

**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 Advanced Learning Charter School
 ADDRESS 5849 NW 171 St CITY Miami
 OWNER State of Fla. ZIP 33014
 PERSON IN CHARGE Carolyn PHONE 305-6-0344

CENSUS

NO
 100
200
300
400
500
600
700
800
900
 FEMALES
25
 MALES
25

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory
 Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
0	0	05
1	1	06
2	2	07
3	3	08
4	4	09
5	5	10
6	6	11
7	7	12
8	8	13
9	9	14

 OUT OF BUSINESS

BEGIN	END
00:00	00:00
05:00	05:00
10:00	10:00
15:00	15:00
20:00	20:00
25:00	25:00
30:00	30:00
35:00	35:00
40:00	40:00
45:00	45:00
50:00	50:00
55:00	55:00

DATE	
07	25
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

POSITION #	
0	00
1	01
2	02
3	03
4	04
5	05
6	06
7	07
8	08
9	09

PERMIT NUMBER					
1	3	5	1	1	6
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

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 <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <input type="checkbox"/> 4. Construction <input type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C	SANITARY FACILITIES <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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	LIQUID/SOLID WASTE <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	SAFETY <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage	FOOD <input type="checkbox"/> 26. First Aid Kit <input type="checkbox"/> 27. Food Insp. Rpt. OTHER <input type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Classroom floors being mopped at the time of the inspection and hallway walls being painted.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 407-277-1111
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 07/27/11