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

PURPOSE:

- [x] ROUTINE
- [ ] CONSTRUCT.
- [ ] COMPLAINT
- [ ] QA SURVEY
- [ ] PREOPENING
- [ ] REINSPECTION
- [ ] CHANGE OF OWNER
- [ ] CONSULTATION
- [ ] EPIDEMIOLOGY
- [ ] OTHER ________

TYPE:

- 12 Private School
- 13 Public School
- 22 Charter School
- 23 Vocational School
- 24 College/University
- [ ] Other________

NAME OF SCHOOL Corporate Academy North
ADDRESS 5120 NW 24 Ave **CITY** Miami
OWNER DCSB **ZIP** ________
PERSON IN CHARGE Barbara Hawkins **PHONE** [illegible]

CENSUS 140

FEMALES ______

MALES ______

BEGIN 8:55 **END** 10:35

DATE 03 31 09

POSITION # 3 34 31

PERMIT NUMBER 13 - 5 1 -

RESULTS

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by

- [x] Next Inspection
- [ ] 8:00 AM on: **DATE** ______

- [ ] OUT OF BUSINESS

Pursuant to [illegible] of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. [illegible] 64E-[illegible] and 64E-[illegible] the Florida Administrative Code (FAC) and must be corrected within the time period indicated [illegible] Continued operation of this facility without making these corrections is a violation of Chapter 64E-[illegible] [illegible] 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

BUILDINGS
- [ ] 4. Construction
- [x] 5. Maintenance & Repair
- [ ] 6. Lighting/Foot-Candles
- [ ] 7. Heating, Ventilation, A/C
- [ ] 8. Natural Ventilation
- [ ] 9. Mechanical Ventilation

SANITARY FACILITIES
- [ ] 10. Provided/Accessible
- [ ] 11. Cleanliness & Repair
- [ ] 12. Toilet Facilities
- [ ] 13. Separation of Sexes
- [ ] 14. Fixture Ratio
- [x] 15. Handwash Facilities
- [ ] 16. Showers/Fixtures
- [ ] 17. Shower Water Temp.

WATER SUPPLY
- [ ] 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)
15	Provide paper towels in girls restroom downstairs
	(paper towels provided for them)

HEALTH DEPARTMENT INSPECTOR: [signature] *PHONE:* 623-3500

COPY OF REPORT RECEIVED BY: [signature] *DATE:* 3/31/09