 7242
COPY OF REPORT RECEIVED BY: DATE: 5-17-11

DH 4030, 04/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY