

1 of 3

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 Miami Springs Senior High.
 ADDRESS 751 Dove Ave. CITY Miami Springs
 OWNER MDCPS. ZIP 33169
 PERSON IN CHARGE Anna Rodriguez PHONE 885 3182

CENSUS
 1801
 000
 200
 300
 100 10 1
 200 20 2
 300 30 3
 400 40 4
 500 50 5
 600 60 6
 700 70 7
 800 80 8
 900 90 9
 FEMALES
 406
 MALES
 894

RESULTS
 Satisfactory
 Incomplete
 Unsatisfactory
 Correct Violations by
 Next Inspection
 8:00 AM on:
 DATE
06 14 13
 05
 06
 07
 08
 09
 10
 11
 12
 13
 14
 OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10:45		05 14 13	27458	13-51-08180
1:00	1:00	0 0 0 0 0 05	0 0 0 0 0 0	0 0 0 0 0 0
2:05 AM	2:05 AM	1 1 1 1 1 06	1 1 1 1 1 1	1 1 1 1 1 1
3:10 PM	3:10 PM	2 2 2 2 2 07	2 2 2 2 2 2	2 2 2 2 2 2
4:15	4:15	3 3 3 3 3 08	3 3 3 3 3 3	3 3 3 3 3 3
5:20	5:20	4 4 4 4 4 09	4 4 4 4 4 4	4 4 4 4 4 4
6:25	6:25	5 5 5 5 5 10	5 5 5 5 5 5	5 5 5 5 5 5
7:30	7:30	6 6 6 6 6 11	6 6 6 6 6 6	6 6 6 6 6 6
8:35	8:35	7 7 7 7 7 12	7 7 7 7 7 7	7 7 7 7 7 7
9:40	9:40	8 8 8 8 8 13	8 8 8 8 8 8	8 8 8 8 8 8
10:45	10:45	9 9 9 9 9 14	9 9 9 9 9 9	9 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.

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 checked="" 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 checked="" type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> 28. <u>Report found</u> <input type="checkbox"/> 29. <u>Mold</u>
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(29) (5)	- Eliminate the mold from the ceiling in 2nd floor Corridor from the stairs, from Room Room # 245. in the walls and in Rooms 251-264 -
(5)	- Replace the stained ceiling throughout the facility
(5)	- Replace the broken ceiling tiles from the facility
(7)	- 2nd floor the roof vents throughout the

HEALTH DEPARTMENT INSPECTOR: Jane H. Suarez PHONE: 823-3500
 COPY OF REPORT RECEIVED BY: A.W. [Signature] DATE: 05.14.13