

1 of 2

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 William Lohman Elem. School
 ADDRESS 10990 SW 113 PL CITY MIAMI
 OWNER KIDOPS ZIP 33176
 PERSON IN CHARGE Maria Cruz PHONE 305 273 7100

CENSUS
778
 1000
2000
3000
4000
5000
6000
7000
8000
9000
 FEMALES
385
 MALES
393

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
11:00	12:00
1:00	2:00
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
11/13/08
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14

POSITION #
67699
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PERMIT NUMBER
13-51-08392
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Under the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items in violation of 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period specified. Failure to correct these violations within the time period specified is a violation of Chapter 64E-13 and 64E-11 of the Florida Statutes and may result in an administrative fine or other legal action being initiated or continued.

<input checked="" type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input checked="" type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> SAFETY
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.
<input type="checkbox"/> BUILDINGS	<input checked="" type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control	<input checked="" type="checkbox"/> OTHER
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input checked="" type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash	<input checked="" type="checkbox"/> 28. <u>Locke Substances</u>
<input type="checkbox"/> 6. Lighting/Foot-Candles	<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"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio			

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
5	Secure loose A/C vent grills observed in rooms 204, 321 and 347 (one in each one).
5	Clean dust accumulated on top of the wall boards throughout the facility, mostly in buildings 2 and 3 first floor (building 7)
11-7	Repair or replace the exhaust fan of bathrooms 224A and 245A
15	Provide soap for bathroom # 246 (boys). There are two different soaps. One is full but degraded the other one is empty.
5	Clean the dust on the top of the lock boxes in the library (no dust in the lower shelves).

HEALTH DEPARTMENT INSPECTOR: Ronald S. Sample PHONE: (305) 668 7147
 COPY OF REPORT RECEIVED BY: X Maria Cruz DATE: 11/13/2008



STATE OF FLORIDA DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: William Lehman Elem. School 10990 SW 113 PL, MIAMI 33176

COMMENTS AND INSTRUCTION:

- 7- Repair or replace the A/C unit in classroom # 703.
10- Repair or replace the following drinking fountains: hallway across room 212 (low water pressure); hallway next to room 222 (loose cap (leaking)); outside the girls bathroom by the cafeteria (loose and broken protective rubber shield).
11- Secure loose toilet seat in bathroom 202-A
1-28- Remove harmful substances (cleaners, air fresheners, disinfectants, deodorant and insecticides) found at the reach of the children in 7 classrooms (corrected during inspection).
5- Clean the wall and the metal plate (part of the wall) of the corner near the exit door by room 219 (Elevator machine). The floor of the mentioned area is dirty.
5- Solve the problem of the recurrent water accumulation near the windows wall (on the floor). There are several patches of wet rags on the floor. The rags need to be removed and replaced with clean rags in case the water accumulation happens again. The area is slightly sloped fall toward the window.
5- Clean dust accumulated on window sill, on the wall and on the ceiling, cabinets, and elsewhere on the floor of room # 1.
5- Clean the A/C return vents in walls of at least all the rooms on the 1st floor of bldgs. # 2 and # 3.

Copy of Inspection Report Received by: Maria P. Perez

Health Department Inspector: Cecilia Sanchez Date: 11/1/2008