

PURPOSE

- | | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> COMPLAINT |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> PREOPENING |
| <input type="checkbox"/> CHANGE OF OWNER | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> EPIDEMIOLOGY | |
| <input type="checkbox"/> OTHER _____ | |



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

TYPE	
<input checked="" type="checkbox"/>	PUBLIC SCHOOL
<input type="checkbox"/>	PUBLIC CHARTER SCHOOL
<input type="checkbox"/>	VOCATIONAL SCHOOL
<input type="checkbox"/>	COLLEGE
<input type="checkbox"/>	UNIVERSITY
CENSUS	
446	FEMALES
541	MALES
RESULTS	
<input type="checkbox"/>	SATISFACTORY
<input type="checkbox"/>	INCOMPLETE
<input checked="" type="checkbox"/>	UNSATISFACTORY
CORRECT VIOLATIONS BY	
<input type="checkbox"/>	NEXT ROUTINE INSPECTION
OR <input checked="" type="checkbox"/>	8 AM ON 9/25/17 (DATE)

NAME OF FACILITY Miami Springs Middle

LOCATION ADDRESS 150 S Royal Poinciana Blvd **CITY** Miami Springs

STATE FL **ZIP CODE** 33166 **FACILITY OWNER** MDCPS

PERSON IN CHARGE (PIC) Constantino Hernandez **PHONE** 305-888-6457 ext 2207

PIC E-MAIL ADDRESS chernandez17@dadeschools.net

BEGIN TIME AM/PM	END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	PERMIT NUMBER
10:00am	12:30pm	8/25/17	84600	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> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. School Site</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 2. Playground, Equipment & Athletic Fields</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 3. Athletic and Playground Equipment</p> <p>BUILDING CONSTRUCTION AND MAINTENANCE</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 4. Construction</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 5. Maintenance & Repair</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 6. Lighting Standards</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Heating, Ventilation, A/C Standards</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Natural Ventilation</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Mechanical Ventilation</p> <p>SANITARY FACILITIES</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 10. Provided/Accessible/Separation</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Group Toilet Rooms</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 12. Toilet Facilities</p>	<p>SANITARY FACILITIES (cont.)</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 13. Handwashing Facilities</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 14. Soap Dispensers</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Shower Facilities</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 16. Showers Water Temperatures</p> <p>WATER SUPPLY</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Approved Source</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> 18. Drinking Fountains</p> <p>LIQUID WASTE & WASTE WATER</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19. Sewage Disposal</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20. Solid Waste</p> <p>PEST CONTROL</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21. Pest Control</p>	<p>SAFETY</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22. First Aid Kit</p> <p>DIAPER CHANGING STATION</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 23. Sanitizers</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 24. Changing Station & Mats</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 25. Hand Sink</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 26. Garbage Can</p> <p>ANIMAL HEALTH AND SAFETY</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 27. Animals Maintenance/Aggressive</p> <p>DORM/RESIDENTIAL FACILITIES</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 28. Maintenance/Complaint</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 29. Other</p>
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ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
	Please note: I was informed by head custodian that 6 portables are currently not being used. I was also informed that the male locker room is currently not in use
5	Provide missing ceiling tiles in room 401, 402, in band room, room 604, in teacher's lounge 508, in room 903, teacher's lounge 9051 and all other applicable
5	Replace burnt light bulbs in room 402, bathroom 405, in restroom 407, in portable R109, bathroom 707, restroom 805, media center, restroom 801, restroom 1102 and all other applicable
12	Repair leak at toilet in male restroom 615, at 1st toilet in female restroom 801
14	Replenish soap in male restroom 615, male restroom 605 and all other applicable
12	Repair broken entrance door of male restroom 605
12	Repair toilet in female restroom 506, in female restroom 707, in female restroom 407, in handicap stall of female restroom 1207

INSPECTION CONDUCTED BY: Naissa Julien

PHONE: 05-623-3500

COPY OF REPORT RECEIVED BY: Constantino Hernandez

DATE: 8/25/17

DH FORM 4030, 12/16 replaces previous editions