

**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 West Hialeah Gardens Elementary  
 ADDRESS 11990 NW 97th Avenue CITY Hialeah  
 OWNER MDPSB ZIP 33018  
 PERSON IN CHARGE Sharon Gonzalez PHONE 305-687-6565

**CENSUS**

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**  
606

**MALES**  
610

**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"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

OUT OF BUSINESS

BEGIN	END
8:00 AM	
<input type="checkbox"/> 1:00	<input type="checkbox"/> 1:00
<input checked="" type="checkbox"/> 2:05 AM	<input checked="" type="checkbox"/> 2:05 AM
<input checked="" type="checkbox"/> 3:10 PM	<input checked="" type="checkbox"/> 3:10 PM
<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:15
<input type="checkbox"/> 5:20	<input type="checkbox"/> 5:20
<input type="checkbox"/> 6:25	<input type="checkbox"/> 6:25
<input type="checkbox"/> 7:30	<input type="checkbox"/> 7:30
<input type="checkbox"/> 8:35	<input type="checkbox"/> 8:35
<input type="checkbox"/> 9:40	<input type="checkbox"/> 9:40
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45
<input type="checkbox"/> 11:50	<input type="checkbox"/> 11:50
<input type="checkbox"/> 12:55	<input type="checkbox"/> 12:55

DATE		
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 05
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 06
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 07
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 08
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 09
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 10
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 11
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 12
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 13
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 14

POSITION #		
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22
<input type="checkbox"/> 33	<input type="checkbox"/> 33	<input type="checkbox"/> 33
<input type="checkbox"/> 44	<input type="checkbox"/> 44	<input type="checkbox"/> 44
<input type="checkbox"/> 55	<input type="checkbox"/> 55	<input type="checkbox"/> 55
<input type="checkbox"/> 66	<input type="checkbox"/> 66	<input type="checkbox"/> 66
<input type="checkbox"/> 77	<input type="checkbox"/> 77	<input type="checkbox"/> 77
<input type="checkbox"/> 88	<input type="checkbox"/> 88	<input type="checkbox"/> 88
<input type="checkbox"/> 99	<input type="checkbox"/> 99	<input type="checkbox"/> 99

PERMIT NUMBER				
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22	<input type="checkbox"/> 22
<input type="checkbox"/> 33	<input type="checkbox"/> 33	<input type="checkbox"/> 33	<input type="checkbox"/> 33	<input type="checkbox"/> 33
<input type="checkbox"/> 44	<input type="checkbox"/> 44	<input type="checkbox"/> 44	<input type="checkbox"/> 44	<input type="checkbox"/> 44
<input type="checkbox"/> 55	<input type="checkbox"/> 55	<input type="checkbox"/> 55	<input type="checkbox"/> 55	<input type="checkbox"/> 55
<input type="checkbox"/> 66	<input type="checkbox"/> 66	<input type="checkbox"/> 66	<input type="checkbox"/> 66	<input type="checkbox"/> 66
<input type="checkbox"/> 77	<input type="checkbox"/> 77	<input type="checkbox"/> 77	<input type="checkbox"/> 77	<input type="checkbox"/> 77
<input type="checkbox"/> 88	<input type="checkbox"/> 88	<input type="checkbox"/> 88	<input type="checkbox"/> 88	<input type="checkbox"/> 88
<input type="checkbox"/> 99	<input type="checkbox"/> 99	<input type="checkbox"/> 99	<input type="checkbox"/> 99	<input type="checkbox"/> 99

As per section 20-695 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 20-695, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

<b>SCHOOL SANITATION</b>	<b>SANITARY FACILITIES</b>	<b>LIQUID/SOLID WASTE</b>	<b>SAFETY</b>
<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"/> 2. Playground Equipment	<input checked="" type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input checked="" type="checkbox"/> 22. Solid Waste
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<b>VECTOR/VERMIN CONTROL</b>
<b>BUILDINGS</b>	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input checked="" type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 25. Water Collection/Drainage
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio		<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 7. Heating, Ventilation, A/C			<b>FOOD</b>
			<input type="checkbox"/> 27. Food Insp. Rpt.
			<b>OTHER</b>
			<input checked="" type="checkbox"/> 28. <u>Safety</u>
			<input type="checkbox"/> 29.

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
28	Remove items out of Restrooms to prevent class-contamination (327, 231 & Blocking Sink for Handwash, 319 and applicable Restrooms)
28	Eliminate Air Fresheners (Plug-in) and store-bought chemicals out of classrooms to prevent Allergic/Neurotic Attacks (327, 340, 431 and throughout the Facility)
13	Separate restrooms or specified Restrooms for a specific gender/or ONLY for staff (Label) (332, 306 and Every restrooms in classrooms for 3 <sup>rd</sup> ↑ grade)
5, 28	Clean and sanitize cabinets to remove trash clippings/dirt (338)
5	Reprint 5 <sup>th</sup> grade wing noticed peeling paint on walls (433-442 and 427-431)
5, 15	Repair Broken Faucets (231, 306)

HEALTH DEPARTMENT INSPECTOR: VIVIANE BERNARDI PHONE: 305-623-3500  
 COPY OF REPORT RECEIVED BY: Sharon Gonzalez & Olanbylen DATE: 11-07-13



Estb. No.: 13-51-14925

STATE OF FLORIDA  
DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: West Hialeah Garden Elementary

COMMENTS AND INSTRUCTION:

- 9.5 Fix Mechanical Vent System in Restrooms and applicable ones (332C)
- 22 Replace Rusted Dumpster Bin
- 22 Remove/ Discard Piled Furnitures located in the Area of Dumpsters
- 22 Provide Plug for Dumpster. (Work in Progress)
- 5 Plan Protective AC vents Cover
- 10. Provide an equipment to make it accessible for cleaning high ceiling AC vent covers.

Copy of Inspection Report Received by: Sharon Gomez & Denny

Health Department Inspector: Vivianne Hernandez Date: 11-07-13