

1 of 2

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 \_\_\_\_\_

NAME OF SCHOOL Kenwood K-8 Center  
 ADDRESS 9300sw 79AVE CITY MIAMI  
 OWNER MDCPS ZIP 33156  
 PERSON IN CHARGE Moraine Almeida-Perez PHONE (305) 2715061

CENSUS

1144

- 1000
- 2000
- 3000
- 4000
- 5000
- 6000
- 7000
- 8000
- 9000

FEMALES

578

MALES

566

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
11:30	4:15
1:00	1:00
2:05	2:05 AM
3:10	3:10
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

DATE
02 23 11
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

POSITION #
67699
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PERMIT NUMBER
13-51-07862
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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.

SCHOOL SANITATION

- 1. School Site
- 2. Playground Equipment
- 3. Athletic Equipment
- 4. Construction
- 5. Maintenance & Repair
- 6. Lighting/Foot-Candles
- 7. Heating, Ventilation, A/C
- 8. Natural Ventilation
- 9. Mechanical Ventilation
- 10. Provided/Accessible
- 11. Cleanliness & Repair
- 12. Toilet Facilities
- 13. Separation of Sexes
- 14. Fixture Ratio

SANITARY FACILITIES

WATER SUPPLY

- 15. Handwash Facilities
- 16. Showers/Fixtures
- 17. Shower Water Temp.
- 18. Installed/Operated/Maintained
- 19. Drinking Fountains
- 20. Approved Source

LIQUID/SOLID WASTE

- 21. Sewage Disposal
- 22. Solid Waste

VECTOR/VERMIN CONTROL

- 23. Infestation/Control
- 24. Brush/Trash
- 25. Water Collection/Drainage

SAFETY

- 26. First Aid Kit

FOOD

- 27. Food Insp. Rpt.

OTHER

- 28. \_\_\_\_\_
- 29. \_\_\_\_\_

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS  
(continue on attached sheet)

- 5 Eliminate heavy duty extension cord in the girls locker room. The cord runs on the floor all the way through the room (tripping hazard) and runs under the metallic backdoor where it is partially pinched (electric shock hazard - fire hazard) to the outside PE area (shed). (corrected during inspection).
- 16 Clean mildew on one of the tiled walls of the showers of the boy's locker room.
- 5-16 Clean the floor of the showers of both locker rooms.
- 15 Provide paper towels for the handwash sink in bathroom 132-D (boys locker)

HEALTH DEPARTMENT INSPECTOR: Oswaldo Samper PHONE: (305) 668 7243

COPY OF REPORT RECEIVED BY: Moraine Almeida-Perez DATE: 02/23/2011