

School Building Authority of West Virginia  
**MAINTENANCE & CUSTODIAL CARE SITE VISIT REPORT**  
**SBA FORM 143**

School: \_\_\_\_\_ County: \_\_\_\_\_  
SBA Representative: \_\_\_\_\_ WVDE Evaluation Date: \_\_\_\_\_  
Inspection Reviewed with: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**A. Problems cited by the West Virginia Department of Education (WVDE):**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**B. Corrections made since the WVDE Site Visit:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

**C. Problems cited during the SBA visit:**

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_

**D. Conclusions of the SBA Evaluation Visit**

1. The County has sufficiently addressed the problems and no additional improvements are required to assure good maintenance and custodial care of the facility.
2. The Plan of Improvement shown on this form has been jointly developed by the SBA representative and the County Superintendent or his/her designee to correct the deficiencies indicated at this facility.

Signature of this form indicates that: (1) The LEA is in agreement that the needed improvements have been made and no further action is necessary or, (2) The county is committed to implementing the jointly developed improvement plan to adequately provide the maintenance and custodial care of this school funded or partially funded with state funds from the School Building Authority (SBA) and (3) The LEA understands that improvements must occur within one year of the SBA site visit date above. Failure to comply will result in a recommendation to the State Board of Education and the West Virginia State Legislature to protect the investment of the State of West Virginia by withholding funds from the county's state aid formula to be used by the SBA to contract for such improvements.

\_\_\_\_\_  
SBA Representative (Date)

\_\_\_\_\_  
Superintendent of Schools (Date)

\_\_\_\_\_  
Board of Education President (Date)

# SCHOOL FACILITY IMPROVEMENT PLAN

## E. Plan of Improvement

Problem	Action to be Implemented	SBA F/U
1. _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
2. _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
3. _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
4. _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
5. _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
6. _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____

**The SBA Representative has reviewed:**

- 1. The previous year's county maintenance records for this facility.
- 2. The previous year's Requests for Maintenance made by the School Administration.
- 3. Any additions, modifications or repairs made to the facility.
- 4. Custodial or Related Staff Performance Policies.
- 5. The appropriateness of custodial and maintenance staff for this facility.  
Custodial-FT\_\_ PT\_\_\_\_ FTE\_\_\_ Maintenance-FT\_\_ PT\_\_\_\_ FTE\_\_\_\_\_

**Notes:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_