

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
 9 FEMALES
 18 MALES

RESULTS

- SATISFACTORY
- INCOMPLETE
- UNSATISFACTORY

CORRECT VIOLATIONS BY

- NEXT ROUTINE INSPECTION
- OR 8 AM ON _____ (DATE)

NAME OF FACILITY Riverview Learning Center
 LOCATION ADDRESS 801 N Wild Olive Ave CITY Daytona Beach
 STATE FL ZIP CODE 32118 FACILITY OWNER Volusia County School Board
 PERSON IN CHARGE (PIC) Dale Johns PHONE 386-258-4673
 PIC E-MAIL ADDRESS njking@volusia.k12.fl.us

BEGIN TIME AM/PM	END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	PERMIT NUMBER
10:50 am		9/18/18	61037	

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>SCHOOL SANITATION</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. School Site</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 2. Playground, Equipment & Athletic Fields</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 3. Athletic and Playground Equipment</p> <p>BUILDING CONSTRUCTION AND MAINTENANCE</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 4. Construction</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 5. Maintenance & Repair</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 6. Lighting Standards</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 7. Heating, Ventilation, A/C Standards</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 8. Natural Ventilation</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 9. Mechanical Ventilation</p> <p>SANITARY FACILITIES</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 10. Provided/Accessible/Separation</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 11. Group Toilet Rooms</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 12. Toilet Facilities</p>	<p>SANITARY FACILITIES (cont.)</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 13. Handwashing Facilities</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 14. Soap Dispensers</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 15. Shower Facilities</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 16. Showers Water Temperatures</p> <p>WATER SUPPLY</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 17. Approved Source</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 18. Drinking Fountains</p> <p>LIQUID WASTE & WASTE WATER</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 19. Sewage Disposal</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 20. Solid Waste</p> <p>PEST CONTROL</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 21. Pest Control</p>	<p>SAFETY</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 22. First Aid Kit</p> <p>DIAPER CHANGING STATION</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 23. Sanitizers</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 24. Changing Station & Mats</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 25. Hand Sink</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 26. Garbage Can</p> <p>ANIMAL HEALTH AND SAFETY</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 27. Animals Maintenance/Aggressive</p> <p>DORM/RESIDENTIAL FACILITIES</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 28. Maintenance/Complaint</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 29. Other</p>
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ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
	Observed no violations at time of inspection.

INSPECTION CONDUCTED BY: C. Quinn / Christina Quinn
 COPY OF REPORT RECEIVED BY: [Signature]
 DH FORM 4030, 12/16 replaces previous editions

PHONE: 386-274-0702
 DATE: 9/18/18
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