

1 of 2

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

TYPE:

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



PURPOSE:

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

NAME OF SCHOOL Devon Aive K-8 Center
 ADDRESS 10501 SW 122 AVE CITY MIAMI
 OWNER NBCPS ZIP 33186
 PERSON IN CHARGE Irwin Adler PHONE (305) 274 7100

CENSUS
7545
1000
2000
3000
4000
5000
6000
7000
8000
9000

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
2:00	5:00
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
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
09/28/11
05
06
07
08
09
10
11
12
13
14

POSITION #
07699
00
01
02
03
04
05
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07
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09
10
11
12
13
14

PERMIT NUMBER
13-51-08217
00
01
02
03
04
05
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07
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09
10
11
12
13
14

FEMALES
746
MALES
799

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

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
15	Repair or replace 2 clogged soap dispensers in bathroom 1633.
11-12	Fasten to the floor and provide sealing material around the base of one loose toilet in bathroom 902.
11-12	Repair water damaged ceiling at the last back corner of bathroom 1633
6	Replace missing cover (protector) of one light fixture in room 601 and one in room 602.
5	Remove broken table near the entrance of the dance classroom.
5	Repair leaking roof of classroom 1204.
5	Replace 2 missing and 2 water damaged drop-ceiling panels in room 1204.

HEALTH DEPARTMENT INSPECTOR: Crystal A. Adler PHONE: (305) 668 7103
 COPY OF REPORT RECEIVED BY: Irwin Adler DATE: 09/28/2011

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY

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Estb. No.: 13-51-08217

STATE OF FLORIDA
DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: Devon Aire K-8 Center
10501 SW 127 AVE, MIAMI, 33186

COMMENTS AND INSTRUCTION:

- 5) Repair water damaged wall (blistering and/or peeling paint) in room 120.
- 6) Repair or replace out of order light fixtures in the following classrooms:
1303 (4 fixtures), 1305 (3), 602 (4), 604 (2), 501 (2), 504 (2), 303 (2),
305 (1), 307 (2 flickering), 203 (2), 205 (2), 201 (2), 1007 (4),
1001 (2), 1003 (2), 1005 (2), 1103 (2), 1201 (2) and 1406 (2).
- 5) Clean the floor of rooms 1303 and 1301.
- 19) Repair or replace out of order drinking fountains (either non-water or low water pressure) in the hallway outside bathrooms 1652, 1653, 1611 and 1623.
- 5) Clean dust on windows, computers, computer desks, wall boards and shelves of buildings 500, 1000, 1100, 1200 and 1300.

Copy of Inspection Report Received by: x D. Miller

Health Department Inspector: Osvaldo Saucer Date: 07/28/2011