

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 13-51-08226
Name of Facility: Hartner, E. M. El.
Address: 401 NW 29 Street
City, Zip: Miami 33127

Correct By: Next Inspection
Re-Inspection Date: None

Type: Public Schools
Owner: M-DCSB Food and Nutrition
Person In Charge: Mrs. T Angela Phone: (786) 275-0400
PIC Email: tangela@dadeschools.net

Inspection Information

Purpose: Routine
Inspection Date: 4/21/2021

Begin Time: 11:15 AM
End Time: 12:15 PM

Additional Information

FEMALES 300 CENSUS 591
MALES 291

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

Conducted inspection with Mr. Cunningham. Inspection report emailed to Principal and Assistant principal Mrs. Tangela and Mrs. Marvan.

Email Address(es): tangela@dadeschools.net;
amarvan@dadeschools.net;
jaybolton@dadeschools.net;
jware@dadeschools.net;
lpalacio@dadeschools.net

Violations Comments

Violation #5. Maintenance & Repair

Water damaged ceiling tiles with black biological growth in classrooms# 32, 14, 2, 140, and 138. Investigate source of water intrusion, repair, and then replace the ceiling tiles.

Water damaged wall in classroom# 2 and 14. Investigate source of water intrusion, repair and retouch paint.

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.

Violation #6. Lighting Standards

Light cover missing in classroom#32. Replace light cover.

Lights not operating in classroom# 32, 2, and media center. Replace light.

CODE REFERENCE: 6. Lighting Standards. 468.3.2. FBC. Sources of natural light in instructional spaces shall be glazed with glare reducing materials or shall be shielded to prevent glare that can interfere with seeing task.

Inspection Conducted By: Kimberly Henry (913288)
Inspector Contact Number: Work: (305) 623-3500 ex.
Print Client Name: Emailed to Mrs. Tangela 4/21/21
Date: 4/21/2021

Inspector Signature:

Handwritten signature of Kimberly Henry.

Client Signature:

Handwritten signature of Mrs. Tangela dated 4/21/21.