

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

NAME OF SCHOOL Merrick Educational Center
 ADDRESS 39 Zamora Ave. CITY Miami
 OWNER DCSB ZIP 33134
 PERSON IN CHARGE _____ PHONE 3/445-5188

CENSUS
 47
 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	0	0	0	05
0	0	0	0	06
2	2	2	2	07
3	3	3	3	08
4	4	4	4	09
5	5	5	5	10
6	6	6	6	11
7	7	7	7	12
8	8	8	8	13
9	9	9	9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1:00	2:00	03/11/09	38431	13-51-03676
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.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory at inspection

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 623-3800
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 3/11/09