

**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 RAINBOW PARK ELEM. SCHOOL  
 ADDRESS 15355 NW 19 AVE CITY MIAMI  
 OWNER HDCPS ZIP 33054  
 PERSON IN CHARGE ROBIN ARMSTRONG PHONE (305)688-8362

**CENSUS**  
350  
 1000  
 2000  
 3000  
 100 10 11  
 200 20 22  
 300 30 33  
 400 40 44  
 500 50 55  
 600 60 66  
 700 70 77  
 800 80 88  
 900 90 99  
 FEMALES  
0  
 MALES  
0

**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
3:00 PM	4:15 PM
1:00	1:00
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
08 15 12
0 0 0 0 05
1 1 1 1 06
2 2 2 2 07
3 3 3 3 08
4 4 4 4 09
5 5 5 5 10
6 6 6 6 11
7 7 7 7 12
8 8 8 8 13
9 9 9 9 14

POSITION #
3 1 1 3 7
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
9 9 9 9 9

PERMIT NUMBER
13 - 51 - 08111
0 0 0 0 0
1 1 1 1 1
2 2 2 2 2
3 3 3 3 3
4 4 4 4 4
5 5 5 5 5
6 6 6 6 6
7 7 7 7 7
8 8 8 8 8
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.*

- |   |   |  |  |  |
|---|---|--|--|--|
| <b>SCHOOL SANITATION</b>                              | <b>SANITARY FACILITIES</b>                        | <b>WATER SUPPLY</b>  | <b>LIQUID/SOLID WASTE</b>                              | <b>SAFETY</b>                                |
| <input type="checkbox"/> 1. School Site               | <input type="checkbox"/> 10. Provided/Accessible  | <input type="checkbox"/> 18. Installed/Operated/Maintained | <input type="checkbox"/> 21. Sewage Disposal           | <input type="checkbox"/> 26. First Aid Kit   |
| <input type="checkbox"/> 2. Playground Equipment      | <input type="checkbox"/> 11. Cleanliness & Repair | <input type="checkbox"/> 19. Drinking Fountains            | <input type="checkbox"/> 22. Solid Waste               | <b>FOOD</b>                                  |
| <input type="checkbox"/> 3. Athletic Equipment        | <input type="checkbox"/> 12. Toilet Facilities    | <input type="checkbox"/> 20. Approved Source               | <b>VECTOR/VERMIN CONTROL</b>                           | <input type="checkbox"/> 27. Food Insp. Rpt. |
| <b>BUILDINGS</b>                                      | <input type="checkbox"/> 13. Separation of Sexes  |  | <input type="checkbox"/> 23. Infestation/Control       | <b>OTHER</b>                                 |
| <input type="checkbox"/> 4. Construction              | <input type="checkbox"/> 14. Fixture Ratio        |  | <input type="checkbox"/> 24. Brush/Trash               | <input type="checkbox"/> 28. _____           |
| <input type="checkbox"/> 5. Maintenance & Repair      |   |  | <input type="checkbox"/> 25. Water Collection/Drainage | <input type="checkbox"/> 29. _____           |
| <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    |   |  |  |  |

**COMMENTS AND INSTRUCTIONS**  
(continue on attached sheet)

At the time of inspection ants nests were under control and treated. Also door by 16 511A were corrected and were able to open & close freely.

Correct all other violations noted on 07/16/12 inspection form. NB Portable for pre-K has mildew and algal growth on the exterior of the portable. Clean all air vents inside portable with dust buildup. Provide a thermometer for refrigerator. Violations for pre-K will be referred to Department of Children & Families (DCF) for follow-up.

HEALTH DEPARTMENT INSPECTOR: Jarvis Wilson PHONE: (305)623-3500  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 08/15/12