

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

NAME OF SCHOOL Citrus Green Middle School
 ADDRESS 2153 NW 31st St. CITY Miami
 OWNER MDCPS ZIP 33125
 PERSON IN CHARGE Madelon Almeida PHONE 305-642-5055

CENSUS
 1008
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000
 FEMALES
 440
 MALES
 567

RESULTS
 Satisfactory
 Incomplete
 Unsatisfactory
 Correct Violations by
 Next Inspection
 8:00 AM on:
 DATE
 01 18 13
 05
 06
 07
 08
 09
 10
 11
 12
 13
 14
 OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1:00	1:00	1 2 1 8 1 2	2 7 4 3 1	1 3 - 5 1 - 0 8 1 8 4
2:05 AM	2:05 AM	0 0 0 0 0 0 0 5	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0
3:10 PM	3:10 PM	1 1 1 1 1 1 1 0 6	1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1
4:15	4:15	2 2 2 2 2 2 2 0 7	2 2 2 2 2 2 2 2	2 2 2 2 2 2 2 2
5:20	5:20	3 3 3 3 3 3 3 0 8	3 3 3 3 3 3 3 3	3 3 3 3 3 3 3 3
6:25	6:25	4 4 4 4 4 4 4 0 9	4 4 4 4 4 4 4 4	4 4 4 4 4 4 4 4
7:30	7:30	5 5 5 5 5 5 5 0 10	5 5 5 5 5 5 5 5	5 5 5 5 5 5 5 5
8:35	8:35	6 6 6 6 6 6 6 0 11	6 6 6 6 6 6 6 6	6 6 6 6 6 6 6 6
9:40	9:40	7 7 7 7 7 7 7 0 12	7 7 7 7 7 7 7 7	7 7 7 7 7 7 7 7
10:45	10:45	8 8 8 8 8 8 8 0 13	8 8 8 8 8 8 8 8	8 8 8 8 8 8 8 8
11:50	11:50	9 9 9 9 9 9 9 0 14	9 9 9 9 9 9 9 9	9 9 9 9 9 9 9 9
12:55	12:55			

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 <input checked="" 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 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 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 returned ceiling tile's throughout the school.
④⑤	Prevents missing ceiling tile's throughout the school.
⑤	Replace humid coil bulb's in the air conditioning system & all bldg's.
⑤⑥	Repair water fixture on outside male restroom Room 139 & 140 floor kitchen.
⑤④	Replace broken ceiling tile's hallway in the kitchen.
④⑤	Repair floor tile 2nd floor hallway.
④⑤	Repair floor tile near north side of bldg new bldg.
④	Repair horizontal pipe in kitchen area 2nd floor new bldg.

HEALTH DEPARTMENT INSPECTOR: Ernesto Alvarez PHONE: 305-351-1111
 COPY OF REPORT RECEIVED BY: Madelon Almeida DATE: 1/18/13

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY