

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

NAME OF SCHOOL PARKWAY MIDDLE SCHOOL  
 ADDRESS 2349 NW 175 S CITY MIAMI  
 OWNER HDCPS ZIP 33062  
 PERSON IN CHARGE FABRICE LAQUIERE PHONE (305) 623-3570

**CENSUS**  
 209  
 1000  
 2000  
 3000  
 4000  
 5000  
 6000  
 7000  
 8000  
 9000  
 FEMALES  
 83  
 MALES  
 126

**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**  
 12:00 PM 12:00 PM  
 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

**DATE**  
 02/20/13  
 05  
 06  
 07  
 08  
 09  
 10  
 11  
 12  
 13  
 14

**POSITION #**  
 31137  
 000000  
 111111  
 222222  
 333333  
 444444  
 555555  
 666666  
 777777  
 888888  
 999999

**PERMIT NUMBER**  
 13-51-08109  
 00000000  
 11111111  
 22222222  
 33333333  
 44444444  
 55555555  
 66666666  
 77777777  
 88888888  
 99999999

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 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 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 checked="" 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)
5, 23	Cap open and bag removed in food lab.
5	Clean spill and floors with bleach solution in reading room.
5	Repair/Replace broken glass window pane in 2154109.
5	Dechlorate storage room 2026.
5	Clean A/C vents from ductwork located 120, 114.
5	Repair/Replace damaged cabinet in Room 116.

HEALTH DEPARTMENT INSPECTOR: JOHN DIBSON PHONE: (305) 623-3570

COPY OF REPORT RECEIVED BY: Fabrice Laquiere DATE: 02/20/13