

# PUBLIC / PRIVATE SCHOOL

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



**PURPOSE:**

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

**TYPE**

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

<b>NAME OF SCHOOL</b> <u>Bent Tree Elem</u>	
<b>ADDRESS</b> <u>4861 SW 140 Avenue</u>	<b>CITY</b> <u>Miami</u>
<b>OWNER</b> <u>M-DCSB Food and Nutrition</u>	<b>ZIP</b> <u>33175</u>
<b>PERSON IN CHARGE</b> <u>Carmen Garcia</u>	<b>PHONE</b> _____

**RESULTS**

- Satisfactory  
 Incomplete  
 Unsatisfactory
- Correct Violations by
- Next Inspection  
 8:00 AM on
- DATE**
- OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER	CENSUS
11:15 am	1:00 pm	08/31/2015	082515	13-51-00490	510
					<b>FEMALES</b>
					255
					<b>MALES</b>
					255

*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 Chapters 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.*

<p><b>SCHOOL SANITATION</b></p> <p> <input type="checkbox"/> 1. School Site  <input type="checkbox"/> 2. Playground Equipment  <input type="checkbox"/> 3. Athletic Equipment  <b>BUILDINGS</b>  <input type="checkbox"/> 4. Construction  <input checked="" type="checkbox"/> 5. Maintenance &amp; Repair  <input type="checkbox"/> 6. Lighting/Foot-Candles  <input type="checkbox"/> 7. Heating, Ventilation, A/C                 </p>	<p> <input type="checkbox"/> 8. Natural Ventilation  <input type="checkbox"/> 9. Mechanical Ventilation  <b>SANITARY FACILITIES</b>  <input type="checkbox"/> 10. Provided/Accessible  <input type="checkbox"/> 11. Cleanliness &amp; Repair  <input type="checkbox"/> 12. Toilet Facilities  <input type="checkbox"/> 13. Separation of Sexes  <input type="checkbox"/> 14. Fixture Ratio                 </p>	<p> <input type="checkbox"/> 15. Handwash Facilities  <input type="checkbox"/> 16. Showers/Fixtures  <input type="checkbox"/> 17. Shower Water Temp  <b>WATER SUPPLY</b>  <input type="checkbox"/> 18. Installed/Operated/Maintained  <input type="checkbox"/> 19. Drinking Fountains  <input type="checkbox"/> 20. Approved Source                 </p>	<p> <b>LIQUID/SOLID WASTE</b>  <input type="checkbox"/> 21. Sewage Dispos.  <input type="checkbox"/> 22. Solid Waste  <b>VECTOR/VERMIN CONTROL</b>  <input type="checkbox"/> 23. Infestation/Control  <input type="checkbox"/> 24. Brush/Trash  <input type="checkbox"/> 25. Water Collection/Drainage                 </p>	<p> <b>MISC.</b>  <input type="checkbox"/> 26. First Aid Kit  <b>FOOD</b>  <input type="checkbox"/> 27. Food Prep. Rm.  <b>OTHER</b>  <input type="checkbox"/> 28  <input type="checkbox"/> 29                 </p>
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	See Comments on Next Page

HEALTH DEPARTMENT INSPECTOR: Maria Adrover    PHONE: (305) 623-3500 EX.  
 COPY OF REPORT RECEIVED BY: Signed    DATE: 08/31/2015

Permit Number: 13-51-00490

Inspection Date: 08/31/2015

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Facility Name: Bent Tree Elem

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS
5. Maintenance & Repair	<p>Clean inside cabinets for kinder classrooms. Replace one water damaged ceiling tile in classroom G2 (work order already done). Repair damaged wall outside building G ( in hallway leading to the portable 1).(work order done) Repair damaged wood for portable 1. Scrape peeling paint for door in classroom M2 and door to the main entrance to the cafeteria.(work order placed)</p> <p>Maintenance &amp; Repair 64E-13.004(3)(b)(c). Buildings shall be kept clean and in good repair, free from hazardous conditions, such as loose or broken floor tiles and boards; loose moldings; loose hanging fixtures, pipes, and electric wires; and broken plaster. Furnishings and equipment shall be kept clean and in good repair, free of missing parts and hazards such as sharp edges, splinters, and protruding or rusty nails.</p>

Inspector Comments: