

Clark County Combined Health District  
**School Environmental Inspection Report**

X

School <i>Fulton Elementary</i>			Date of Inspection <i>9/15/17</i>		
Address <i>631 S. Yellow Springs St.</i>			Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up		
City <i>Springfield</i>		Zip <i>45505</i>	School Classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic		
County <i>Clark</i>		Phone <i>505-4150</i>	Type of School (Check all that apply) <input type="checkbox"/> Preschool <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Kindergarten <input type="checkbox"/> High <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Career Center <input checked="" type="checkbox"/> Middle <input type="checkbox"/> Other _____		
Principal or Chief Building Administrator <i>Sherril Cross</i>			HVAC System (Check all that apply) <input type="checkbox"/> Central Forced Air Systems    HEATING <input checked="" type="checkbox"/> COOLING <input checked="" type="checkbox"/> <input type="checkbox"/> Unit Ventilators <input type="checkbox"/> Steam/Hot Water Radiators    n/a <input type="checkbox"/> Electric Heating Units    n/a <input type="checkbox"/> Geothermal <input type="checkbox"/> Other _____		
Grades of Instruction <i>K - 6th</i>		Regular Hours of School Operation <i>8<sup>00</sup> - 3<sup>02</sup></i>			
Enrollment <i>371</i>	Classrooms <i>30</i>	Year Constructed <i>2003</i>	Year(s) Renovated <i>—</i>		
School District <i>Springfield City schools</i>					

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	<input type="checkbox"/>	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input type="checkbox"/>	Industrial Arts Classrooms	<input checked="" type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
<input checked="" type="checkbox"/>	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Hallways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input type="checkbox"/>	Restrooms	<input checked="" type="checkbox"/>	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location
<i>Art</i>	<i>29</i>
<i>Music</i>	<i>30</i>
<i>Gym - cage on floodlight on wall</i>	<i>32</i>
<i>1st grade</i>	<i>28</i>
<i>5th grade</i>	<i>27</i>
<i>4th grade</i>	<i>20</i>
<i>Special Needs</i>	<i>17/18</i>
<i>Special Education Rooms</i>	<i>14</i>
<i>Teacher Prep - cutting die open</i>	<i>R6</i>
<i>6th grade - boxes set precariously on top of cabinets</i>	<i>2</i>
<i>3rd grade</i>	<i>25</i>
Inspected by <i>Jim Lynch</i>	Health District <i>CCCHD</i>
Name of School Staff Accompanying Inspector <i>Valerie Adams</i>	
Signature <i>Jim Lynch</i>	Date <i>9/15/17</i>
RS/SIT No. <i>16-4056</i>	Phone <i>937-590-5600</i>
Received by <i>Valerie Adams</i>	Date <i>9/15/17</i>
Title <i>Custodian</i>	Phone





**Clark County Combined Health District**  
**School Environmental Inspection Report**

School <b>J. Warren Keifer Academy</b>		Date of Inspection <b>9/8/2017</b>	
Address <b>601 Selma Rd.</b>		Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City <b>Springfield</b>	Zip <b>45505</b>	School Classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County <b>Clark</b>	Phone <b>937-505-4120</b>	Type of School (Check all that apply) <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> Elementary <input checked="" type="checkbox"/> High <input checked="" type="checkbox"/> Middle <input type="checkbox"/> Career Center <input type="checkbox"/> Other	
Principal or Chief Building Administrator		HVAC System (Check all that apply) <input type="checkbox"/> Central Forced Air Systems    HEATING    COOLING <input type="checkbox"/> Unit Ventilators <input type="checkbox"/> Steam/Hot Water Radiators    n/a <input type="checkbox"/> Electric Heating Units    n/a <input type="checkbox"/> Geothermal <input type="checkbox"/> Other	
Grades of Instruction	Regular Hours of School Operation		
Enrollment	Classrooms	Year Constructed	Year(s) Renovated
School District <b>Springfield City Schools</b>			

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	<input type="checkbox"/>	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input checked="" type="checkbox"/>	Industrial Arts Classrooms	<input type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
<input type="checkbox"/>	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Hallways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location	
Observed a water fountain located at the same sink used for dumping paint/chemicals. Recommend removing water fountain or making it inaccessible to students.	Art 27	
Inspected by <b>Samantha Eggers</b>	Health District <b>Clark County</b>	Name of School Staff Accompanying Inspector <b>Paul Taylor</b>
Signature <i>Samantha L Eggers</i>	Date <b>9/8/17</b>	RS/SIT No. <b>16-4047</b>
Received by <b>Paul Taylor</b>	Date <b>9/8/17</b>	Phone <b>937-390-5600</b>
	Title <b>Head Custodian</b>	Phone <b>937-505-4120</b>

**Clark County Combined Health District**  
**School Environmental Inspection Report**

School Kenwood Elementary			Date of Inspection 3/23/18		
Address 1421 Nagley Street			Type of Inspection X Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up		
City Springfield		Zip 45505	School Classification X Public <input type="checkbox"/> Nonpublic		
County Clark		Phone 937-505-4220	Type of School (Check all that apply) <input type="checkbox"/> Preschool <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Kindergarten <input type="checkbox"/> High <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Career Center <input type="checkbox"/> Middle <input type="checkbox"/> Other		
Principal or Chief Building Administrator Allyson Thurman			HVAC System (Check all that apply)		
Grades of Instruction K-6		Regular Hours of School Operation 8:30-3:02		Central Forced Air Systems	HEATING X
Enrollment 446		Classrooms 28	Year Constructed 2003	Year(s) Renovated	COOLING X
School District Springfield City Schools			Unit Ventilators	<input type="checkbox"/>	
			Steam/Hot Water Radiators	<input type="checkbox"/>	n/a
			Electric Heating Units	<input type="checkbox"/>	n/a
			Geothermal	<input type="checkbox"/>	<input type="checkbox"/>
			Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
X	Playgrounds	X	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	X	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input type="checkbox"/>	Industrial Arts Classrooms	<input type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
X	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Hallways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location	
Observed there to be no safety data sheets (SDS) in the art room for paints, glues, etc. It is recommended that SDS for items in the art room be provided.	Art Room	
Observed the mulch to be not at the recommended depth on the playgrounds, especially under the swings. It is recommended that the mulch be regraded so it is at the recommended depth to reduce the risk of injury in the event of a fall.	Playgrounds	
Observed several chemicals in each classroom, such as hand sanitizer, cleaning wipes, white board spray, etc. It is recommended that SDS be provided for all chemicals in each classroom.	Classrooms	
Observed several handwashing sinks to not have handwashing signs posted. It is recommended that all sinks used for handwashing have handwashing reminder signs posted.	K-2 girls restroom, front hall boys restroom, classrooms	
Observed soap dispensers to be missing from the restrooms. It is recommended that the soap dispensers be replaced to ensure proper handwashing.	K-2 boys restroom, front hall girls restroom	
Observed the water fountain crest to be very high. It is recommended that the water be adjusted, so it crests 1-2 inches above the mouth guard.	Room 8-9	
Observed the panel in the mechanical room to not be easily accessible, due to multiple carts of items being stored in front of it. It is recommended that the items be moved so the panel is easily accessible.	Room 303 – mechanical room	
Observed the water pressure to the eye wash station in the art room to be too weak to effectively flush the eyes. It is recommended that the eye wash station be adjusted so there is adequate water pressure.	Art Room	
Inspected by Elizabeth M. DeWitt	Health District Clark County Combined Health District	Name of School Staff Accompanying Inspector Gary Cardosi
Signature <i>Elizabeth M. DeWitt</i>	Date 3/23/18	RS/SIT No. 3690
Received by Emailed to principal	Date 3/23/18	Phone 937-390-5600
		Title 
		Phone 

Clark County Combined Health District  
**School Environmental Inspection Report**

X

School <b>Kenwood Heights Elementary</b>				Date of Inspection <b>9/14/17</b>	
Address <b>1421 Nagley St.</b>				Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City <b>Springfield</b>		Zip <b>45505</b>		School Classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County <b>Clark</b>		Phone <b>937-505-4220</b>		Type of School (Check all that apply) <input type="checkbox"/> Preschool <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Kindergarten <input type="checkbox"/> High <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Career Center <input checked="" type="checkbox"/> Middle <input type="checkbox"/> Other	
Principal or Chief Building Administrator <b>Allison Thurman</b>					
Grades of Instruction <b>K-6th</b>		Regular Hours of School Operation <b>8<sup>00</sup> - 3<sup>00</sup></b>		HVAC System (Check all that apply) <input checked="" type="checkbox"/> Central Forced Air Systems    HEATING <input checked="" type="checkbox"/> COOLING <input checked="" type="checkbox"/> <input type="checkbox"/> Unit Ventilators <input type="checkbox"/> Steam/Hot Water Radiators    n/a <input type="checkbox"/> Electric Heating Units    n/a <input type="checkbox"/> Geothermal <input type="checkbox"/> Other	
Enrollment <b>472</b>	Classrooms <b>29</b>	Year Constructed <b>2003</b>	Year(s) Renovated <b>—</b>		
School District <b>Springfield City Schools</b>					

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	<input type="checkbox"/>	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input type="checkbox"/>	Industrial Arts Classrooms	<input type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
<input checked="" type="checkbox"/>	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Hallways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location		
Girls' Restroom.	R-13		
Science Room - 6 <sup>th</sup>	18		
Teacher prep - lock on paper cutter, die cutter out	R10		
Science room - 5 <sup>th</sup>	14		
4 <sup>th</sup>	10		
3 <sup>rd</sup>	9		
2 <sup>nd</sup>	6		
1 <sup>st</sup>	4		
Boys RR	R7		
Girls RR	R5		
Kindergarten	2		
Inspected by <b>Jim Lynch</b>	Health District <b>CCCHD</b>	Name of School Staff Accompanying Inspector <b>Gary Cardoso</b>	
Signature <i>Jim Lynch</i>	Date <b>9/14/17</b>	RS/SIT No. <b>16-4056</b>	Phone <b>937-390-5600</b>
Received by <b>Gary Cardoso</b>	Date	Title <b>Custodian</b>	Phone



**Clark County Combined Health District**  
**School Environmental Inspection Report**

School Horace Mann Elementary School		Date of Inspection 2/2/18	
Address 521 Mount Joy St		Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City Springfield	Zip 45505	School Classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County Clark	Phone 937-505-4280	Type of School (Check all that apply) Preschool    Intermediate Kindergarten    High Elementary    Career Center Middle    Other _____	
Principal or Chief Building Administrator Kevin Schalnaf		HVAC System (Check all that apply)    HEATING    COOLING Central Forced Air Systems Unit Ventilators Steam/Hot Water Radiators    n/a Electric Heating Units    n/a Geothermal Other _____	
Grades of Instruction	Regular Hours of School Operation		
Enrollment	Classrooms	Year Constructed	Year(s) Renovated
School District Springfield City			

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	<input type="checkbox"/>	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input type="checkbox"/>	Industrial Arts Classrooms	<input type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
<input type="checkbox"/>	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Hallways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location	
Refused inspection. Custodian requests notice		
Inspected by Samantha Eggers	Health District CCCHD	Name of School Staff Accompanying Inspector
Signature Samantha L Eggers	Date 2/2/18	RS/SIT No. 16-4047
Received by	Date	Phone 937-340-5600
		Phone 937-505-4280



## Clark County Combined Health District School Environmental Inspection Report

School <i>Horace Mann Elementary</i>		Date of Inspection <i>9/26/17</i>	
Address <i>521 Mount Joy St.</i>		Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City <i>Springfield</i>	Zip <i>45505</i>	School Classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County <i>Clark</i>	Phone <i>505-4280</i>	Type of School (Check all that apply) <input type="checkbox"/> Preschool <input type="checkbox"/> Intermediate <input checked="" type="checkbox"/> Kindergarten <input type="checkbox"/> High <input checked="" type="checkbox"/> Elementary <input type="checkbox"/> Career Center <input checked="" type="checkbox"/> Middle <input type="checkbox"/> Other	
Principal or Chief Building Administrator <i>Kenn <del>Shaw</del> Schalnaf</i>		HVAC System (Check all that apply) <input type="checkbox"/> Central Forced Air Systems    HEATING <input checked="" type="checkbox"/> COOLING <input checked="" type="checkbox"/> <input type="checkbox"/> Unit Ventilators <input type="checkbox"/> Steam/Hot Water Radiators    n/a <input type="checkbox"/> Electric Heating Units    n/a <input type="checkbox"/> Geothermal Other _____	
Grades of Instruction <i>K-6</i>	Regular Hours of School Operation <i>6<sup>00</sup> - 7<sup>00</sup></i>		
Enrollment <i>425</i>	Classrooms <i>26</i>	Year Constructed <i>2004</i>	Year(s) Renovated <i>—</i>
School District <i>Springfield City Schools</i>			

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	<input type="checkbox"/>	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input type="checkbox"/>	Industrial Arts Classrooms	<input type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
<input type="checkbox"/>	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Hallways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location
<i>Girls Restroom - loose faner and loose sink</i>	<i>R13</i>
<i>Boys Restroom</i>	<i>R14</i>
<i>Special Ed</i>	<i>17</i>
<i>4th Grade - wobbly bookshelf</i>	<i>23</i>
<i>Special Ed.</i>	<i>16</i>
<i>6th grade</i>	<i>15</i>
<i>5th grade</i>	<i>13</i>
<i>3rd grade</i>	<i>12</i>
<i>3rd grade</i>	<i>21</i>
<i>2nd grade</i>	<i>20</i>
<i>1st grade</i>	<i>5</i>
Inspected by <i>Jim Lynch</i>	Name of School Staff Accompanying Inspector <i>Rick Montgomery</i>
Signature <i>Jim Lynch</i>	Health District <i>CCCHD</i>
Date <i>9/26/17</i>	RS/SIT No. <i>16-4056</i>
Received by <i>Rick Montgomery</i>	Phone <i>937-390-5600</i>
Date	Title <i>Custodian</i>
	Phone





**Clark County Combined Health District**  
**School Environmental Inspection Report**

School <i>Clark Early Learning Center</i>		Date of Inspection <i>9/25/17</i>	
Address <i>1500 W. Jefferson St.</i>		Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City <i>Springfield</i>	Zip <i>45506</i>	School Classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County <i>Clark</i>	Phone <i>937-505-4171</i>	Type of School (Check all that apply) <input checked="" type="checkbox"/> Preschool <input type="checkbox"/> Intermediate <input type="checkbox"/> Kindergarten <input type="checkbox"/> High <input type="checkbox"/> Elementary <input type="checkbox"/> Career Center <input type="checkbox"/> Middle <input type="checkbox"/> Other	
Principal or Chief Building Administrator <i>Deb Accurso</i>		HVAC System (Check all that apply) <input type="checkbox"/> Central Forced Air Systems    HEATING <input checked="" type="checkbox"/> COOLING <input checked="" type="checkbox"/> <input type="checkbox"/> Unit Ventilators <input type="checkbox"/> Steam/Hot Water Radiators    n/a <input type="checkbox"/> Electric Heating Units    n/a <input type="checkbox"/> Geothermal Other _____	
Grades of Instruction <i>Pre K</i>	Regular Hours of School Operation <i>8<sup>00</sup> - <del>4<sup>00</sup></del> 4<sup>00</sup></i>		
Enrollment <i>370</i>	Classrooms <i>23</i>	Year Constructed <i>2005</i>	Year(s) Renovated <i>-</i>
School District <i>Springfield City Schools</i>			

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	<input type="checkbox"/>	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input type="checkbox"/>	Industrial Arts Classrooms	<input type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
<input checked="" type="checkbox"/>	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Halkways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	Admn Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location	
<i>Gym</i>	<i>12</i>	
<i>Pre K</i>	<i>1</i>	
<i>Pre K / Special Needs - diagnostic only in classroom</i>	<i>7</i>	
<i>Pre K</i>	<i>8</i>	
<i>Pre K</i>	<i>31</i>	
<i>Pre K</i>	<i>28</i>	
<i>Pre K</i>	<i>24</i>	
<i>Pre K</i>	<i>23</i>	
<i>Pre K</i>	<i>20</i>	
<i>Pre K</i>	<i>19</i>	
<i>Pre K</i>	<i>16</i>	
Inspected by <i>Jim Lynch</i>	Health District <i>CHHD</i>	Name of School Staff Accompanying Inspector <i>Deb Accurso</i>
Signature <i>Jim Lynch</i>	Date <i>9/25/17</i>	RS/SIT No. <i>16-4056</i>
Received by <i>Deb Accurso</i>	Date	Title <i>Principal</i>
		Phone <i>937-590-5600</i>
		Phone

X

## Clark County Combined Health District School Environmental Inspection Report

School <b>Perrin Woods</b>		Date of Inspection <b>1/19/18</b>	
Address <b>451 W. John St.</b>		Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City <b>Springfield</b>	Zip <b>45506</b>	School Classification <input checked="" type="checkbox"/> Public <b>Nonpublic</b>	
County <b>Clark</b>	Phone <b>505-4310</b>	Type of School (Check all that apply) <input checked="" type="checkbox"/> Preschool <b>Intermediate</b> <input checked="" type="checkbox"/> Kindergarten <b>High</b> <input checked="" type="checkbox"/> Elementary <b>Career Center</b> <input type="checkbox"/> Middle <b>Other</b>	
Principal or Chief Building Administrator <b>Nena Dorsey</b>		HVAC System (Check all that apply) <input type="checkbox"/> Central Forced Air Systems <b>HEATING</b> <input checked="" type="checkbox"/> <b>COOLING</b> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Unit Ventilators <input type="checkbox"/> Steam/Hot Water Radiators <b>n/a</b> <input type="checkbox"/> Electric Heating Units <b>n/a</b> <input type="checkbox"/> Geothermal <input type="checkbox"/> Other	
Grades of Instruction <b>K-6</b>	Regular Hours of School Operation <b>8<sup>00</sup> - 6<sup>00</sup></b>		
Enrollment <b>425</b>	Classrooms <b>31</b>	Year Constructed <b>2004</b>	Year(s) Renovated <b>—</b>
School District <b>Springfield City Schools</b>			

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	<input type="checkbox"/>	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input type="checkbox"/>	Industrial Arts Classrooms	<input type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
<input checked="" type="checkbox"/>	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Hallways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input checked="" type="checkbox"/>	Restrooms	<input type="checkbox"/>	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location	
Kindergarten	2	
Library - expo - spray out on the front counter / desk.	M1	
3rd grade	20	
Computer Lab.	M2	
4th grade	23	
Boys' RR - sink has no hot water	R21	
Girls' RR	R18	
6th grade	<del>28</del> 30	
Special Needs	29	
5th grade	31	
Music	16	
Inspected by <b>Jim Lynch</b>	Health District <b>CUHD</b>	Name of School Staff Accompanying Inspector <b>Chris Cochran</b>
Signature <i>Jim Lynch</i>	Date <b>1/19/18</b>	RS/SIT No. <b>16-4056</b>
Received by <b>Chris Cochran</b>	Date	Title <b>Custodian</b>
		Phone <b>390-5600</b>
		Phone



X

## Clark County Combined Health District School Environmental Inspection Report

School <b>Perrin Woods Elementary</b>				Date of Inspection <b>9/21/17</b>	
Address <b>431 W. John St.</b>				Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City <b>Springfield</b>		Zip <b>45506</b>		School Classification <input checked="" type="checkbox"/> Public <b>Nonpublic</b>	
County <b>Clark</b>		Phone <b>505-4310</b>		Type of School (Check all that apply) Preschool <b>Intermediate</b> Kindergarten <b>High</b> Elementary <b>Career Center</b> Middle <b>Other</b>	
Principal or Chief Building Administrator <b>Nena Dorsey</b>					
Grades of Instruction <b>K - 6th</b>		Regular Hours of School Operation <b>6<sup>00</sup> am - 6<sup>00</sup> pm.</b>		HVAC System (Check all that apply) Central Forced Air Systems <b>HEATING</b> <input checked="" type="checkbox"/> <b>COOLING</b> <input checked="" type="checkbox"/> Unit Ventilators Steam/Hot Water Radiators <b>n/a</b> Electric Heating Units <b>n/a</b> Geothermal Other _____	
Enrollment <b>425</b>	Classrooms <b>30</b>	Year Constructed <b>2003</b>	Year(s) Renovated <b>-</b>		
School District <b>Springfield City Schools</b>					

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	<input type="checkbox"/>	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input type="checkbox"/>	Industrial Arts Classrooms	<input type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
<input type="checkbox"/>	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Hallways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location	
Kindergarten	1	
therapy	6	
Special Needs	4	
Girls Restroom	R6	
Boys Restroom	R9	
1st grade	9	
2nd grade	12	
Special Needs	13	
Art.	17	
Gym	18	
Women's Restroom	R14	
Inspected by <b>Jim Lynch</b>	Health District <b>CHHD</b>	Name of School Staff Accompanying Inspector <b>Chris Crockeran</b>
Signature <b>Jim Lynch</b>	Date <b>9/21/17</b>	RS/SIT No. <b>16-4056</b>
Received by <b>Chris Crockeran</b>	Date	Phone <b>937-390-5600</b>
	Title <b>Custodian</b>	Phone











4

## Clark County Combined Health District School Environmental Inspection Report

School <b>Hayward</b>		Date of Inspection <b>1/18/18</b>	
Address <b>1700 Clifton Ave.</b>		Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up	
City <b>Springfield</b>	Zip <b>45505</b>	School Classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic	
County <b>Clare</b>	Phone <b>505-4190</b>	Type of School (Check all that apply) Preschool <input type="checkbox"/> <input type="checkbox"/> Intermediate Kindergarten <input type="checkbox"/> <input type="checkbox"/> High Elementary <input type="checkbox"/> <input type="checkbox"/> Career Center <input checked="" type="checkbox"/> Middle <input type="checkbox"/> Other	
Principal or Chief Building Administrator <b>Susan Samuels</b>		HVAC System (Check all that apply) Central Forced Air Systems <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> HEATING <input checked="" type="checkbox"/> COOLING Unit Ventilators <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steam/Hot Water Radiators <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> n/a Electric Heating Units <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> n/a Geothermal <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other _____	
Grades of Instruction <b>7th &amp; 8th</b>	Regular Hours of School Operation <b>8:30 - 4:15</b>	Enrollment <b>306</b>	
Classrooms <b>28</b>	Year Constructed <b>2005</b>	Year(s) Renovated <b>_____</b>	
School District <b>Springfield City Schools</b>			

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grounds & Building Exterior	Science Classrooms	Auditoriums & Student Dining	Custodial Closets
Playgrounds	Visual Arts Classrooms	Library/Media Center	Mechanical Rooms
Solid Waste Disposal Areas	Industrial Arts Classrooms	Indoor Athletic Facilities	Attics/Mezzanines/Crawls
Outdoor Athletic Facilities	Stage & Set Design Areas	Locker Rooms	Water/Wastewater Sys.
All School Indoor Environments	Music Room(s)	Training or Weight Lifting Rooms	Healthcare Areas
Hallways & Stairwells	Family & Consumer Science	Restrooms	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location
Men's RR	R11
Women's RR	R10
Gym	R2
Art	13
MUSIC - water fountain on sink has low water pressure.	14
Library	M1
Teacher prep room.	M3
Science Lab	1
Men's RR	R1
Women's RR	R2
8th grade	4
Inspected by <b>Jim Lynch</b>	Health District <b>CCCHD</b>
Signature <i>[Signature]</i>	Name of School Staff Accompanying Inspector <b>Vicky Aplan</b>
Date <b>1/18/18</b>	RS/SIT No. <b>16-4056</b>
Received by <b>Vicky Aplan</b>	Phone <b>390-5600</b>
Date	Title <b>Austadner</b>



# Clark County Combined Health District

## School Environmental Inspection Report

X

School <b>Hayward Middle School</b>				Date of Inspection <b>9/14/17</b>			
Address <b>1700 Clifton Ave.</b>				Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up			
City <b>Springfield</b>		Zip <b>45505</b>		School Classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic			
County <b>Clerk</b>		Phone <b>937-505-4190</b>		Type of School (Check all that apply) <input type="checkbox"/> Preschool <input type="checkbox"/> Intermediate <input type="checkbox"/> Kindergarten <input type="checkbox"/> High <input type="checkbox"/> Elementary <input type="checkbox"/> Career Center <input checked="" type="checkbox"/> Middle <input type="checkbox"/> Other			
Principal or Chief Building Administrator <b>Susan Samuels</b>				HVAC System (Check all that apply) <input type="checkbox"/> Central Forced Air Systems <input checked="" type="checkbox"/> HEATING <input checked="" type="checkbox"/> COOLING <input type="checkbox"/> Unit Ventilators <input type="checkbox"/> Steam/Hot Water Radiators <input type="checkbox"/> n/a <input type="checkbox"/> Electric Heating Units <input type="checkbox"/> n/a <input type="checkbox"/> Geothermal <input type="checkbox"/> Other			
Grades of Instruction <b>7<sup>th</sup> &amp; 8<sup>th</sup></b>		Regular Hours of School Operation <b>9:20 - 4:35</b>					
Enrollment <b>320</b>	Classrooms <b>26</b>	Year Constructed	Year(s) Renovated <b>—</b>				
School District <b>Springfield City Schools</b>							

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	<input type="checkbox"/>	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input type="checkbox"/>	Industrial Arts Classrooms	<input checked="" type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
<input type="checkbox"/>	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Hallways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input checked="" type="checkbox"/>	Restrooms	<input type="checkbox"/>	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location		
Boys	R11		
Girls	R10		
Gym - cage for light in gym	12		
music	14		
Art	13		
Library	m1		
Study Hall	m4		
8 <sup>th</sup> Grade	3		
8 <sup>th</sup> Science Lab	7		
8 <sup>th</sup> grade	9		
8 <sup>th</sup> grade	2a		
Inspected by <b>Jim Lynch</b>	Health District <b>CCCHD</b>	Name of School Staff Accompanying Inspector <b>Vikki Appala</b>	
Signature <b>Jim Lynch</b>	Date <b>9/14/17</b>	RS/SIT No. <b>16-4056</b>	Phone <b>937-390-5600</b>
Received by <b>Vikki Appala</b>	Date	Title <b>Custodian</b>	Phone



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## Clark County Combined Health District

# School Environmental Inspection Report

School <b>Lincoln Elementary</b>				Date of Inspection <b>1/16/18</b>			
Address <b>1500 Tibbets Ave.</b>				Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up			
City <b>Springfield</b>			Zip <b>45505</b>	School Classification <input checked="" type="checkbox"/> Public <b>Nonpublic</b>			
County <b>Clark</b>			Phone <b>505-4260</b>	Type of School (Check all that apply) <input checked="" type="checkbox"/> Preschool <b>Intermediate</b> <input checked="" type="checkbox"/> Kindergarten <b>High</b> <input checked="" type="checkbox"/> Elementary <b>Career Center</b> <input checked="" type="checkbox"/> Middle <b>Other</b>			
Principal or Chief Building Administrator <b>Mike Wilson</b>				HVAC System (Check all that apply) <input type="checkbox"/> Central Forced Air Systems <b>HEATING</b> <b>COOLING</b> <input checked="" type="checkbox"/> Unit Ventilators <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> X <input checked="" type="checkbox"/> Steam/Hot Water Radiators <b>n/a</b> <input checked="" type="checkbox"/> Electric Heating Units <b>n/a</b> <input type="checkbox"/> Geothermal <input type="checkbox"/> Other _____			
Grades of Instruction <b>K-b</b>		Regular Hours of School Operation <b>8-3</b>					
Enrollment <b>443</b>	Classrooms <b>25</b>	Year Constructed <b>2003</b>	Year(s) Renovated <b>—</b>				
School District <b>Springfield City Schools</b>							

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	<input type="checkbox"/>	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input type="checkbox"/>	Industrial Arts Classrooms	<input type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
<input type="checkbox"/>	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Hallways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location		
Music	25		
2nd grade	A24		
Boys Room	R13		
Girls Room	R12		
Special Ed.	2		
Library	ME 1		
Speech room	MS		
Tutor	.		
Kindergarten	1		
1st grade	17		
2nd grade	18		
Inspected by <b>Jim Lynch</b>	Health District <b>CCCHD</b>	Name of School Staff Accompanying Inspector <b>James McMahon</b>	
Signature <i>Jim Lynch</i>	Date <b>1/16/18</b>	RS/SIT No. <b>16-4056</b>	Phone <b>957-390-5600</b>
Received by <b>James McMahon</b>	Date	Title <b>Custodian</b>	Phone





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## Clark County Combined Health District

# School Environmental Inspection Report

School <b>Lincoln Elementary</b>			Date of Inspection <b>9/6/17</b>		
Address <b>1500 Tibbets</b>			Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up		
City <b>Springfield</b>		Zip <b>45505</b>	School Classification <input checked="" type="checkbox"/> Public <b>Nonpublic</b>		
County <b>Clark</b>		Phone <b>937-505-4260</b>	Type of School (Check all that apply) <input type="checkbox"/> Preschool <b>Intermediate</b> <input checked="" type="checkbox"/> Kindergarten <b>High</b> <input checked="" type="checkbox"/> Elementary <b>Career Center</b> <input type="checkbox"/> Middle <b>Other</b> _____		
Principal or Chief Building Administrator <b>Mike Wilson</b>					
Grades of Instruction <b>K-6</b>		Regular Hours of School Operation <b>8:30 - 3:02</b>		HVAC System (Check all that apply)	
Enrollment <b>445</b>		Classrooms <b>32</b>	Year Constructed <b>2003</b>	Year(s) Renovated <b>-</b>	Central Forced Air Systems <b>X</b> <b>HEATING</b> <b>COOLING</b> <b>Unit Ventilators</b> <b>X</b> <b>X</b> <b>Steam/Hot Water Radiators</b> <b>n/a</b> <b>Electric Heating Units</b> <b>n/a</b> <b>Geothermal</b> Other _____
School District <b>Springfield City Schools</b>					

Indicate areas of deficiency by marking appropriate box

	Grounds & Building Exterior		Science Classrooms		Auditoriums & Student Dining		Custodial Closets
	Playgrounds		Visual Arts Classrooms		Library/Media Center		Mechanical Rooms
	Solid Waste Disposal Areas		Industrial Arts Classrooms		Indoor Athletic Facilities		Attics/Mezzanines/Crawls
	Outdoor Athletic Facilities		Stage & Set Design Areas		Locker Rooms		Water/Wastewater Sys.
<b>X</b>	All School Indoor Environments		Music Room(s)		Training or Weight Lifting Rooms		Healthcare Areas
	Hallways & Stairwells		Family & Consumer Science		Restrooms		Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location	
Intervention specialist room - paper cutter	2	
Library	M1	
Kindergarten	1	
1st grade	17	
Boys Rd	R6	
2nd grade	6	
5th grade	19	
4th grade - glass cleaner on window sill	10	
3rd grade	12	
Tutor Room / teacher workroom	R9	
6th grade	22	
Inspected by <b>Jim Lynch</b>	Health District <b>CCSD</b>	Name of School Staff Accompanying Inspector <b>Charles Wilkerson</b>
Signature <b>Jim Lynch</b>	Date <b>9/6/17</b>	RS/SIT No. <b>16-4056</b>
Received by <b>Charles Wilkerson</b>	Date	Title <b>Custodian</b>
		Phone <b>937-390-5600</b>



## Clark County Combined Health District School Environmental Inspection Report

School Snow Hill Elementary			Date of Inspection 12/12/17		
Address 531 W Harding Road			Type of Inspection <input checked="" type="checkbox"/> Routine <input type="checkbox"/> Complaint <input type="checkbox"/> Consultation <input type="checkbox"/> Follow-up		
City Springfield		Zip OH	School Classification <input checked="" type="checkbox"/> Public <input type="checkbox"/> Nonpublic		
County Clark		Phone 937-390-5600		Type of School (Check all that apply)	
Principal or Chief Building Administrator Jennifer Paxson					
Grades of Instruction k-6		Regular Hours of School Operation 8:30-3pm		HVAC System (Check all that apply)	
Enrollment 505		Classrooms 20	Year Constructed	Year(s) Renovated	Central Forced Air Systems <input checked="" type="checkbox"/> HEATING <input checked="" type="checkbox"/> COOLING Unit Ventilators <input type="checkbox"/> <input type="checkbox"/> Steam/Hot Water Radiators <input type="checkbox"/> <input type="checkbox"/> r/a Electric Heating Units <input type="checkbox"/> <input type="checkbox"/> r/a Geothermal <input type="checkbox"/> <input type="checkbox"/> Other _____ <input type="checkbox"/> <input type="checkbox"/>
School District Springfield City Schools					

Indicate areas of deficiency by marking appropriate box

	Grounds & Building Exterior	Science Classrooms	Auditoriums & Student Dining	Custodial Closets
	Playgrounds	Visual Arts Classrooms	Library/Media Center	Mechanical Rooms
	Solid Waste Disposal Areas	Industrial Arts Classrooms	Indoor Athletic Facilities	Attics/Mezzanines/Crawls
	Outdoor Athletic Facilities	Stage & Set Design Areas	Locker Rooms	Water/Wastewater Sys.
X	All School Indoor Environments	Music Room(s)	Training or Weight Lifting Rooms	Healthcare Areas
	Hallways & Stairwells	Family & Consumer Science	Restrooms	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location		
Observed some rooms with loose mouthpieces to the water fountain. To prevent possible spillage and fall hazards these should be tightened down so all water drains to sink.	Upstairs classrooms		
Observed room 19's water fountain to not crest over the mouthpiece. To prevent illness it is recommended that the water in the fountain crest at least 1" above the mouthpiece.	19		
Inspected by Stephanie Johnson	Health District CCCHD	Name of School Staff Accompanying Inspector Curt Johnson	
Signature <i>Stephanie Johnson</i>	Date 12/14/17	RS/SIT No. 3637	Phone 937-390-5600 X 248
Received by paxsonj@scsdoh.org	Date	Title	Phone

**Clark County Combined Health District**  
**School Environmental Inspection Report**

School <i>Warder Park Wayne Elementary</i>		Date of Inspection <i>12/12/17</i>	
Address <i>2020 Hillside Ave.</i>		Type of Inspection <input checked="" type="checkbox"/> Routine    Complaint    Consultation    Follow-up	
City <i>Springfield</i>	Zip <i>45503</i>	School Classification <input checked="" type="checkbox"/> Public    Nonpublic	
County <i>Clark</i>	Phone <i>505-4450</i>	Type of School (Check all that apply) <input checked="" type="checkbox"/> Preschool    Intermediate <input checked="" type="checkbox"/> Kindergarten    High <input checked="" type="checkbox"/> Elementary    Career Center <input type="checkbox"/> Middle    Other	
Principal or Chief Building Administrator <i>Roy Swanson</i>		HVAC System (Check all that apply) Central Forced Air Systems    HEATING <input checked="" type="checkbox"/> COOLING <input checked="" type="checkbox"/> Unit Ventilators    Steam/Hot Water Radiators    n/a Electric Heating Units    Geothermal    n/a Other	
Grades of Instruction <i>K-6th</i>	Regular Hours of School Operation <i>8:00 am - 7:00 pm.</i>		
Enrollment <i>450</i>	Classrooms <i>30</i>	Year Constructed <i>2004</i>	Year(s) Renovated <i>—</i>
School District <i>Springfield City Schools</i>			

Indicate areas of deficiency by marking appropriate box

<input type="checkbox"/>	Grounds & Building Exterior	<input type="checkbox"/>	Science Classrooms	<input type="checkbox"/>	Auditoriums & Student Dining	<input type="checkbox"/>	Custodial Closets
<input type="checkbox"/>	Playgrounds	<input type="checkbox"/>	Visual Arts Classrooms	<input type="checkbox"/>	Library/Media Center	<input type="checkbox"/>	Mechanical Rooms
<input type="checkbox"/>	Solid Waste Disposal Areas	<input type="checkbox"/>	Industrial Arts Classrooms	<input type="checkbox"/>	Indoor Athletic Facilities	<input type="checkbox"/>	Attics/Mezzanines/Crawls
<input type="checkbox"/>	Outdoor Athletic Facilities	<input type="checkbox"/>	Stage & Set Design Areas	<input type="checkbox"/>	Locker Rooms	<input type="checkbox"/>	Water/Wastewater Sys.
<input checked="" type="checkbox"/>	All School Indoor Environments	<input type="checkbox"/>	Music Room(s)	<input type="checkbox"/>	Training or Weight Lifting Rooms	<input type="checkbox"/>	Healthcare Areas
<input type="checkbox"/>	Hallways & Stairwells	<input type="checkbox"/>	Family & Consumer Science	<input type="checkbox"/>	Restrooms	<input type="checkbox"/>	Admin Areas/Rules&Protocols

Observations and recommendations for change, if adverse condition exists	Location
<i>Kindergarten</i>	<i>2</i>
<i>Handicapped Room</i>	<i>5R 6</i>
<i>Girl's Restroom.</i>	<i>R9</i>
<i>1<sup>st</sup> grade - expo board clean.</i>	<i>9</i>
<i>Boys Restroom.</i>	<i>R10</i>
<i>2<sup>nd</sup> grade</i>	<i>8</i>
<i>5<sup>th</sup> grade.</i>	<i>14</i>
<i>Art</i>	<i>15</i>
<i>Gym</i>	<i>16</i>
<i>Men's RR</i>	<i>R13</i>
<i>Women's RR</i>	<i>R14</i>
Inspected by <i>Jim Lynch</i>	Health District <i>CUHD</i>
Signature <i>Jim Lynch</i>	Name of School Staff Accompanying Inspector <i>Karen Parrill</i>
Date <i>12/12/17</i>	RS/SIT No. <i>16-4056</i>
Phone <i>937-390-5600</i>	Received by <i>Karen Parrill</i>
Date	Title <i>Custodian</i>
Phone	











Clark County Combined Health District

School Environmental Inspection Report Addendum

<p>Observed damaged ceiling tiles throughout the facility. To reduce the risks of contamination please ensure the following: ceilings should be present, intact and sanitary with no water damage, stains, suspected mold or chipping or peeling paint. Water stains on a ceiling indicate a leak of some sort (roof, restrooms, other classroom plumbing, etc.). Rust stains may be an indication that condensation is accumulating on pipes above the ceiling. The water source should be identified and corrected in addition to repairing the ceiling. Ceiling tiles that have become wet and/or have mold on them should be thrown away and replaced with new ceiling tiles.</p>	<p>Throughout Facility</p>	
<p>Observed lights that were not properly shielded/guarded. In order to reduce the risk of injury, light bulbs should be shielded, coated, or otherwise shatter-resistant; guarding/shields should be present on fixtures designed to be equipped with guards or shields or provided in areas where potential impact hazards exist. Please provide proper light shielding.</p>		<p>Throughout facility</p>
<p>Confirmed that the "Non-acid restroom disinfectant/cleaner" does not kill norovirus. Contacted facility's chemical representative who suggested that the facility should acquire the chemical solution "QT3" which does kill norovirus.</p>		
<p>Inspected by: Grant Warden</p>	<p>Health District: Clark</p>	<p>Name of School Staff Accompanying Inspector: Ken Tilford</p>
<p>Signature <i>Grant Warden</i></p>	<p>RS/SIT No.16- 4126</p>	<p>Phone: 937 390-5600 ext 235</p>
<p>Date: 12/13/2017</p>	<p>Received by: Delivered to school vial Mail</p>	
<p>Date: 12/13/2017</p>	<p>Title</p>	<p>Phone</p>





