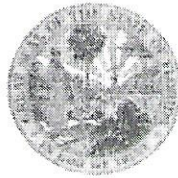


PURPOSE

- 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

423 FEMALES
 426 MALES

849

RESULTS

- SATISFACTORY
 - INCOMPLETE
 - UNSATISFACTORY
- CORRECT VIOLATIONS BY
- NEXT ROUTINE INSPECTION
 - OR 8 AM ON _____ (DATE)

NAME OF FACILITY E.W.F. Stirrup Elementary
 LOCATION ADDRESS 330 NW 97 Ave CITY Miami
 STATE FL ZIP CODE 33172 FACILITY OWNER School Board
 PERSON IN CHARGE (PIC) Naomi Simon PHONE 305-226-7001
 PIC E-MAIL ADDRESS npsimon@dadeschools.net

BEGIN TIME AM/PM	END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	PERMIT NUMBER
12: N	1:30	08/17/18	027430	13-71-08221

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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Playground, Equipment & Athletic Fields</p> <p><input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Construction</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Maintenance & Repair</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Lighting Standards</p> <p><input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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 checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Handwashing Facilities</p> <p><input checked="" type="checkbox"/> <input 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 checked="" type="checkbox"/> <input type="checkbox"/> <input 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 checked="" type="checkbox"/> <input 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 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 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"/> <input type="checkbox"/> 28. Maintenance/Complaint</p> <p><input 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)
	or - replace missing wall tile's inside library' bathroom:
	- repair missing wall tile inside boys' bath number 701A.
	- Repair break in floor tile inside room 301C
	- Repair A/C break inside class 301A.
	- Replace the head mouth break in on the 2nd floor walkways next to room 1020.

INSPECTION CONDUCTED BY: Zouaida
 COPY OF REPORT RECEIVED BY: Naomi Simon

PHONE: 7/216-9837
 DATE: 08/17/18