

PUBLIC/PRIVATE SCHOOL

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



Geocoded 25.743939/-80.406268

- PURPOSE:**
- ROUTINE
 - REINSPECTION
 - CONSTRUCT.
 - CHANGE OF OWNER
 - COMPLAINT
 - CONSULTATION
 - QA SURVEY
 - EPIDEMIOLOGY
 - OTHER
 - PREOPENING

TYPE: Public School

CENSUS	FEMALES	MALES
1147	574	573

NAME W.R. Thomas Middle School

ADDRESS 13001 SW 26 Street CITY Miami

OWNER M-DCSB Food and Nutrition ZIP 33175

PERSON IN CHARGE Mr. Breeding/ Mr. Rodriguez PHONE (305) 995-3800

E-MAIL breeding@dadeschools.net

RESULTS:

- Satisfactory
- Incomplete
- Unsatisfactory
- OUT OF BUSINESS

Correct Violations by

- Next Inspection
- 8:00 AM on

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
09:45	10:45	09/04/2014	27357	13-51-08338

RE-INSPECTION DATE

As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance: for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC, and Chapter 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

- | | | | | |
|--|---|--|--|--|
| <p>SCHOOL SANITATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <p>BUILDINGS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 4. Construction <input type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C | <ul style="list-style-type: none"> <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <p>SANITARY FACILITIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 10. Provided/Accessible <input type="checkbox"/> 11. Cleanliness & Repair <input type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio | <ul style="list-style-type: none"> <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <p>WATER SUPPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 18. Installed/Operated/Maintained <input checked="" type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source | <p>LIQUID/SOLID WASTE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <p>VECTOR/VERMIN CONTROL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage | <p>SAFETY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 26. First Aid Kit <p>FOOD</p> <ul style="list-style-type: none"> <input type="checkbox"/> 27. Food Insp. Rpt. <p>OTHER</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28. <input type="checkbox"/> 29. |
|--|---|--|--|--|

COMMENTS AND INSTRUCTIONS

Violation #19 Repair out of order drinking fountains in new building. Work order in place.
 Code Reference FAC: Drinking Fountains 64E-13.004(7)(b). Drinking fountains of an approved, sanitary slant jet type shall be provided in the ratio specified in the local building code or Chapter 64E-10, F.A.C. In no case shall fountains be located in any toilet room.

INSPECTION CONDUCTED BY: Cynthia Campos PHONE: (305) 623-3500

INSPECTION COND SIGNATURE: *Arba* PHONE 2: _____

COPY OF REPORT RECEIVED BY: *CF* DATE: 9/4/2014

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY PUBLIC HEALTH UNIT
Public/Private School



Name: W.R. Thomas Middle School

Date: 09/04/2014

Identification No: 13-51-08338

Comments and Instructions (Continued from Page 1):

Copy of Report
Received By:

Inspector Cynthia Campos

Page 2