

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-51-1692085  
Name of Facility: AcadeMir Preparatory Academy/ AcadeMir Charter School Middle  
Address: 5800 SW 135 Avenue  
City, Zip: Miami 33183

**Correct By: None**  
**Re-Inspection Date: None**

Type: Private Charter School  
Owner: Mir, Rolando  
Person In Charge: Karla Rodriguez Phone: (305) 967-8492  
PIC Email: rodriguezacademir@gmail.com

**Inspection Information**

Purpose: Routine  
Inspection Date: 9/24/2018

Begin Time: 01:30 PM  
End Time: 04:30 PM

**Additional Information**

FEMALES ..... 398  
MALES ..... 398

CENSUS TOTALS ..... 796

*As per section 120.695, Florida Statutes (FS) this form will serve as a "Notice of Non-Compliance" for any violation noted. Items marked below violate one or more of the requirements of Chapter 6A-2.0040 Florida Administrative Code (FAC). Sanitation Standards in K-12 Private Schools and section 468. Florida Building Code (FBC), Schools, Colleges, and Universities. Violations 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 section 6A-2.0040, FAC, and section 468 FBC. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.*

**Violation Markings**

<p>SCHOOL SANITATION</p> <p><u>IN</u> 1. School Site</p> <p><u>IN</u> 2. Playground</p> <p><u>IN</u> 3. Athletic Equipment</p> <p>BUILDING</p> <p><u>IN</u> 4. Construction</p> <p><u>IN</u> 5. Maintenance &amp; Repair</p> <p><u>IN</u> 6. Lighting Standards</p> <p><u>IN</u> 7. Heating, Ventilation, A/C</p> <p><u>IN</u> 8. Natural Ventilation</p> <p><u>IN</u> 9. Mechanical Ventilation</p> <p>SANITARY FACILITIES</p> <p><u>IN</u> 10. Provided/Accessible</p> <p><u>IN</u> 11. Toilet Floor Drains</p> <p><u>IN</u> 12. Toilet Facilities</p>	<p><u>IN</u> 13. Disinfectants</p> <p><u>IN</u> 14. Handwash Facilities</p> <p><u>IN</u> 15. Soap Dispensers</p> <p><u>NA</u> 16. Showers</p> <p><u>NA</u> 17. Shower Water Temperature</p> <p>WATER SUPPLY</p> <p><u>IN</u> 18. Approved Source</p> <p><u>IN</u> 19. Drinking Fountains</p> <p>LIQUID WASTE</p> <p><u>IN</u> 20. Sewage Disposal</p> <p><u>IN</u> 21. Solid Waste</p> <p>PEST CONTROL</p> <p><u>IN</u> 22. Pest Control</p> <p><u>IN</u> 23. Brush /Trash</p> <p><u>IN</u> 24. Water Collection/Drainage</p>	<p>SAFETY</p> <p><u>IN</u> 25. First Aid Kit</p> <p>DIAPER CHANGING STATION</p> <p><u>NA</u> 26. Location/Sanitizers</p> <p><u>NA</u> 27. Changing Station &amp; Mats</p> <p><u>NA</u> 28. Handsink</p> <p><u>NA</u> 29. Garbage Can</p> <p>ANIMAL HEALTH AND SAFETY</p> <p><u>NA</u> 30. Vaccination</p> <p><u>NA</u> 31. Animal Maintenance/Aggressive Animals</p> <p>DORM/RESIDENTIAL FACILITIES</p> <p><u>NA</u> 32. Maintenance/Complaint</p> <p><u>NA</u> 33. Other</p>
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*IN = the act or item was observed to meet standards; OUT = the act or item was observed not to meet standards; NO = the act or item was not observed to be occurring at the time of inspection; NA = the act or item is not performed by the facility or not part of the operation*

**General Comments**

No violations were observed at the time of the inspection.

Email Address(es): rodriguezacademir@gmail.com

Inspector Signature:

Client Signature:

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**Violations Comments**

No Violation Comments Available

Inspection Conducted By: Osvaldo Samper (67699)  
Inspector Contact Number: Work: (305) 623-3500  
Print Client Name: Karla Rodriguez  
Date: 9/24/2018

Inspector Signature:

Handwritten signature of Osvaldo Samper.

Client Signature:

Handwritten signature of Karla Rodriguez.