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

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

TYPE:
- [ ] 02 Private School
- [x] 03 Public School
- [ ] 22 Charter School
- [ ] 23 Vocational School
- [ ] 24 College/University
- [ ] Other _____

NAME OF SCHOOL: E W F Stirrup Elementary
ADDRESS: 330 NW 92 Ave. CITY: Miami
OWNER: M D C P. S. ZIP: 33172
PERSON IN CHARGE: Dr. Mosel Elias M. PHONE: (3) 2267001

BEGIN	END
10 30	1230

DATE	POSITION #	PERMIT NUMBER
03 25 09	27458	13-51-05221

CENSUS
900

FEMALES	MALES
434	456

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

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

DATE

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
- [x] 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 Face Ties
- [ ] 13. Separation of Sexes
- [ ] 14. Fixture Ratio
- [x] 15. Handwash Facilities
- [ ] 16. Showers Facilities
- [ ] 17. Storage Water Temp.

WATER SUPPLY
- [x] 18. Installed Operated Maintained
- [x] 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 Prep Area

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

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

ITEM NUMBERS

(15) - Repair the leaking in the Handwashing sink in Room 901A.

(19) (5) - Repair the leak of the chiller line in Room # 901

(15) - Readjust the water pressure in the Handwashing sink in girls bathroom of Room 901F and in the 501A Reading

(19) - Repair the Broken Water fountains in Room 101L and in First floor between Room 101T and 101U.

HEALTH DEPARTMENT INSPECTOR: Jorge H Suarez PHONE: 623-3500
COPY OF REPORT RECEIVED BY: Estela Rivera DATE: 03-25-09

DH 4030, 01-06 (Obsoletes Previous Editions)

CHD/HEADQUARTERS