

PURPOSE

- ROUTINE
- CONSTRUCTION
- QA SURVEY
- CHANGE OF OWNER
- EPIDEMIOLOGY
- OTHER _____
- REINSPECTION
- COMPLAINT
- PREOPENING
- CONSULTATION



**FLORIDA DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC SCHOOL AND PUBLIC CHARTER
SCHOOL INSPECTION REPORT**

TYPE

- PUBLIC SCHOOL
- PUBLIC CHARTER SCHOOL
- VOCATIONAL SCHOOL
- COLLEGE
- UNIVERSITY

CENSUS

436 FEMALES
533 MALES

RESULTS

- SATISFACTORY
- INCOMPLETE
- UNSATISFACTORY

CORRECT VIOLATIONS BY

NEXT ROUTINE INSPECTION
OR 8 AM ON 3/28/2018 (DATE)

NAME OF FACILITY MIAMI SPRING MIDDLE SCHOOL

LOCATION ADDRESS 150 S ROYAL POINCANA BLVD **CITY** MIAMI SPRINGS

STATE FL **ZIP CODE** 33166 **FACILITY OWNER** M-DCSB FOOD & NUTRITION

PERSON IN CHARGE (PIC) CONSTANTINO HERNANDEZ **PHONE** 305 888-5467

PIC E-MAIL ADDRESS chernandez17@dadeschools.net

BEGIN TIME AM/PM	END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	PERMIT NUMBER
11:40 AM	12:45 PM	02/24/2018	31113	13-51-08153

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked below violate one or more of the requirements of Rule 6A-2.0010, of the Florida Administrative Code, Chapter 5, section 5 of the State Requirements for Educational Facilities 2014 (SREF); and sections 453 and 468 of the Florida Building Code 5th Edition (2014). Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Marking Key: **IN** = the act or item was observed to meet standards; **OUT** = the act or item was observed not to meet standards; **NO** = the act or item was not observed to be occurring at the time of inspection; **NA** = the act or item is not performed by the facility or not part of the operation

<p>SCHOOL SANITATION</p> <p>In Out NO NA</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> 1. School Site <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 2. Playground, Equipment & Athletic Fields <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Athletic and Playground Equipment <p>BUILDING CONSTRUCTION AND MAINTENANCE</p> <p>In Out NO NA</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 4. Construction <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 6. Lighting Standards <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Heating, Ventilation, A/C Standards <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Mechanical Ventilation <p>SANITARY FACILITIES</p> <p>In Out NO NA</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> 10. Provided/Accessible/Separation <input checked="" type="checkbox"/> <input type="checkbox"/> 11. Group Toilet Rooms <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 12. Toilet Facilities 	<p>SANITARY FACILITIES (cont.)</p> <p>In Out NO NA</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> 13. Handwashing Facilities <input type="checkbox"/> <input checked="" type="checkbox"/> 14. Soap Dispensers <input checked="" type="checkbox"/> <input type="checkbox"/> 15. Shower Facilities <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 16. Showers Water Temperatures <p>WATER SUPPLY</p> <p>In Out NO NA</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> 17. Approved Source <input type="checkbox"/> <input checked="" type="checkbox"/> 18. Drinking Fountains <p>LIQUID WASTE & WASTE WATER</p> <p>In Out NO NA</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> 19. Sewage Disposal <input checked="" type="checkbox"/> <input type="checkbox"/> 20. Solid Waste <p>PEST CONTROL</p> <p>In Out NO NA</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> 21. Pest Control 	<p>SAFETY</p> <p>In Out NO NA</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> 22. First Aid Kit <p>DIAPER CHANGING STATION</p> <p>In Out NO NA</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 23. Sanitizers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 24. Changing Station & Mats <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 25. Hand Sink <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 26. Garbage Can <p>ANIMAL HEALTH AND SAFETY</p> <p>In Out NO NA</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 27. Animals Maintenance/Aggressive <p>DORM/RESIDENTIAL FACILITIES</p> <p>In Out NO NA</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> <input type="checkbox"/> 28. Maintenance/Complaint <input checked="" type="checkbox"/> <input type="checkbox"/> 29. Other
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ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
2	HAD TO WAIT OVER 30 MINUTES BEFORE I COULD BEGIN THE INSPECTION. CLEAR SHRUBS, BRANCHES OF OLD TREE LIMBS FROM FILEDS
4	SOME AREAS OF SCHOOL BLOCKED OFF DUE UE TO CONSTRUCTION.HENCE I COULD NOT INSPECT SAID AREAS. CALL HEALTH DEPARTMENT FOR REINSPECTION WHEN CONSTRUCTION IS COMPLETED
5,6	TOUCH UP PAINT PEELING PAINT ALL OVER THE SCHOOL, ESP. HALLWAY INFRONT OF AUDITORIUM. REPAIR OR REPLACE STAINED CEILING TILES OBSERVED IN MANY CLASSROOMS OR FIX ROOF LEAK ESP BUILDING 400 AND REPLACE MISSING CEILING TILE IN AUDITORIUM
12,14	PROVIDE SOAP IN 405, REPLACE DAMGED AIR VENT, UNCLOG URINALS IN BATHROOM 1006, BATHROOM 1004 LOCKED INOPERABLE
12	CLEAN AND SANITIZE HANDICAP RESTROOM 1003 OF STRONG FOUL ODOR

INSPECTION CONDUCTED BY: Isaac Ofori

COPY OF REPORT RECEIVED BY: [Signature]

DH FORM 4030, 12/16 replaces previous editions

PHONE: 305 710-8548

DATE: 02/28/2018

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