

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



**PURPOSE:**

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> ROUTINE    | <input type="checkbox"/> REINSPECTION    |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT  | <input type="checkbox"/> CONSULTATION    |
| <input type="checkbox"/> QA SURVEY  | <input type="checkbox"/> EPIDEMIOLOGY    |
| <input type="checkbox"/> PREOPENING | <input type="checkbox"/> OTHER _____     |

**TYPE:**

- Private School  
 Public School  
 Charter School  
 Vocational School  
 College/University  
 Other \_\_\_\_\_

NAME OF SCHOOL Merrick Educational Ctr  
 ADDRESS 39 Zama Ave CITY Miami  
 OWNER MDCPS ZIP 33134  
 PERSON IN CHARGE Alex Sardinias PHONE 305-440-5128

CENSUS	
47	
1000	
2000	
3000	
100 (10) (1)	
200 (20) (2)	
300 (30) (3)	
400 (40) (4)	
500 (50) (5)	
600 (60) (6)	
700 (70) (7)	
800 (80) (8)	
900 (90) (9)	
FEMALES	
MALES	

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
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	

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
00	00	05 25 10	27431	13 - 51 - 03676
01 00	01 00	0 0 0 0 0 05	0 0 0 0 0 0	0 0 0 0 0 0 0
02 05 AM	02 05 AM	1 1 1 1 1 06	1 1 1 1 1 1	1 1 1 1 1 1 1
03 10 PM	03 10 PM	2 2 2 2 2 07	2 2 2 2 2 2	2 2 2 2 2 2 2
04 15	04 15	3 3 3 3 3 08	3 3 3 3 3 3	3 3 3 3 3 3 3
05 20	05 20	4 4 4 4 4 09	4 4 4 4 4 4	4 4 4 4 4 4 4
06 25	06 25	5 5 5 5 5 10	5 5 5 5 5 5	5 5 5 5 5 5 5
07 30	07 30	6 6 6 6 6 11	6 6 6 6 6 6	6 6 6 6 6 6 6
08 35	08 35	7 7 7 7 7 12	7 7 7 7 7 7	7 7 7 7 7 7 7
09 40	09 40	8 8 8 8 8 13	8 8 8 8 8 8	8 8 8 8 8 8 8
10 45	10 45	9 9 9 9 9 14	9 9 9 9 9 9	9 9 9 9 9 9 9
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"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<b>LIQUID/SOLID WASTE</b>	<input type="checkbox"/> 21. Sewage Disposal	<b>SAFETY</b>	<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	<b>FOOD</b>	<input type="checkbox"/> 27. Food Insp. Rpt.	
<input type="checkbox"/> 3. Athletic Equipment	<b>SANITARY FACILITIES</b>	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 23. Infestation/Control	<b>OTHER</b>	<input type="checkbox"/> 28. _____	
<b>BUILDINGS</b>	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 24. Brush/Trash	<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!

HEALTH DEPARTMENT INSPECTOR: Margaret A. ... PHONE: 615-3500  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 2/15/10

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY