

PUBLIC/PRIVATE SCHOOL

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



Geocoded 25.903319/-80.239706

- PURPOSE:**
- ROUTINE
 - REINSPECTION
 - CONSTRUCT.
 - CHANGE OF OWNER
 - COMPLAINT
 - CONSULTATION
 - QA SURVEY
 - EPIDEMIOLOGY
 - OTHER
 - PREOPENING

TYPE: Public School

CENSUS	FEMALES	MALES
370	200	170

NAME Nathan B. Young Elementary

ADDRESS 14120 NW 24 Avenue CITY Hialeah

OWNER M-DCSB Food and Nutrition ZIP 33054

PERSON IN CHARGE Ray Sands PHONE (305) 685-7204

E-MAIL raysands@dadeschools.net

RESULTS:

- Satisfactory
- Incomplete
- Unsatisfactory
- OUT OF BUSINESS

Correct Violations by

- Next Inspection
- 8:00 AM on

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
11:00	12:00	05/20/2014	27482	13-51-08117

RE-INSPECTION DATE

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.

- | | | | | |
|--|---|---|---|--|
| <p>SCHOOL SANITATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <p>BUILDINGS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 4. Construction <input type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C | <ul style="list-style-type: none"> <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <input type="checkbox"/> 10. Provided/Accessible <input type="checkbox"/> 11. Cleanliness & Repair <input checked="" type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio <p>SANITARY FACILITIES</p> | <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source <p>WATER SUPPLY</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage <p>LIQUID/SOLID WASTE</p> <p>VECTOR/VERMIN CONTROL</p> | <ul style="list-style-type: none"> <input type="checkbox"/> 26. First Aid Kit <input type="checkbox"/> 27. Food Insp. Rpt. <input type="checkbox"/> 28. <input type="checkbox"/> 29. <p>SAFETY</p> <p>FOOD</p> <p>OTHER</p> |
|--|---|---|---|--|

COMMENTS AND INSTRUCTIONS

Violation #12 Provide toilet tissue in all gang restrooms throughout facility.
Code Reference FAC: Toilet Facilities 64E-13.004(6)(a). Toilet facilities shall be accessible under continuous roof cover from all student occupied spaces. In group toilet rooms a partition shall be placed between each water closet. Each compartment shall have a door. Entrances to group toilet rooms shall be provided with a partition or other shielding device to block the occupants from view. Entrance doors shall be self-closing.

Violation #15 Increase water pressure of sink 2 boys restroom floor two.

Violation #15 Provide Papertowels and papertowel holders in all gang restrooms throughout facility
Code Reference FAC: Handwash Facilities 64E-13.004(6)(b). Handwashing facilities shall be located within or adjoining each toilet room. Soap dispensers shall be provided at all wash basins and liquid or powdered soap shall be used. Individual towels, preferably paper shall be used. Use of common or public towels is prohibited. Hot-air hand drying devices

INSPECTION CONDUCTED BY: Ethel Johnson PHONE: (305) 623-3500 ex. 23322

INSPECTION COND SIGNATURE: *Ethel Johnson* FAX #: _____

COPY OF REPORT RECEIVED BY: *Ray Sands* DATE: 5/20/2014

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT
Public/Private School



Name: Nathan B. Young Elementary

Date: 05/20/2014

Identification No: 13-51-08117

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Ethel Johnson

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