

**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 Howard Drive Elementary
 ADDRESS 7750 SW 136 Street CITY Miami
 OWNER MDrps ZIP 33156
 PERSON IN CHARGE Deanna D. Dalby PHONE (305) 235-1412

CENSUS

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 900 000 00

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END
00:00	00:00
01:00	01:00
02:00	02:00
03:00	03:00
04:00	04:00
05:00	05:00
06:00	06:00
07:00	07:00
08:00	08:00
09:00	09:00
10:00	10:00
11:00	11:00
12:00	12:00
13:00	13:00
14:00	14:00

DATE
10 21 09
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POSITION
27 4 2 9
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PERMIT NUMBER
13 - 51 - 08 308
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MALES
294

FEMALES
294

SCHOOL SANITATION <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment BUILDINGS <input type="checkbox"/> 4. Construction <input type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Floor-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C	SANITARY FACILITIES <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 type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio	WATER SUPPLY <input 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	LIQUID/SOLID WASTE <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste VECTOR/VERMIN CONTROL <input checked="" type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage	SAFETY <input type="checkbox"/> 26. First Aid Kit FOOD <input type="checkbox"/> 27. Food Insp. Rpt. OTHER <input type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(23)	The following violation is from the previous inspection. Vermin proof bathroom windows in classrooms throughout the facility.

HEALTH DEPARTMENT INSPECTOR: Agui Corrales Arnoldo Aguilar PHONE: (305) 284-0979
 COPY OF REPORT RECEIVED BY: Deanna D. Dalby DATE: 10/21/09

DH 4030, 01/05 (Obsoletes Previous Editions)