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



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Facility Information

Permit Number: 13-51-08202 Correct By: Next Inspection Name of Facility: North Glade E Re-Inspection Date: None Address: 5000 NW 177 Street

City, Zip: Carol City 33055 Type: Public Schools

Owner: MDCPS Person In Charge: M-DCSB Food and Nutrition Phone: (786) 275-0400

PIC Email:

Inspection Information

Purpose: Routine Begin Time: 12:01 PM Inspection Date: 11/29/2023 End Time: 01:00 PM

Additional Information

FEMALES 101 CENSUS 224 MALES 123

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 6th Edition (2017). 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.

Violation Markings

SCHOOL SANITATION

IN 1. School Site

IN 2. Playground, Equip & Athletic Fields* OUT 13. Handwashing Facilities N 3. Athletic & Playground Equipment

BUILDING CONST/MAINT.

IN 4. Construction

OUT 5. Maintenance & Repair

N 6. Lighting Standards

N 7. Heating, Ventilation, A/C StandardsN 8. Natural Ventilation

OUT 9. Mechanical Ventilation SANITARY FACILITIES

IN 10. Provided/Accessible/Separation

IN 11. Group Toilet Rooms

IN 12. Toilet Facilities

IN 14. Soap Dispensers

IN 15. Shower Facilities

IN 16. Showers Water Temperatures

WATER SUPPLY

IN 17. Approved Source

IN 18. Drinking Fountains

LIQUID WASTE & WASTE WATER

IN 19. Sewage Disposal

IN 20. Solid Waste

PEST CONTROL

IN 21. Pest Control

SAFFTY

IN 22. First Aid Kit

DIAPER CHANGING STATION

RESULT: Satisfactory

NA 23. Sanitizers

IN 24. Changing Station & Mats

N 25. Hand Sink

IN 26. Garbage Can

ANIMAL HEALTH & SAFETY

NA 27. Animal Maintenance/Aggressive DORM/RESIDENTIAL FACILITIES

NA 28. Maintenance/Complaint

IN 29. Other

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

Violation Key: * = 2. Playground, Equipment & Athletic Fields

General Comments

Satisfactory.

Email Address(es): pr3861@dadeschools.net

Inspector Signature:

Client Signature:

Form Number: DH 4030 12/16A 13-51-08202 North Glade E

STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT PUBLIC SCHOOL INSPECTION REPORT



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Violations Comments

Violation #5. Maintenance & Repair

At the time of this inspection, ceiling tiles with water marks were observed at rooms: Cafeteria and room #1. Replace ceiling tiles.

At the time of this inspection, lightbulbs out were observed at rooms: 10,4 and 3. Replace ceiling tiles. A work order was created (Work order # 1044934).

At the time of this inspection, the light cover inside the restrooms at rooms: 3 and 4 were observed missing. Replace light covers.

CODE REFERENCE: 5. Maintenance and Repair. 5(1)(e)8.h SREF. Light fixtures and window surfaces, both inside and outside, shall be kept clean, serviceable, and in good repair at all times. 5(1)(e)8.i. Custodial areas shall be kept clean, safe, and orderly at all times. Custodial equipment shall be in good repair at all times. 5(1)(e)8.j SREF. Building components & finishes shall be kept clean & in good repair.

Violation #9. Mechanical Ventilation

At the time of this inspection, the mechanical ventilation inside the restrooms located at rooms: Kindergarten, 12 and 10 were observed with dust accumulation. Clean and sanitize.

CODE REFERENCE: 9. Mechanical Ventilation. 5(16)(a)2 SREF. Mechanical ventilation systems shall be maintained in an operable condition at all times. 5(16)(a)4 SREF. Exhaust systems from toilet rooms, custodial closets, shower and locker rooms, athletic equipment rooms, etc., shall be maintained in an operable condition at all times. 5(13)(g)1.d SREF. Toilet rooms shall have exhaust fans vented to the exterior. 5(16)(a)10 SREF. Stationary local sources producing air-borne particulates, heat, odors, fumes, spray, vapors, smoke or gases in such quantities as to be irritating or injurious to human health shall have an exhaust system to collect and remove the contaminants. Such exhaust shall discharge directly to the exterior of the building. 468.3.6.2 FBC and 468.3.6.3 FBC. Kiln rooms and areas shall be provided with adequate exhaust to dispel emitted heat to the exterior, and they shall not be connected to any other exhaust system. 5(16)(a)5 SREF. Science laboratory fume hoods and laboratory emergency fans shall be maintained in an operable condition. 468.3.6.4 FBC. HVAC systems in chemistry labs and science classrooms shall be designed and installed to ensure that chemicals originating from the space are not recirculated. 468.3.6.5 SREF. Rooms used for the storage, handling, and disposal of chemicals used in school, college, and university laboratories shall be vented to the exterior. The ventilation system shall not be connected to the air conditioning return air system.

Violation #13. Handwashing Facilities

At the time of this inspection, restroom 6-019 was observed out paper towels and the hand dryers were both out services. Provide paper towel or replaced hand dryers. Work order was created # 10436579.

CODE REFERENCE: 13. Handwashing Facilities. 5(13)(h)1 SREF. Hot and cold water shall be provided in toilet rooms at the lavatory. Hot water temperature shall not exceed 110°F. 468.3.5.7.1 FBC. Handwashing facilities shall be located within or adjoining each toilet room.

Inspection Conducted By: Pedro Hernandez Bastidas (60752)

Inspector Contact Number: Work: (305) 623-3500 ex.

Print Client Name: Date: 11/29/2023

Inspector Signature:

Form Number: DH 4030 12/16A

Client Signature:

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