

Home of the



Lake Stevens Middle School



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 Lake Stevens Middle School
 ADDRESS 18484 NW 48 Pl. CITY Miami
 OWNER MDPSB ZIP 33055
 PERSON IN CHARGE E. Villalba PHONE 305-620-1294

ENROLLMENT
 859
 FEMALES
 459
 MALES
 400

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
1:00 PM	4:00 PM
2:05 AM	2:05 AM
3:10 AM	3:10 AM
4:15 AM	4:15 AM
5:20 AM	5:20 AM
6:25 AM	6:25 AM
7:30 AM	7:30 AM
8:35 AM	8:35 AM
9:40 AM	9:40 AM
10:45 AM	10:45 AM
11:50 AM	11:50 AM
12:55 PM	12:55 PM

DATE
02 23 09
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POSITION #
69728
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PERMIT NUMBER
13-51-08362
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In accordance with 320.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below indicate the requirements of Chapters 64B-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 64B-13, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> LIQUID/SOLID WASTE	<input type="checkbox"/> SAFETY
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 22. Solid Waste	<input type="checkbox"/> FOOD
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> OTHER
<input checked="" type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio		<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29. _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
5	Repair/replace the water damaged ceiling tiles in Rm. 116, Rm. 227 and outside Rm. 219A.
5	Provide missing tiles in Rm. 128A, Rm. 155 (by the door), Rm. 220 and Rm. 223. Work in progress.
6	Repair/replace the burnt out light in Rm. 122

HEALTH DEPARTMENT INSPECTOR: Fajal E. Faisal PHONE: 623-3500
 COPY OF REPORT RECEIVED BY: E. Villalba DATE: 02/23/09

DH 4030, 01/05 (Obsoletes Previous Editions)