

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



PURPOSE:

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

TYPE:

- Private School
- Public School
- Charter School
- Vocational School
- College/University
- Other _____

NAME OF SCHOOL Sudlem Elem.
 ADDRESS 6639 SW 74 St. CITY Wesley
 OWNER D O P S ZIP 331
 PERSON IN CHARGE Michele Zakis PHONE 709 667 5551

CENSUS
 400
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000
MALES
 227
FEMALES
 202

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE

05
06
07
08
09
10
11
12
13
14

OUT OF BUSINESS

BEGIN	END
10:00 AM	11:30 AM
11:00 AM	12:00 PM
12:00 PM	1:00 PM
1:00 PM	2:00 PM
2:00 PM	3:00 PM
3:00 PM	4:00 PM
4:00 PM	5:00 PM
5:00 PM	6:00 PM
6:00 PM	7:00 PM
7:00 PM	8:00 PM
8:00 PM	9:00 PM
9:00 PM	10:00 PM
10:00 PM	11:00 PM
11:00 PM	12:00 AM

DATE
08/14/09
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POSITION #
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PERMIT NUMBER
13-51-08370
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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	SANITARY FACILITIES	WATER SUPPLY	LIQUID/SOLID WASTE	SAFETY
<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input checked="" type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste	FOOD
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input checked="" type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input checked="" type="checkbox"/> 23. Infestation/Control	OTHER
<input type="checkbox"/> 4. Construction	<input checked="" type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 28. _____
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29. _____
<input checked="" type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio			
<input type="checkbox"/> 7. Heating, Ventilation, A/C				

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<i>and seen</i>
5-	<i>Repair the following: one door (stuck) hard to open in room 024; remove dead rocks from floor in several classrooms.</i>
6-	<i>Repair emergency light over door in room 047 and burned out light bulbs in room 8.</i>
W.O. 5-9	<i>Provide approved ventilation for both large retro</i>
W.O. 11-12	<i>Repair the toilet out of order in boys large re</i>
23-	<i>Get rid of termites mainly in portable A-2</i>

HEALTH DEPARTMENT INSPECTOR: Jose Vilsa PHONE: 305 480 9774
 COPY OF REPORT RECEIVED BY: Michele Zakis DATE: 8-14-09
 DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY