

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT  
PUBLIC SCHOOL  
INSPECTION REPORT



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-51-08354 Name of Facility: Kendale Elem. Address: 10693 SW 93 Street City, Zip: Miami 33176  Type: Public School Owner: M-DCSB Food and Nutrition Person In Charge: Mary Ann Alonso      Phone: (305) 274-2735	<b>Correct By: None</b> <b>Re-Inspection Date: None</b>
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**Inspection Information**

Purpose: Reinspection Inspection Date: 5/19/2017	Begin Time: 05:30 PM End Time: 06:00 PM
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**Additional Information**

FEMALES ..... 0 MALES ..... 0	CENSUS ..... 0
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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.*

**Violation Markings**

SCHOOL SANITATION 1. School Site 2. Playground Equipment 3. Athletic Equipment BUILDINGS 4. Construction 5. Maintenance & Repair 6. Lighting/Foot-Candles 7. Heating, Ventilation, A/C 8. Natural Ventilation 9. Mechanical Ventilation SANITARY FACILITIES 10. Provided/Accessible	11. Cleanliness & Repair 12. Toilet Facilities 13. Separation of Sexes 14. Fixture Ratio 15. Handwash Facilities 16. Showers/Fixtures 17. Shower Water Temp. WATER SUPPLY 18. Installed/Operated/Maintained 19. Drinking Fountains 20. Approved Source LIQUID/SOLID WASTE 21. Sewage Disposal	22. Solid Waste VECTOR/VERMIN CONTROL 23. Infestation/Control 24. Brush/Trash 25. Water Collection/Drainage SAFETY 26. First Aid Kit FOOD 27. Food Insp. Rpt. OTHER 28. 29.
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**General Comments**

All violations from the previous unsatisfactory routine conducted on 5/15/17 were corrected. Please refer to the complaint re-inspection report for more details regarding the steps taken to eliminate the rodent infestation.

Email Address(es): malonso@dadeschools.net

Inspector Signature:

Client Signature:

Form Number: DH 4030 01/05

13-51-08354 Kendale Elem.

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Violations Comments

No Violation Comments Available

Inspection Conducted By: Arnoldo Aguilera (27429)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name:  
Date: 5/19/2017

Inspector Signature:

Handwritten signature of the inspector, Arnoldo Aguilera.

Client Signature:

Handwritten signature of the client, M. Alonso.

Form Number: DH 4030 01/05

13-51-08354 Kendale Elem.