

**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**  
~~132~~ FEMALES } 263  
~~131~~ MALES

**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

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

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

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

Page 1 of 2

*Saved in EHP 9/28/17 cp*