

- ROUTINE
- CONSTRUCTION
- QA SURVEY
- CHANGE OF OWNER
- EPIDEMIOLOGY
- OTHER

- REINSPECTION
- COMPLAINT
- PREOPENING
- CONSULTATION



- PUBLIC SCHOOL
- PUBLIC CHARTER SCHOOL
- VOCATIONAL SCHOOL
- COLLEGE
- UNIVERSITY

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

CENSUS
 317 FEMALES
 316 MALES

633
 RESULTS

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

NAME OF FACILITY Sweetwater Elem
 LOCATION ADDRESS 10655 S W 45th CITY Miami
 STATE FL ZIP CODE 33174 FACILITY OWNER School Board
 PERSON IN CHARGE (PIC) Janet Oliveira PHONE 305-1101
 PIC E-MAIL ADDRESS XJOLIVERA@DADE.SCHOOLS.NET

BEGIN TIME AM/PM	END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	PERMIT NUMBER
12:45	13:30	10/18/17	027455	43-51-08327

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

SCHOOL SANITATION In Out NO NA <input type="checkbox"/> <input type="checkbox"/> 1. School Site <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Playground, Equipment & Athletic Fields <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Athletic and Playground Equipment BUILDING CONSTRUCTION AND MAINTENANCE In Out NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Construction <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Lighting Standards <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Heating, Ventilation, A/C Standards <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Mechanical Ventilation SANITARY FACILITIES In Out NO NA <input type="checkbox"/> <input type="checkbox"/> 10. Provided/Accessible/Separation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Group Toilet Rooms <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Toilet Facilities	SANITARY FACILITIES (cont.) In Out NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Handwashing Facilities <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Soap Dispensers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Shower Facilities <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Showers Water Temperatures WATER SUPPLY In Out NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Approved Source <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18. Drinking Fountains LIQUID WASTE & WASTE WATER In Out NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19. Sewage Disposal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20. Solid Waste PEST CONTROL In Out NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21. Pest Control	SAFETY In Out NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22. First Aid Kit DIAPER CHANGING STATION In Out NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 23. Sanitizers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 24. Changing Station & Mats <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 25. Hand Sink <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 26. Garbage Can ANIMAL HEALTH AND SAFETY In Out NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 27. Animals Maintenance/Aggressive DORM/RESIDENTIAL FACILITIES In Out NO NA <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 28. Maintenance/Complaint <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 29. Other
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ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
06-	Pending replace lights inside 201C class.

INSPECTION CONDUCTED BY: Zenaida Triang PHONE: 7/216-9837
 COPY OF REPORT RECEIVED BY: Janet Oliveira DATE: 10/18/17
 DH FORM 4030, 12/16 replaces previous editions Page 1 of 1