

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
607 FEMALES 607
612 MALES 612

RESULTS

- SATISFACTORY
- INCOMPLETE
- UNSATISFACTORY

CORRECT VIOLATIONS BY

- NEXT ROUTINE INSPECTION
- OR 8 AM ON _____ (DATE)

NAME OF FACILITY Porc De Leon Middle School
 LOCATION ADDRESS 5701 Augustast CITY Carol bubbles
 STATE FL ZIP CODE 33146 FACILITY OWNER MDCPS
 PERSON IN CHARGE (PIC) Yater Lacayo PHONE 3/661-1611
 PIC E-MAIL ADDRESS Lacayo@dcschools.net

BEGIN TIME AM/PM	END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	PERMIT NUMBER
		5/21/12	27431	13-51-

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 type="checkbox"/> <input type="checkbox"/> 1. School Site</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Playground, Equipment & Athletic Fields</p> <p><input type="checkbox"/> <input type="checkbox"/> <input 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 type="checkbox"/> 4. Construction</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Maintenance & Repair</p> <p><input type="checkbox"/> <input 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Natural Ventilation</p> <p><input 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 type="checkbox"/> 10. Provided/Accessible/Separation</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Group Toilet Rooms</p> <p><input type="checkbox"/> <input 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 type="checkbox"/> 13. Handwashing Facilities</p> <p><input type="checkbox"/> <input type="checkbox"/> 14. Soap Dispensers</p> <p><input type="checkbox"/> <input type="checkbox"/> 15. Shower Facilities</p> <p><input type="checkbox"/> <input type="checkbox"/> 16. Showers Water Temperatures</p> <p>WATER SUPPLY</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> 17. Approved Source</p> <p><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 type="checkbox"/> <input type="checkbox"/> 19. Sewage Disposal</p> <p><input type="checkbox"/> <input type="checkbox"/> 20. Solid Waste</p> <p>PEST CONTROL</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> 21. Pest Control</p>	<p>SAFETY</p> <p>In Out NO NA</p> <p><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 type="checkbox"/> 23. Sanitizers</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 24. Changing Station & Mats</p> <p><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 25. Hand Sink</p> <p><input type="checkbox"/> <input type="checkbox"/> <input 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 type="checkbox"/> 27. Animals Maintenance/Aggressive</p> <p>DORM/RESIDENTIAL FACILITIES</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> 28. Maintenance/Complaint</p> <p><input type="checkbox"/> <input type="checkbox"/> 29. Other</p>
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ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
(18)	Increase water pressure for all water fountains.

INSPECTION CONDUCTED BY: Yvonne Alamy J. Alzjony Jr. PHONE: 625-5500
 COPY OF REPORT RECEIVED BY: _____ DATE: 5/21/12
 DH FORM 4030, 12/16 replaces previous editions Page 1 of _____