

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



**TYPE:**

- 12 Private School
- 13 Public School
- 22 Charter School
- 23 Vocational School
- 24 College/University
- Other \_\_\_\_\_

**PURPOSE:**

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

NAME OF SCHOOL Bunche Park Elem  
 ADDRESS 16001 Bunche Plk Sch. Dr. CITY Miami  
 OWNER DCSB ZIP 33054  
 PERSON IN CHARGE Y. Aponte PHONE \_\_\_\_\_

**CENSUS**

1000  
 2000  
 3000  
 4000  
 5000  
 6000  
 7000  
 8000  
 9000

**FEMALES**

**MALES**

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
11:30 A	12:00 P	09/22/16	27430	13-51-08108
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			

*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.*

<b>SCHOOL SANITATION</b> <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 type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input checked="" type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <b>SANITARY FACILITIES</b> <input type="checkbox"/> 10. Provided/Accessible <input checked="" type="checkbox"/> 11. Cleanliness & Repair <input type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio	<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 checked="" type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	<b>LIQUID/SOLID WASTE</b> <input type="checkbox"/> 21. Sewage Disposal <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	<b>SAFETY</b> <input type="checkbox"/> 26. First Aid Kit <b>FOOD</b> <input type="checkbox"/> 27. Food Insp. Rpt. <b>OTHER</b> <input type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
19	Increase pressure at drinking fountain. Room 25, hall near 21.
7	Provide air condition/ventilation. Room 25
11	Repair clogged toilet. Room 8

HEALTH DEPARTMENT INSPECTOR Travis Morris PHONE (305) 623-3500  
 COPY OF REPORT RECEIVED BY Y. Aponte DATE: 9/22/16  
 DH 4030, 01/05 (Obsolete) Previous Editions