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

NAME OF FACILITY Pine Creek Elem. School
LOCATION ADDRESS 10250 SW 57TH PL CITY Miami
STATE FL ZIP CODE 83160 FACILITY OWNER MDCPS
PERSON IN CHARGE (PIC) Lynn Zaldúa PHONE 667-5579
PIC E-MAIL ADDRESS Lynnz@idschs15.net

BEGIN TIME AM/PM END TIME AM/PM DATE (MM/DD/YY) POSITION NUMBER
4/10/18 27A31

This form serves as a "Notice of Non-Compliance" pursuant to section 120.685, 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

SCHOOL SANITATION
In Out NO NA
☐ ☐ ☐ 1. School Site
☐ ☐ ☐ 2. Playground, Equipment & Athletic Fields
☐ ☐ ☐ 3. Athletic and Playground Equipment

BUILDING CONSTRUCTION AND MAINTENANCE
In Out NO NA
☐ ☐ ☐ 4. Construction
☐ ☐ ☐ 5. Maintenance & Repair
☐ ☐ ☐ 6. Lighting Standards
☐ ☐ ☐ 7. Heating, Ventilation, A/C Standards
☐ ☐ ☐ 8. Natural Ventilation
☐ ☐ ☐ 9. Mechanical Ventilation

SANITARY FACILITIES
In Out NO NA
☐ ☐ ☐ 10. Provided/Accessible/Separation
☐ ☐ ☐ 11. Group Toilet Rooms
☐ ☐ ☐ 12. Toilet Facilities

SANITARY FACILITIES (cont.)
In Out NO NA
☐ ☐ ☐ 13. Handwashing Facilities
☐ ☐ ☐ 14. Soap Dispensers
☐ ☐ ☐ 15. Shower Facilities
☐ ☐ ☐ 16. Showers Water Temperatures

WATER SUPPLY
In Out NO NA
☐ ☐ ☐ 17. Approved Source
☐ ☐ ☐ 18. Drinking Fountains

LIQUID WASTE & WASTE WATER
In Out NO NA
☐ ☐ ☐ 19. Sewage Disposal
☐ ☐ ☐ 20. Solid Waste

PEST CONTROL
In Out NO NA
☐ ☐ ☐ 21. Pest Control

SAFETY
In Out NO NA
☐ ☐ ☐ 22. First Aid Kit

DIAPER CHANGING STATION
In Out NO NA
☐ ☐ ☐ 23. Sanitizers
☐ ☐ ☐ 24. Changing Station & Mats
☐ ☐ ☐ 25. Hand Sink
☐ ☐ ☐ 26. Garbage Can

ANIMAL HEALTH AND SAFETY
In Out NO NA
☐ ☐ ☐ 27. Animals Maintenance/Aggressive

DORM/RESIDENTIAL FACILITIES
In Out NO NA
☐ ☐ ☐ 28. Maintenance/Complaint
☐ ☐ ☐ 29. Other

ITEM NUMBER COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
9 Repair ventilation for all restrooms in Bldg. #3

INSPECTION CONDUCTED BY: Manuel Casimiro PHONE: 623-3300
COPY OF REPORT RECEIVED BY: Lynn Zaldúa

DH FORM 4030, 12/16 replaces previous editions

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