

**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 Crestview Elementary  
 ADDRESS 2201 NW 187 St. CITY Miami  
 OWNER DCSB ZIP 33056  
 PERSON IN CHARGE \_\_\_\_\_ PHONE \_\_\_\_\_

CENSUS	
000	
100	
200	
300	
400	
500	
600	
700	
800	
900	
1000	
FEMALES	
MALES	

**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	DATE	POSITION #	PERMIT NUMBER
2:15P	2:45P	12/2/16	27430	13-51-
1:00	1:00	0:0:0:05	0:0:0:0:0	0:0:0:0:0
2:05 AM	2:05 AM	0:0:0:06	0:0:0:0:0	0:0:0:0:0
3:10 AM	3:10 AM	0:0:0:07	0:0:0:0:0	0:0:0:0:0
4:15	4:15	0:0:0:08	0:0:0:0:0	0:0:0:0:0
5:20	5:20	0:0:0:09	0:0:0:0:0	0:0:0:0:0
6:25	6:25	0:0:0:10	0:0:0:0:0	0:0:0:0:0
7:30	7:30	0:0:0:11	0:0:0:0:0	0:0:0:0:0
8:35	8:35	0:0:0:12	0:0:0:0:0	0:0:0:0:0
9:40	9:40	0:0:0:13	0:0:0:0:0	0:0:0:0:0
10:45	10:45	0:0:0:14	0:0:0:0:0	0:0:0:0:0
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"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <b>BUILDINGS</b> <input type="checkbox"/> 4. Construction <input checked="" type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <b>SANITARY FACILITIES</b> <input type="checkbox"/> 10. Provided/Accessible <input type="checkbox"/> 11. Cleanliness & Repair <input type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio	<input checked="" type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp <b>WATER SUPPLY</b> <input type="checkbox"/> 18. Installed/Operated/Maintained <input checked="" type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	<b>LIQUID/SOLID WASTE</b> <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	<b>SAFETY</b> <input type="checkbox"/> 26. First Aid Kit <b>FOOD</b> <input type="checkbox"/> 27. Food Insp. Rpt <b>OTHER</b> <input type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
19	Clean and sanitize drinking fountains. Near 109 Janitor, Room 212.
5	Secure cards at TV/computer. 102
15	Provide hand soap at hand sink.

HEALTH DEPARTMENT INSPECTOR Travis Morris PHONE (305) 623-3500  
 COPY OF REPORT RECEIVED BY Yvette Fuentes DATE 12/12/16

DH 4030, 01/05 (Obsoletes Previous Editions)