

**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 Southside Elm School  
 ADDRESS 45 S.W. 13th St. CITY Miami  
 OWNER MDCPS ZIP 33130  
 PERSON IN CHARGE Solistic Schwane PHONE 803371-3311

**CENSUS**

300  
 100  1000  
 200  2000  
 300  3000  
 400  4000  
 500  5000  
 600  6000  
 700  7000  
 800  8000  
 900  9000

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

POSITION #
2 7 4 3 1
0 0 0 0 0 0
1 1 1 1 1 1
2 2 2 2 2 2
3 3 3 3 3 3
4 4 4 4 4 4
5 5 5 5 5 5
6 6 6 6 6 6
7 7 7 7 7 7
8 8 8 8 8 8
9 9 9 9 9 9

PERMIT NUMBER
1 3 - 5 1 - 0 8 3 2 0
0 0 0 0 0 0 0 0
1 1 1 1 1 1 1 1
2 2 2 2 2 2 2 2
3 3 3 3 3 3 3 3
4 4 4 4 4 4 4 4
5 5 5 5 5 5 5 5
6 6 6 6 6 6 6 6
7 7 7 7 7 7 7 7
8 8 8 8 8 8 8 8
9 9 9 9 9 9 9 9

**FEMALES**

**MALES**

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>Satisfactory!</u>

HEALTH DEPARTMENT INSPECTOR: Michael Anderson Jr. Alligator Jr. PHONE: 623-3500  
 COPY OF REPORT RECEIVED BY: Solistic Schwane DATE: 10/8/09