

RESPONSE TO RESTROOM MAINTENANCE COMPLAINT

EDUCATION CODE SECTION 35292.5

SAB 892R (NEW 11/04)

GENERAL INFORMATION

As of January 1, 2004, Section 35292.5 was added to the Education Code (EC) and contains the following requirements relating to the sufficiency and availability of restroom facilities in all public schools:

- Every restroom must be maintained and cleaned regularly, fully operational, and stocked at all times with toilet paper, soap, and paper towels or functional hand dryers.
- Schools must keep all restrooms open during school hours when pupils are not in classes, and must keep a sufficient number of restrooms open during school hours when pupils are in classes (except as required for pupil safety or as necessary to repair the facility).
- Any school district that operates a public school that is in violation of this section, as determined by the State Allocation Board, is ineligible for state deferred maintenance fund matching apportionments.

This form is used to respond to complaints received by the Office of Public School Construction (OPSC) on the Restroom Maintenance Complaint, Form SAB 892. Failure to respond to complaints may result in the school district being ineligible for state deferred maintenance fund matching apportionments pursuant to EC Section 17584.

SPECIFIC INSTRUCTIONS**PART I**

IN FORM FIELD...	INSTRUCTION...
SCHOOL DISTRICT	Enter name of school district of school where complaint was located.
COUNTY	Enter name of county where school district is located.
5-DIGIT DISTRICT CODE	Enter California Department of Education assigned district code number.
COMPLAINT NUMBER	Enter complaint number from form SAB 892.
SCHOOL SITE WHERE DEFICIENCY OBSERVED	Enter name of school campus where complaint was located.
LOCATION OF RESTROOM FACILITY	Enter specific physical location of restroom in the complaint; use landmarks, such as "boys/girls on east side of gymnasium" for reference.
DATE OF OPSC'S LETTER	Enter date of Office of Public School Construction's letter where indicated.

PART II

IN FORM FIELD...	INSTRUCTION...
COMPLAINT CODE	Enter complaint code from the table provided. Codes have a one-letter prefix followed by three digits.
COMMENTS	Describe in detail how the complaint was addressed and/or repaired.
DATE CORRECTED	Enter date corrective action took place.

PART III

IN FORM FIELD...	INSTRUCTION...
CERTIFICATION	District Superintendent enters or prints name on line.
SIGNATURE OF DISTRICT SUPERINTENDENT	District Superintendent signs here.
DATE	Enter date signed.

