

**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 Dorothy M. Wallace COPE South  
 ADDRESS 10225 SW 177 Terr CITY Miami  
 OWNER MDCPS ZIP 33176  
 PERSON IN CHARGE Annette Burks-Grice PHONE 305-233-1044

**CENSUS**

112

1000	<input type="checkbox"/>
2000	<input type="checkbox"/>
3000	<input type="checkbox"/>
4000	<input type="checkbox"/>
5000	<input type="checkbox"/>
6000	<input type="checkbox"/>
7000	<input type="checkbox"/>
8000	<input type="checkbox"/>
9000	<input type="checkbox"/>

**FEMALES**

112

**MALES**

0

**RESULTS**

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

**DATE**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14

OUT OF BUSINESS

BEGIN	END
<u>12:50 pm</u>	<u>2:10 pm</u>
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input checked="" type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM
<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 10
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE
<u>10 28 13</u>
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

POSITION #
<u>84600</u>
<input type="checkbox"/>
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PERMIT NUMBER
<u>13-51-03065</u>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
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*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)
<u>23</u>	<u>Vermin proof exit door throughout facility. Provide new rubbers on thresholds. (WO# MA35094)</u>
<u>5</u>	<u>Replace electrical covers for outlet in room # 007H (Clinic)-</u>
<u>5</u>	<u>Eliminate millipedes from light fixtures in rooms # 016F storage, 029B storage and 12.</u>

HEALTH DEPARTMENT INSPECTOR: Heber Montero PHONE: 305-623-3500  
 COPY OF REPORT RECEIVED BY: Sarah Russell Sarah Russell DATE: 10-28-13