

STATE OF FLORIDA
DEPARTMENT OF HEALTH
1st COUNTY HEALTH DEPARTMENT
PUBLIC/PRIVATE SCHOOL
INSPECTION REPORT



PURPOSE:

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

TYPE:

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

NAME OF SCHOOL Homestead Senior High School
ADDRESS 2351 SE 12 Ave. CITY Homestead
OWNER MDCPS ZIP 33035
PERSON IN CHARGE Roberto Lagayre PHONE 305 245 7000

CENSUS

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2000
3000
4000
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FEMALES
110
MALES
110

RESULTS

- Satisfactory
 - Incomplete
 - Unsatisfactory*
- Correct Violations by
 Next Inspection
 8:00 AM on:
- | DATE | |
|-----------|-----------|
| <u>09</u> | <u>19</u> |
| <u>08</u> | <u>08</u> |
| <u>05</u> | <u>05</u> |
| <u>06</u> | <u>06</u> |
| <u>07</u> | <u>07</u> |
| <u>08</u> | <u>08</u> |
| <u>09</u> | <u>09</u> |
| <u>10</u> | <u>10</u> |
| <u>11</u> | <u>11</u> |
| <u>12</u> | <u>12</u> |
| <u>13</u> | <u>13</u> |
| <u>14</u> | <u>14</u> |
- OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
<u>10:45</u>	<u>12:45</u>	<u>08/10/08</u>	<u>84600</u>	<u>13-51-07332</u>
<u>00</u>	<u>00</u>	<u>05</u>	<u>00</u>	<u>00</u>
<u>01</u>	<u>01</u>	<u>06</u>	<u>01</u>	<u>01</u>
<u>02</u>	<u>02</u>	<u>07</u>	<u>02</u>	<u>02</u>
<u>03</u>	<u>03</u>	<u>08</u>	<u>03</u>	<u>03</u>
<u>04</u>	<u>04</u>	<u>09</u>	<u>04</u>	<u>04</u>
<u>05</u>	<u>05</u>	<u>10</u>	<u>05</u>	<u>05</u>
<u>06</u>	<u>06</u>	<u>11</u>	<u>06</u>	<u>06</u>
<u>07</u>	<u>07</u>	<u>12</u>	<u>07</u>	<u>07</u>
<u>08</u>	<u>08</u>	<u>13</u>	<u>08</u>	<u>08</u>
<u>09</u>	<u>09</u>	<u>14</u>	<u>09</u>	<u>09</u>

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

ITEM NUMBERS COMMENTS AND INSTRUCTIONS (continue on attached sheet)

Reinspection done addressing the violations. The
defined the unsatisfactory report:
23 Pest control measures against teachers & as per
vice principal Mr. Curtis had not been pest control
measures applied to the school. -
23 Clean big display case for awards & is currently clean
11, 12 Bathrooms are both clean, toilets have not bui
lup -
16 Showers (boy's and girl's) are better clean but not

HEALTH DEPARTMENT INSPECTOR: E. Valdez PHONE 305 284 0980
DATE: 08/21/08
COPY OF REPORT RECEIVED BY: Roberto Lagayre
DH 4030, 01/05 (Replaces Previous Editions)

-2072-
form 4030
reinspection



Estb. No.: 13-57-0733
-2072-
form 4030

ESTABLISHMENT NAME: Homestead Senior High School.
2351 SE 10 Ave. Homestead.

COMMENTS AND INSTRUCTION:
satisfactorily clean as still there is
mold in the showers dining and
courtains.

- 05 Electrical outlet plugs have been
replaced in classroom when needed.-
- 28 Broken mirror was removed from 539.-
Other violations noted in the
routine inspection report need to be
solved.- Still the unsatisfactory is given by 0
- *23 School needs to get pest control treatment.
- *16 Boy's and girl's showers need to be clean
and/or scrub.-

Copy of Inspection Report Received by: X Robert Lagan ROBERT LAGAN
Health Department Inspector: E. Valdez Date: 08/21/08.