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

PURPOSE:

- ☐ ROUTINE
- ☐ CONSTRUCT.
- ☐ COMPLAINT
- ☐ QA SURVEY
- ☐ PREOPENING
- ☐ REINSPECTION
- ☐ CHANGE OF OWNER
- ☐ CONSULTATION
- ☐ EPIDEMIOLOGY
- ☐ OTHER _____

TYPE:

- 12 Private School
- 13 Public School
- 22 Charter School
- 23 Vocational School
- 24 College/University
- ☐ Other _____

NAME OF SCHOOL North Dade Center for Modern Language

ADDRESS 1840 NW 157 St CITY Miami

OWNER DCSB ZIP 33054

PERSON IN CHARGE Dr Maria Castaigne PHONE 31625-3885

1456864

BEGIN	END
10 15 14	104
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			
09	22	16	
0 0	0 0		05
1 1	1 1		06
2	2 2		07
3	3 3		08
4	4		09
5	5		10
6	6		11
7	7		12
8	8		13
9	9		14

POSITION #				
1	7	4	3	0
0 0	0 0	0 0	0 0	0 0
1 1	1 1	1 1	1 1	1 1
2 2	2 2	2 2	2 2	2 2
3 3	3 3	3 3	3 3	3 3
4 4	4 4	4 4	4 4	4 4
5 5	5 5	5 5	5 5	5 5
6 6	6 6	6 6	6 6	6 6
7 7	7 7	7 7	7 7	7 7
8 8	8 8	8 8	8 8	8 8
9 9	9 9	9 9	9 9	9 9

PERMIT NUMBER										
.	.	-	5	1	-					
0 0			0 0			0 0	0 0	0 0		
1 1			1 1			1 1	1 1	1 1		
2 2			2 2			2 2	2 2	2 2		
3 3			3 3			3 3	3 3	3 3		
4 4			4 4			4 4	4 4	4 4		
5 5			5 5			5 5	5 5	5 5		
6 6			6 6			6 6	6 6	6 6		
7 7			7 7			7 7	7 7	7 7		
8 8			8 8			8 8	8 8	8 8		
9 9			9 9			9 9	9 9	9 9		

CENSUS

1000
2000
3000
100 10 1
200 20 2
300 30 3
400 40 4
500 50 5
600 60 6
700 70 7
800 80 8
900 90 9

FEMALES

MALES

RESULTS

- ☐ Satisfactory
- ☐ Incomplete
- ☐ Unsatisfactory

Correct Violations by
- ☐ Next Inspection
- ☐ 8:00 AM on:

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

☐ OUT OF BUSINESS

[illegible] 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance: for any violations noted [illegible] of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period [illegible] above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11 [illegible] 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
- ☐ 5. Maintenance & Repair
- ☐ 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

LIQUID/SOLID WASTE
- ☐ 21. Sewage Disposal
- ☐ 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. _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory

HEALTH DEPARTMENT INSPECTOR: Travis Morris *PHONE:* (305) 613 3560

COPY OF REPORT RECEIVED BY: _____ *DATE:* 9/22/16

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY