

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



**PURPOSE:**

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

**TYPE:**

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

NAME OF SCHOOL Courtesy Club Middle School  
 ADDRESS 18305 NW 75th CITY Hialeah  
 OWNER ADP 13 ZIP 33015  
 PERSON IN CHARGE Jose Buero PHONE 3/820-8800

**CENSUS**  
 1500  
 1000  
 2000  
 3000  
 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  
 700  
 MALES  
 500

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
2:00	4:30	06/01/09	02310	13-51-14367
1:00	1:00	0:0:0:05	0:0:0:0:0	0:0:0:0:0:0
2:05 AM	2:05 AM	1:1:1:06	1:1:1:1:1	1:1:1:1:1:1
3:10 PM	3:10 PM	2:2:2:07	2:2:2:2:2	2:2:2:2:2:2
4:15	4:15	3:3:3:08	3:3:3:3:3	3:3:3:3:3:3
5:20	5:20	4:4:4:09	4:4:4:4:4	4:4:4:4:4:4
6:25	6:25	5:5:5:10	5:5:5:5:5	5:5:5:5:5:5
7:30	7:30	6:6:6:11	6:6:6:6:6	6:6:6:6:6:6
8:35	8:35	7:7:7:12	7:7:7:7:7	7:7:7:7:7:7
9:40	9:40	8:8:8:13	8:8:8:8:8	8:8:8:8:8:8
10:45	10:45	9:9:9:14	9:9:9:9:9	9:9:9:9:9:9
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.*

<b>SCHOOL SANITATION</b>	<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input checked="" type="checkbox"/> 15. Handwash Facilities	<b>LIQUID/SOLID WASTE</b>	<b>SAFETY</b>
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit	
<input type="checkbox"/> 3. Athletic Equipment	<b>SANITARY FACILITIES</b>	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 22. Solid Waste	<b>FOOD</b>	
<b>BUILDINGS</b>	<input type="checkbox"/> 10. Provided/Accessible	<b>WATER SUPPLY</b>	<b>VECTOR/VERMIN CONTROL</b>	<input type="checkbox"/> 27. Food Insp. Rpt.	
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input checked="" type="checkbox"/> 23. Infestation/Control	<b>OTHER</b>	
<input type="checkbox"/> 5. Maintenance & Repair	<input checked="" type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 28. _____	
<input type="checkbox"/> 6. Lighting/Foot-Candles	<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"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio				

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
(12) (11)	Replenish paper towels in every restroom. (No paper towels in any restroom observed during inspection)
(17) (14)	Refill liquid soap in every soap dispenser of restrooms (VHSK)
(23)	Keep air curtains on at all times by the exit/restroom door of restrooms.

HEALTH DEPARTMENT INSPECTOR: VHSK Mod M PHONE: 305-623-3130  
 COPY OF REPORT RECEIVED BY: Jose Buero DATE: 06/01/09  
 DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY