# STATE OF FLORIDA
# DEPARTMENT OF HEALTH
# COUNTY HEALTH DEPARTMENT
## PUBLIC/ PRIVATE SCHOOL INSPECTION REPORT

**PURPOSE:**
- [ ] ROUTINE
- [x] REINSPECTION
- [ ] CONSTRUCT.
- [ ] CHANGE OF OWNER
- [ ] COMPLAINT
- [ ] CONSULTATION
- [ ] QA SURVEY
- [ ] EPIDEMIOLOGY
- [ ] PREOPENING
- [ ] OTHER _____

**TYPE:**
- [ ] (21) Private School
- [x] Public School
- [ ] (22) Charter School
- [ ] (23) Vocational School
- [ ] (24) College/University
- [ ] Other _____

NAME OF SCHOOL: Redland Elementary
ADDRESS: 24501 SW 162 Avenue CITY: Homestead
OWNER: MDCPS ZIP: 33031
PERSON IN CHARGE: Margaret Fahringer PHONE: (305) 247-8141

CENSUS: 924

FEMALES: 462

MALES: 462

**RESULTS**
- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [ ] Next Inspection
- [ ] 8:00 AM on:

| DATE | | |
|---|---|---|
| | | |

- [ ] OUT OF BUSINESS

| BEGIN | END |
|---|---|
| 12:00 PM | 1:30 PM |

| DATE | | |
|---|---|---|
| 04 | 21 | 09 |

POSITION #: 27429

PERMIT NUMBER: 13-51-0789 0

*As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate the requirements of Chapters 64E-13 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in the "Results" section above. Continued operation of this facility without making these corrections is a violation of Chapter 64E-13 and 64E-11, FAC and Chapter 381, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.*

**SCHOOL SANITATION**
- [ ] 1. School Site
- [ ] 2. Playground Equipment
- [ ] 3. Athletic Equipment

**BUILDINGS**
- [ ] 4. Construction
- [ ] 5. Maintenance & Repair
- [ ] 6. Lighting/Foot-Candles
- [ ] 7. Heating, Ventilation, A/C
- [ ] 8. Natural Ventilation
- [ ] 9. Mechanical Ventilation

**SANITARY FACILITIES**
- [ ] 10. Provided/Accessible
- [ ] 11. Cleanliness & Repair
- [ ] 12. Toilet Facilities
- [ ] 13. Separation of Sexes
- [ ] 14. Fixture Ratio
- [ ] 15. Handwash Facilities
- [ ] 16. Showers/Fixtures
- [ ] 17. Shower Water Temp.

**WATER SUPPLY**
- [ ] 18. Installed/Operated/Maintained
- [ ] 19. Drinking Fountains
- [ ] 20. Approved Source

**LIQUID/SOLID WASTE**
- [ ] 21. Sewage Disposal
- [ ] 22. Solid Waste

**VECTOR/VERMIN CONTROL**
- [ ] 23. Infestation/Control
- [ ] 24. Brush/Trash
- [ ] 25. Water Collection/Drainage

**SAFETY**
- [ ] 26. First Aid Kit

**FOOD**
- [ ] 27. Food Insp. Rpt.

**OTHER**
- [ ] 28. _____
- [ ] 29. _____

**COMMENTS AND INSTRUCTIONS**
(continue on attached sheet)

ITEM NUMBERS

All violations from the previous inspection were corrected

HEALTH DEPARTMENT INSPECTOR: Arnaldo Aguilera PHONE: (305) 284-0979

COPY OF REPORT RECEIVED BY: Margaret Fahringer DATE: 4/21/09

Cell # (305) 546-3021

CH 4030, 01/05 (Obsoletes Previous Editions)

CHD/HEADQUARTERS