



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: 267 FEMALES, 267 MALES

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

NAME OF FACILITY FULFORD ELEMENTARY SCHOOL, LOCATION ADDRESS 16140 NE 18TH AVE, CITY NORTH MIAMI BEACH, STATE FL, ZIP CODE 33162, FACILITY OWNER MIAMI DADE COUNTY PUBLIC SCHOOLS, PERSON IN CHARGE (PIC) DR JEAN E GORDON, PHONE 305 949 3425, PIC E-MAIL ADDRESS edujet@dadeschools.net

Table with 5 columns: BEGIN TIME AM/PM, END TIME AM/PM, DATE (MM/DD/YY), POSITION NUMBER, PERMIT NUMBER. Values: 10:45 AM, 12:30, 02/27/2018, 31113, 13-51-08260

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.

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: 1. School Site, 2. Playground, Equipment & Athletic Fields, 3. Athletic and Playground Equipment
SANITARY FACILITIES (cont.): 13. Handwashing Facilities, 14. Soap Dispensers, 15. Shower Facilities, 16. Showers Water Temperatures
SAFETY: 22. First Aid Kit
DIAPER CHANGING STATION: 23. Sanitizers, 24. Changing Station & Mats, 25. Hand Sink, 26. Garbage Can
ANIMAL HEALTH AND SAFETY: 27. Animals Maintenance/Aggressive
DORM/RESIDENTIAL FACILITIES: 28. Maintenance/Complaint, 29. Other
BUILDING CONSTRUCTION AND MAINTENANCE: 4. Construction, 5. Maintenance & Repair, 6. Lighting Standards, 7. Heating, Ventilation, A/C Standards, 8. Natural Ventilation, 9. Mechanical Ventilation
SANITARY FACILITIES: 10. Provided/Accessible/Separation, 11. Group Toilet Rooms, 12. Toilet Facilities
WATER SUPPLY: 17. Approved Source, 18. Drinking Fountains
LIQUID WASTE & WASTE WATER: 19. Sewage Disposal, 20. Solid Waste
PEST CONTROL: 21. Pest Control

Table with 2 columns: ITEM NUMBER, COMMENTS AND INSTRUCTIONS (if needed use a continuation page). Items 5 and 18 describe cleaning and repair work.

INSPECTION CONDUCTED BY: 258 [Signature]
COPY OF REPORT RECEIVED BY: [Signature]

PHONE: 304 710-8549
DATE: 2/27/18
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