

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



PURPOSE:

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

TYPE:

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

NAME OF SCHOOL Westview Elementary School
 ADDRESS 2101 NW 12th St CITY MMI
 OWNER D.C.P.S. ZIP 33167
 PERSON IN CHARGE Tracy Crows PHONE 305-688-4601

CENSUS
 443
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000
FEMALES
 205
MALES
 238

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
04	08/09
01	05
01	06
02	07
03	08
04	09
05	10
06	11
07	12
08	13
09	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
00:00	00:00	08/21/09	01460	13-51-07923
01:00	01:00	01 01 05	01 01 01 01	01 01 01 01 01
02:05	02:05	01 01 06	01 01 01 01	01 01 01 01 01
03:10	03:10	01 01 07	01 01 01 01	01 01 01 01 01
04:15	04:15	01 01 08	01 01 01 01	01 01 01 01 01
05:20	05:20	01 01 09	01 01 01 01	01 01 01 01 01
06:25	06:25	01 01 10	01 01 01 01	01 01 01 01 01
07:30	07:30	01 01 11	01 01 01 01	01 01 01 01 01
08:35	08:35	01 01 12	01 01 01 01	01 01 01 01 01
09:40	09:40	01 01 13	01 01 01 01	01 01 01 01 01
10:45	10:45	01 01 14	01 01 01 01	01 01 01 01 01
11:50	11:50			
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	SANITARY FACILITIES	WATER SUPPLY	LIQUID/SOLID WASTE	SAFETY
<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	FOOD
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control	OTHER
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio			
<input type="checkbox"/> 7. Heating, Ventilation, A/C				

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(ii)	clean the ceiling air screens in the main office (throughout the office).
(iii)	Remove lead inserts from light fixtures in rooms 31, 32, 39, 36, 44, 45, 46, 47, 48, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

HEALTH DEPARTMENT INSPECTOR: Dr. H. Smith, Hillman PHONE: 305-623-3570
 COPY OF REPORT RECEIVED BY: Tracy Crows DATE: 08-26-09
 DH 4030, 01/05 (Obsoletes Previous Editions) ESTABLISHMENT/FACILITY: Tracy Crows



STATE OF FLORIDA
DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: Westview Elementary School

COMMENTS AND INSTRUCTION:

- (28) Keep chemicals out the reach of children
in the cabinet beneath the sink in Rm 33, 34
35, 44, 47; 51, 53, 54, 53; 63, 65; 71, 72, 73; 106.
- (23) Remove roach droppings from the cabinets
beneath the sink in Rm 34.
- (5) Replace the ceiling tile in Rm 35
- (23) Remove the dead roaches from beneath
the cabinet beneath the sink in Rm 35.
- (5) Repair the cracks along the wall-floor
structure on the northern (west) side Rm 41.
- (23) Remove roach droppings from the cabinet
beneath the sink in Rms 45 & 47.
- (23) Remove roach droppings from the cabinet
beneath the sink in Rms 48 & 55.
- (23) Remove dead roaches from the cabinet
beneath the sink in Rm 51.
- (23) Remove roach egg from the cabinet beneath
the sink in Rm 52.
- (5) Repair the water intrusion on the Western
Wall of the bathroom in Rm 54.
- (5) Repair the hole in the wall beneath the sink
in Rm 55.

Copy of Inspection Report Received by: Tracey Crews, Tracey Crews

Health Department Inspector: Dimitri Hilton Date: 03-26-09

P30 f 3
P6 Form 4030



Estb. No.: 13-51-07923

STATE OF FLORIDA
DEPARTMENT OF HEALTH

ESTABLISHMENT NAME: Westview Elementary School

COMMENTS AND INSTRUCTION:

- (23) Exterminate the ants on top of the sink in Rm B3.
- (23) Remove roach ^{the} eggs in cabinet beneath the sink in Rm 70.
- (11) Clean the return air screens in the media center & music suite.
- (23) Exterminate the termites in the cabinets beneath the sink in Rm 103, & 105
- (23) Remove the dead roaches in the cabinet beneath the sink in the music suite
- (11) Clean the return air vents in the ESOL portable
- (5) Replace the ceiling tile in the ESOL portable.
- (5) Change the frame for the light fixture in the speech portable.

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 Health Department Inspector: Att Dimitri Hilton Date: 03-26-09