

PURPOSE

- | | |
|---|---------------------------------------|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCTION | <input type="checkbox"/> COMPLAINT |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> PREOPENING |
| <input type="checkbox"/> CHANGE OF OWNER | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> EPIDEMIOLOGY | |
| <input type="checkbox"/> OTHER | |



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

☒ FEMALES
☒ MALES } 263

RESULTS

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

NAME OF FACILITY Sebastian Charter Junior High

LOCATION ADDRESS 782 Wave Street **CITY** Sebastian

STATE FL **ZIP CODE** 32958 **FACILITY OWNER** Martha McAdams

PERSON IN CHARGE (PIC) Anita Taylor **PHONE** 772-338-8838

PIC E-MAIL ADDRESS scjh@scjh.org

BEGIN TIME AM/PM	END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	PERMIT NUMBER
1115	1200	09/19/17		31-51-00381

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 | 1. School Site |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Playground, Equipment & Athletic Fields |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Athletic and Playground Equipment |

BUILDING CONSTRUCTION AND MAINTENANCE

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| In | Out | NO | NA | 4. Construction |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Maintenance & Repair |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Lighting Standards |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Heating, Ventilation, A/C Standards |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Natural Ventilation |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Mechanical Ventilation |

SANITARY FACILITIES

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| In | Out | NO | NA | 10. Provided/Accessible/Separation |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Group Toilet Rooms |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Toilet Facilities |

SANITARY FACILITIES (cont.)

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| In | Out | NO | NA | 13. Handwashing Facilities |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Soap Dispensers |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Shower Facilities |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Showers Water Temperatures |

WATER SUPPLY

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| In | Out | NO | NA | 17. Approved Source |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Drinking Fountains |

LIQUID WASTE & WASTE WATER

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------|
| In | Out | NO | NA | 19. Sewage Disposal |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Solid Waste |

PEST CONTROL

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------|
| In | Out | NO | NA | 21. Pest Control |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

SAFETY

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| In | Out | NO | NA | 22. First Aid Kit |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

DIAPER CHANGING STATION

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|
| In | Out | NO | NA | 23. Sanitizers |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Changing Station & Mats |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Hand Sink |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Garbage Can |

ANIMAL HEALTH AND SAFETY

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| In | Out | NO | NA | 27. Animals Maintenance/Aggressive |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

DORM/RESIDENTIAL FACILITIES

- | | | | | |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| In | Out | NO | NA | 28. Maintenance/Complaint |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Other |

Nurse Station

ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
	Post Hurricane Irma Assessment
	No structural damage to building - Some water intrusion under exterior doors. Generator + exterior to dry carpet in one area (media) Floors around exterior doors will be replaced. No water inside building. No food loss in kitchen. No generators. Power from Sunday to Wednes 9/13/17. Impact resistant windows.
13	Girls bath main building - left side of sink sensor not working

INSPECTION CONDUCTED BY: Pauline 648

COPY OF REPORT RECEIVED BY: Anita Taylor

DH FORM 4030, 06/01/2016 replaces previous editions

PHONE: 772-794-7440

DATE: 9/19/17

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Saved in EHP 9/28/17 cp