

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 13-51-08247
Name of Facility: Phillis Wheatley Elementary
Address: 1801 NW 1 Place
City, Zip: Miami 33136

Correct By: Next Inspection
Re-Inspection Date: None

Type: Public Schools
Owner: MDCPS
Person In Charge: MDCPS-Cathy Williams Phone: (786) 275-0400
PIC Email: pr5931@dadeschools.net

Inspection Information

Purpose: Routine
Inspection Date: 9/30/2024

Begin Time: 10:15 AM
End Time: 11:15 AM

Additional Information

FEMALES 65
MALES 80

CENSUS 145

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	IN	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	IN	DIAPER CHANGING STATION
BUILDING CONST/MAINT.	NA	15. Shower Facilities	NA	23. Sanitizers
IN 4. Construction	NA	16. Showers Water Temperatures	NA	24. Changing Station & Mats
OUT 5. Maintenance & Repair	IN	WATER SUPPLY	NA	25. Hand Sink
IN 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	IN	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	29. Other	NA	

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

Inspection satisfactory

Email Address(es): pr5931@dadeschools.net;
203940@dadeschools.net;
mwertz@dadeschools.net;
lpalacio@dadeschools.net;
wcabrera@dadeschools.net;
Edvelez@dadeschools.net;
;

Violations Comments

Violation #5. Maintenance & Repair

At the time of inspection at classroom #009 , two lightbulbs out (55 ft). Replace lightbulbs

At the time of inspection at classroom #010 , five lightbulbs out (51 ft). Replace lightbulbs

At the time of inspection at classroom #026 , one lightbulb out (55 ft). Replace lightbulbs

At the time of inspection at classroom #020 , four lightbulbs out (52 ft). Replace lightbulbs

At the time of inspection at classroom #021 , three lightbulbs out (51 ft). Replace lightbulbs

At the time of inspection at classroom #0018 ,Four ceiling tiles with water damage . Replace ceiling tiles

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: Alexander Olaya (67699)
Inspector Contact Number: Work: (305) 623-3500 ex.
Print Client Name: Anita Cooley
Date: 9/30/2024

Inspector Signature:

Client Signature: