

**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 Penkney Ck School  
 ADDRESS 1320 N.W. 18th St CITY Miami  
 OWNER DSP ZIP 33169  
 PERSON IN CHARGE MS. Lewis, Trace PHONE 3/654-0026

**CENSUS**  
364  
 000  
 200  
 300  
 100 10: 11  
 200 20: 21  
 300 30: 31  
 400 40: 41  
 500 50: 51  
 600 60: 61  
 700 70: 71  
 800 80: 81  
 900 90: 91  
 FEMALES  
 MALES

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<u>09 25 10</u>	<u>27351</u>	<u>B-51-06047</u>
<input type="checkbox"/> 01	<input type="checkbox"/> 01			
<input type="checkbox"/> 02	<input type="checkbox"/> 02			
<input type="checkbox"/> 03	<input type="checkbox"/> 03			
<input type="checkbox"/> 04	<input type="checkbox"/> 04			
<input type="checkbox"/> 05	<input type="checkbox"/> 05			
<input type="checkbox"/> 06	<input type="checkbox"/> 06			
<input type="checkbox"/> 07	<input type="checkbox"/> 07			
<input type="checkbox"/> 08	<input type="checkbox"/> 08			
<input type="checkbox"/> 09	<input type="checkbox"/> 09			
<input type="checkbox"/> 10	<input type="checkbox"/> 10			
<input type="checkbox"/> 11	<input type="checkbox"/> 11			
<input type="checkbox"/> 12	<input type="checkbox"/> 12			
<input type="checkbox"/> 13	<input type="checkbox"/> 13			
<input type="checkbox"/> 14	<input type="checkbox"/> 14			

*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>	<b>SANITARY FACILITIES</b>	<b>LIQUID/SOLID WASTE</b>	<b>SAFETY</b>
<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input 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	<b>FOOD</b>
<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.
<b>BUILDINGS</b>	<input type="checkbox"/> 11. Cleanliness & Repair	<b>WATER SUPPLY</b>	<b>OTHER</b>
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input 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	
		<b>VECTOR/VERMIN CONTROL</b>	
		<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)
<u>(6)</u>	<u>Replace defective 1994 BUISC Thermostat School</u>

HEALTH DEPARTMENT INSPECTOR: B. White PHONE: 403-3100  
 COPY OF REPORT RECEIVED BY: Lucy Allen DATE: 9-25-10