

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



1 of 3

**Facility Information**

**RESULT: Satisfactory**

Permit Number: 13-51-07893  
Name of Facility: Crestview El.  
Address: 2201 NW 187 Street  
City, Zip: Miami 33056

**Correct By: Next Inspection**  
**Re-Inspection Date: None**

Type: Public Schools  
Owner: MDCPS  
Person In Charge: DCSB Phone: (305) 624-1495  
PIC Email:

**Inspection Information**

Purpose: Routine  
Inspection Date: 11/1/2023

Begin Time: 09:21 AM  
End Time: 10:30 AM

**Additional Information**

FEMALES ..... 108  
MALES ..... 107

CENSUS ..... 215

*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	<b>IN</b>	11. Group Toilet Rooms	<b>OUT</b>	21. Pest Control
<b>IN</b> 1. School Site	<b>IN</b>	12. Toilet Facilities		SAFETY
<b>IN</b> 2. Playground, Equip & Athletic Fields*	<b>OUT</b>	13. Handwashing Facilities	<b>IN</b>	22. First Aid Kit
<b>IN</b> 3. Athletic & Playground Equipment	<b>OUT</b>	14. Soap Dispensers		DIAPER CHANGING STATION
BUILDING CONST/MAINT.	<b>IN</b>	15. Shower Facilities	<b>NA</b>	23. Sanitizers
<b>IN</b> 4. Construction	<b>IN</b>	16. Showers Water Temperatures	<b>NA</b>	24. Changing Station & Mats
<b>OUT</b> 5. Maintenance & Repair		WATER SUPPLY	<b>NA</b>	25. Hand Sink
<b>IN</b> 6. Lighting Standards	<b>IN</b>	17. Approved Source	<b>NA</b>	26. Garbage Can
<b>OUT</b> 7. Heating, Ventilation, A/C Standards	<b>IN</b>	18. Drinking Fountains		ANIMAL HEALTH & SAFETY
<b>IN</b> 8. Natural Ventilation		LIQUID WASTE & WASTE WATER	<b>NA</b>	27. Animal Maintenance/Aggressive
<b>OUT</b> 9. Mechanical Ventilation	<b>IN</b>	19. Sewage Disposal		DORM/RESIDENTIAL FACILITIES
SANITARY FACILITIES	<b>IN</b>	20. Solid Waste	<b>NA</b>	28. Maintenance/Complaint
<b>IN</b> 10. Provided/Accessible/Separation		PEST CONTROL	<b>IN</b>	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): mjones4@dadeschools.net

Inspector Signature:

Client Signature: