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

PURPOSE:

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

TYPE:

- [12] Private School
- [13] Public School
- [22] Charter School
- [23] Vocational School
- [24] College/University
- [ ] Other _____

NAME OF SCHOOL: Six Mile Charter Academy

ADDRESS: 6851 Lamon Ave CITY: Ft Myers

OWNER: Chancellor School USA ZIP: 33912

PERSON IN CHARGE: Mike Chandler / Gus PHONE: 332-7049

BEGIN	END
2 00 P	2 15 PM
1 00	1 00
2 05 AM	2 05 AM
3 10 PM	3 10 PM
4 15	4 15
5 20	5 20
6 25	6 25
7 30	7 30
8 35	8 35
9 40	9 40
10 45	10 45
11 50	11 50
12 55	12 55

DATE	POSITION #	PERMIT NUMBER
05 19 11	3 5 7 1 8	3 6- 5 1 - 0 1 9 9 1

CENSUS: 1129

FEMALES: 629

MALES: 500

RESULTS

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

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

DATE		
0 0	0 0	05
1 1	1 1	06
2	2	07
3	3	08
4	4	09
5	5	10
6	6	11
7	7	12
8	8	13
9	9	14

- [ ] OUT OF BUSINESS

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. _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)

HEALTH DEPARTMENT INSPECTOR: [signature] *PHONE:* 690-2152

COPY OF REPORT RECEIVED BY: [signature] *DATE:* 5/19/11

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY