

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC/ PRIVATE SCHOOL
INSPECTION REPORT**



TYPE:

- Private School
- Public School
- Charter School
- Vocational School
- College/University
- Other _____

PURPOSE:

- ROUTINE REINSPECTION
- CONSTRUCT. CHANGE OF OWNER
- COMPLAINT CONSULTATION
- QA SURVEY EPIDEMIOLOGY
- PREOPENING OTHER _____

NAME OF SCHOOL Oxford Academy of Miami
 ADDRESS 10870 SW 113 Pl CITY Miami
 OWNER Oxford Academy of Miami, Inc ZIP 33174
 PERSON IN CHARGE Debi Baker PHONE (305) 598-4894

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RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE
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OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
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2:05 AM	2:05 AM			
3:10 PM	3:10 PM			
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5:20	5:20			
6:25	6:25			
7:30	7:30			
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9:40	9:40			
10:45	10:45			
11:50	11:50			
12:55	12:55			

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 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 column above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC and continued 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 BUILDINGS <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 SANITARY FACILITIES <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. WATER SUPPLY <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	LIQUID/SOLID WASTE <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste VECTOR/VERMIN CONTROL <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage	SAFETY <input type="checkbox"/> 26. First Aid Kit FOOD <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)
#5	Replace water damaged ceiling tiles in classroom 109.
	Satisfactory at time of inspection

HEALTH DEPARTMENT INSPECTOR: MARIA Adrover PHONE: (86) 216-9759
 COPY OF REPORT RECEIVED BY: x Milla Baker DATE: 11/23/11

**STATE OF FLORIDA
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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 Oxford Academy at the J
ADDRESS 11155 SW 110 Ave **CITY** Miami
OWNER Oxford Academy of Miami **ZIP** 33176
PERSON IN CHARGE Debi Baker **PHONE** (305) 271-9400
x 248

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RESULTS	
<input checked="" type="checkbox"/> Satisfactory	
<input type="checkbox"/> Incomplete	
<input type="checkbox"/> Unsatisfactory	
Correct Violations by	
<input checked="" type="checkbox"/> Next Inspection	
<input type="checkbox"/> 8:00 AM on:	
DATE	
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<input type="checkbox"/> OUT OF BUSINESS	

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Section 120.095 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" column above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC and Chapter 501, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<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"/> 27. Food Insp. Rpt.
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 29. _____
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 25. Water Collection/Drainage	
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source		
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio			

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
19	Repair drinking water fountain near to the boy bathroom
5	Replace water damaged ceiling tile located in hallway in front to the classroom 504
	Satisfactory at time of inspection.

HEALTH DEPARTMENT INSPECTOR: MARIA Adrover PHONE: (786) 216-9759

COPY OF REPORT RECEIVED BY: Tara D. Martin DATE: 11/21/11