

**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:**

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

NAME OF SCHOOL Nathan B. Young Elensch  
 ADDRESS 14128 NW 24<sup>th</sup> Ave CITY N Miami  
 OWNER DCPS ZIP 33054  
 PERSON IN CHARGE Elizabeth Casey PHONE 305-685-7204

**CENSUS**

**323**

1000  
2000  
3000  
4000  
5000  
6000  
7000  
8000  
9000

**FEMALES**  
**147**

**MALES**  
**176**

**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
1000	1130
01:05	02:05
03:10	03:10
04:15	04:15
05:20	05:20
06:25	06:25
07:30	07:30
08:35	08:35
09:40	09:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
032309
05
06
07
08
09
10
11
12
13
14

POSITION #
01469
02
03
04
05
06
07
08
09
10
11
12
13
14

PERMIT NUMBER
13-51-08117
01
02
03
04
05
06
07
08
09
10
11
12
13
14

*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>WATER SUPPLY</b>  | <b>LIQUID/SOLID WASTE</b>                              | <b>SAFETY</b>                                |
| <input type="checkbox"/> 1. School Site               | <input type="checkbox"/> 10. Provided/Accessible  | <input type="checkbox"/> 18. Installed/Operated/<br>Maintained | <input type="checkbox"/> 21. Sewage Disposal           | <input type="checkbox"/> 26. First Aid Kit   |
| <input type="checkbox"/> 2. Playground Equipment      | <input type="checkbox"/> 11. Cleanliness & Repair | <input type="checkbox"/> 19. Drinking Fountains                | <input type="checkbox"/> 22. Solid Waste               | <input type="checkbox"/> 27. Food Insp. Rpt. |
| <input type="checkbox"/> 3. Athletic Equipment        | <input type="checkbox"/> 12. Toilet Facilities    | <input type="checkbox"/> 20. Approved Source                   | <b>VECTOR/VERMIN CONTROL</b>                           | <b>OTHER</b>                                 |
| <b>BUILDINGS</b>                                      | <input type="checkbox"/> 13. Separation of Sexes  |  | <input type="checkbox"/> 23. Infestation Control       | <input type="checkbox"/> 28. _____           |
| <input type="checkbox"/> 4. Construction              | <input type="checkbox"/> 14. Fixture Ratio        |  | <input type="checkbox"/> 24. Brush/Trash               | <input type="checkbox"/> 29. _____           |
| <input type="checkbox"/> 5. Maintenance & Repair      |   |  | <input type="checkbox"/> 25. Water Collection/Drainage |  |
| <input type="checkbox"/> 6. Lighting/Foot-Candles     |   |  |  |  |
| <input type="checkbox"/> 7. Heating, Ventilation, A/C |   |  |  |  |
| <input type="checkbox"/> 8. Natural Ventilation       |   |  |  |  |
| <input type="checkbox"/> 9. Mechanical Ventilation    |   |  |  |  |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS
Note:	<i>dead head</i> The roaches, the insects, the roach eggs and roach droppings have been removed and the areas have been properly cleaned. The urinals & faucets & bathroom seats are also repaired. The other violations will be addressed upon the next inspection. (see the last inspection sheet for details).

HEALTH DEPARTMENT INSPECTOR: Dr. Dimitri H/ton PHONE: 305-623-3500  
 COPY OF REPORT RECEIVED BY: Elizabeth B Casey / Elizabeth Casey DATE: 03-23-09