

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT CHILD CARE, FAMILY DAY CARE FACILITY INSPECTION REPORT

TYPE:

- 03 Child Care - No Food
02 Child Care - Snack Only
01 Child Care - Meals
05 Child Care - Limited Catered Meals
07 Family Day Care
31 Other Local



PURPOSE:

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

NAME OF FACILITY Carol City School Elementary Head Start
ADDRESS 4375 NW 173 Dr. CITY Hialeah
OWNER Florida Memorial ZIP 33055
PERSON IN CHARGE Pat Johnson PHONE 3/621-0509

RESULTS
Satisfactory
Incomplete
Unsatisfactory
Correct Violations by
Next Inspection
8:00 AM on:
DATE
OUT OF BUSINESS

Table with columns: BEGIN, END, DATE, POSITION#, PERMIT NUMBER, CAPACITY. Includes a grid for marking violations and a 'NUMBER PRESENT' field.

Section 20.09 of the Florida Statutes (FS) which will serve as a 'Notice of Non-Compliance' for any violations noted during the inspection...

FOOD, VERMIN/ANIMAL CONTROL, LIQUID & SOLID WASTE, SANITARY FACILITIES & DIAPER CHANGING, HOUSEKEEPING, WATER SUPPLY, HOUSING, OUTDOOR AREA, MISC.
1. Source/Wholesomeness
2. Food Storage
3. Equipment/Prep
4. Sanitizing
5. Handwash Sink
6. Hot & Cold Water
7. Temperatures
8. 64E-11 - Other
9. Cleaning
10. Toxic Substances
11. Screens
12. Infestation
13. Animal Safety & Health
14. Maintenance
15. Spacing
16. Approved System
17. Bacteriological/Chemical
18. Operation
19. Drinking Fountain
20. Approved System
21. Operation
22. Plumbing
23. Collection/Storage/Disposal
24. Construction/Repair
25. Lighting/Footcandles
26. Heating
27. Ventilation/Cooling
28. Cleanable Surfaces
29. Product & Equip. Safety
30. Toilet/Bath Facilities
31. Potty Chair
32. Hygiene/Disease Control
33. Changing Station
34. Handwash Sink
35. Sanitizer
36. Litter, Debris
37. Equipment/Fence
38. Other
39. Other
40. Other
41. Other

ITEM NUMBERS COMMENTS AND INSTRUCTIONS (continues on attached sheet)
39 Cover the hole found under the sink to prevent vermin. Zone mechanic is working on it.

HEALTH DEPARTMENT INSPECTOR Joseph E. Konah PHONE: 623-3500
COPY OF REPORT RECEIVED BY: Patricia L. Slodenth-Johnson DATE: 12/18/08

DH 4031, 01/05 (Obsolete: Previous Editions)