

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 13-51-08201
Name of Facility: Coral Reef Sr.
Address: 10101 SW 152nd Street
City, Zip: Miami 33157

Correct By: None
Re-Inspection Date: None

Type: Public Schools
Owner: M-DCSB Food and Nutrition
Person In Charge: Alvaro Mejia Phone: 305-232-2044
PIC Email: amejia@dadeschools.net

Inspection Information

Purpose: Reinspection
Inspection Date: 3/2/2020

Begin Time: 02:15 PM
End Time: 03:30 PM

Additional Information

FEMALES 1898
MALES 1451

CENSUS 3349

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 6th Edition (2017). 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.

Violation Markings

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

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*

Violation Key: * = 2. Playground, Equipment & Athletic Fields

Inspector Signature:

Client Signature:

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General Comments

Satisfactory

-Violation #5 was corrected. Light bulbs were replaced, ceiling panels were provided, loose cable was attached, electrical plug cover was replaced, the active leak in classroom #83 was corrected.
-Violation #12 was corrected. Toilet was repaired.
-Violation #13 was corrected. Handwashing sink was repaired and push buttons were provided.
-Violation #18 was corrected. Drinking fountain was repaired.

Re-inspection was rescheduled due to scheduling conflict.

Email Address(es): tequigley@dadeschools.net;
amejia@dadeschools.net;
jaybolton@dadeschools.net;
jware@dadeschools.net;
ipalacios@dadeschools.net

Violations Comments

No Violation Comments Available

Inspection Conducted By: Lucia Gonzalez Melendez (913031)
Inspector Contact Number: 786-676-2013
Print Client Name: Coral Reef Sr.
Date: 3/2/2020

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.