

**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 Caribbean Elementary  
 ADDRESS 11940 SW 200 St CITY Miami  
 OWNER MOEPS ZIP 33177  
 PERSON IN CHARGE Akna Diaz PHONE (305) 233-7131

**CENSUS**  
 N/A  
 1000  
 2000  
 3000  
 4000  
 5000  
 6000  
 7000  
 8000  
 9000  
 FEMALES  
 MALES

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
9:05	10:30	06/27/13	82515	107-51-08348
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			

*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>LIQUID/SOLID WASTE</b>	<b>SAFETY</b>
<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input checked="" type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 21. Sewage Disposal
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<b>FOOD</b>
<b>BUILDINGS</b>	<input checked="" type="checkbox"/> 11. Cleanliness & Repair	<b>WATER SUPPLY</b>	<input type="checkbox"/> 27. Food Insp. Rpt.
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 18. Installed/Operated/ Maintained	<b>OTHER</b>
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 7. Heating, Ventilation, A/C			
		<b>VECTOR/VERMIN CONTROL</b>	
		<input type="checkbox"/> 23. Infestation/Control	
		<input type="checkbox"/> 24. Brush/Trash	
		<input type="checkbox"/> 25. Water Collection/Drainage	

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
45	Replace some water damaged ceiling tiles in dining room and teacher lounge
15	Repair handsets for windows in classrooms
11	Replace some fans in bathrooms
11, 15	Provide missing some dispensers in bathrooms
11, 15	Repair hand sink in bathroom 1109 (water is running)
	Satisfactory

HEALTH DEPARTMENT INSPECTOR: Maria Adiwari PHONE: (786) 216-9759

COPY OF REPORT RECEIVED BY: Betty King DATE: 06/27/13

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY