

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



1 of 2

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-51-08310 Name of Facility: Snapper Creek El. Address: 10151 SW 64 Street City, Zip: Miami 33173  Type: Public Schools Owner: MDCPS Person In Charge: Dr. Cory Rodriguez      Phone: 305 271-2111 PIC Email:	<b>Correct By: Next Inspection</b> <b>Re-Inspection Date: None</b>
---	---

**Inspection Information**

Purpose: Routine Inspection Date: 7/9/2024	Begin Time: 11:15 AM End Time: 12:15 PM
---	--

**Additional Information**

FEMALES ..... 30 MALES ..... 28	CENSUS ..... 58
------------------------------------	-----------------

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

**General Comments**

Satisfactory  Email Address(es): coryrodriguez@dadeschools.net
--

**Inspector Signature:**

**Client Signature:**

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



2 of 2

**Violations Comments**

**Violation #5. Maintenance & Repair**

At time of the inspection, was observed that the aire conditioner unit located in classroom #209 (building 13) is leaking and there is water accumulated on floor for room #209 and #211. The wall in classroom 211 is water damaged.

Repair leak in aire conditioner unit.

Repair water damaged on wall in classroom #211.

CODE REFERENCE: 5. Maintenance and Repair. 5(1)(e)8.h SREF. Light fixtures and window surfaces, both inside and outside, shall be kept clean, serviceable, and in good repair at all times. 5(1)(e)8.i. Custodial areas shall be kept clean, safe, and orderly at all times. Custodial equipment shall be in good repair at all times. 5(1)(e)8.j SREF. Building components & finishes shall be kept clean & in good repair.

Inspection Conducted By: Maria Adrover (047452)  
Inspector Contact Number: Work: (305) 623-3500 ex.  
Print Client Name:  
Date: 7/9/2024

Inspector Signature:

Handwritten signature of Maria Adrover.

Client Signature:

Handwritten signature of the client.