

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

TYPE:

- Private School
- Public School
- Charter School
- Vocational School
- College/University
- Other _____



PURPOSE:

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- PREOPENING
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY
- OTHER _____

NAME OF SCHOOL Ronald W. Reagan
 ADDRESS 8600 NW 107 Ave. CITY Miami
 OWNER MDPSB ZIP 33178
 PERSON IN CHARGE Calvin Buchanan PHONE 3/805-1900

CENSUS
 2100
 1000
 8000
 200 (20) (2)
 300 (30) (3)
 400 (40) (4)
 500 (50) (5)
 600 (60) (6)
 700 (70) (7)
 800 (80) (8)
 900 (90) (9)
 FEMALES
 1100
 MALES
 1000

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
00	05
01	06
02	07
03	08
04	09
05	10
06	11
07	12
08	13
09	14

OUT OF BUSINESS

BEGIN	END
12 15 PM	4 00 PM
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input checked="" type="checkbox"/> 05	<input checked="" type="checkbox"/> 05
<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 10
<input checked="" type="checkbox"/> 15	<input checked="" type="checkbox"/> 15
<input checked="" type="checkbox"/> 20	<input checked="" type="checkbox"/> 20
<input checked="" type="checkbox"/> 25	<input checked="" type="checkbox"/> 25
<input checked="" type="checkbox"/> 30	<input checked="" type="checkbox"/> 30
<input checked="" type="checkbox"/> 35	<input checked="" type="checkbox"/> 35
<input checked="" type="checkbox"/> 40	<input checked="" type="checkbox"/> 40
<input checked="" type="checkbox"/> 45	<input checked="" type="checkbox"/> 45
<input checked="" type="checkbox"/> 50	<input checked="" type="checkbox"/> 50
<input checked="" type="checkbox"/> 55	<input checked="" type="checkbox"/> 55

DATE	
09	15
<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input checked="" type="checkbox"/> 07	<input checked="" type="checkbox"/> 07
<input checked="" type="checkbox"/> 08	<input checked="" type="checkbox"/> 08
<input checked="" type="checkbox"/> 09	<input checked="" type="checkbox"/> 09
<input checked="" type="checkbox"/> 10	<input checked="" type="checkbox"/> 10
<input checked="" type="checkbox"/> 11	<input checked="" type="checkbox"/> 11
<input checked="" type="checkbox"/> 12	<input checked="" type="checkbox"/> 12
<input checked="" type="checkbox"/> 13	<input checked="" type="checkbox"/> 13
<input checked="" type="checkbox"/> 14	<input checked="" type="checkbox"/> 14

POSITION #
69728
<input type="checkbox"/> 00
<input type="checkbox"/> 01
<input type="checkbox"/> 02
<input type="checkbox"/> 03
<input type="checkbox"/> 04
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

PERMIT NUMBER		
13	51	14594
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09

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 <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment BUILDINGS <input type="checkbox"/> 4. Construction <input type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation SANITARY FACILITIES <input type="checkbox"/> 10. Provided/Accessible <input type="checkbox"/> 11. Cleanliness & Repair <input type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio	<input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. WATER SUPPLY <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	LIQUID/SOLID WASTE <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste VECTOR/VERMIN CONTROL <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage	SAFETY <input type="checkbox"/> 26. First Aid Kit FOOD <input type="checkbox"/> 27. Food Insp. Rpt. OTHER <input type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	Satisfactory at the time of the inspection

HEALTH DEPARTMENT INSPECTOR: Faigali E. FADAH PHONE: 623-3500
 COPY OF REPORT RECEIVED BY: Calvin Buchanan Calvin Buchanan DATE: 09/15/09