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

**PURPOSE:**

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

**TYPE:**

- [ ] 12 Private School
- [x] Public School
- [ ] 22 Charter School
- [ ] 23 Vocational School
- [ ] 24 College/University
- [ ] Other _____

NAME OF SCHOOL Bowdie Ball Educational Center

ADDRESS 11001 SW 76 ST CITY Miami

OWNER MDCPS ZIP 33173

PERSON IN CHARGE Deborah Wehking PHONE (305) 514-5100

| BEGIN | END |
|---|---|
| 1200 | 1345 |

DATE: 09 20 15

POSITION #: 82515

PERMIT NUMBER: 14652 54 — 13 - 51 -

CENSUS: 45

FEMALES:

MALES:

**RESULTS**

- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [ ] Next Inspection
- [ ] 8:00 AM on:

DATE

- [ ] OUT OF BUSINESS

*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**
- [ ] 1. School Site
- [ ] 2. Playground Equipment
- [ ] 3. Athletic Equipment

**BUILDINGS**
- [ ] 4. Construction
- [ ] 5. Maintenance & Repair
- [ ] 6. Lighting/Foot-Candles
- [ ] 7. Heating, Ventilation, A/C
- [ ] 8. Natural Ventilation
- [ ] 9. Mechanical Ventilation

**SANITARY FACILITIES**
- [ ] 10. Provided/Accessible
- [ ] 11. Cleanliness & Repair
- [ ] 12. Toilet Facilities
- [ ] 13. Separation of Sexes
- [ ] 14. Fixture Ratio
- [ ] 15. Handwash Facilities
- [ ] 16. Showers/Fixtures
- [ ] 17. Shower Water Temp.

**WATER SUPPLY**
- [ ] 18. Installed/Operated/ Maintained
- [ ] 19. Drinking Fountains
- [ ] 20. Approved Source

**LIQUID/SOLID WASTE**
- [ ] 21. Sewage Disposal
- [ ] 22. Solid Waste

**VECTOR/VERMIN CONTROL**
- [ ] 23. Infestation/Control
- [ ] 24. Brush/Trash
- [ ] 25. Water Collection/Drainage

**SAFETY**
- [ ] 26. First Aid Kit

**FOOD**
- [ ] 27. Food Insp. Rpt.

**OTHER**
- [ ] 28. _____
- [ ] 29. _____

**ITEM NUMBERS** | **COMMENTS AND INSTRUCTIONS** (continue on attached sheet)

Satisfatoly at time of inspection

HEALTH DEPARTMENT INSPECTOR: MARIA ADIODEN PHONE: (786) 216-9759

COPY OF REPORT RECEIVED BY: Deborah Wehking DATE: 09/20/15