



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



2 of 2

5. Maintenance & Repair

Repair/replace base board in locker rooms and comon areas of gym. Several areas base board loose or missing.

Maintenance & Repair 64E-13.004(3)(b)(c). Buildings shall be kept clean and in good repair, free from hazardous conditions, such as loose or broken floor tiles and boards; loose moldings; loose hanging fixtures, pipes, and electric wires; and broken plaster. Furnishings and equipment shall be kept clean and in good repair, free of missing parts and hazards such as sharp edges, splinters, and protruding or rusty nails.

Inspection Conducted By: Alan Davis (54674)

Phone: (904) 278-3787 ex.

Received By: Signed

Date: 3/10/2016

Inspector Signature:

Alan Davis

Client Signature:

Michael

Form Number: DH 4030 01/05



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



2 of 2

5. Maintenance & Repair

Repair/adjust eyewash in 107

Maintenance & Repair 64E-13.004(3)(b)(c). Buildings shall be kept clean and in good repair, free from hazardous conditions, such as loose or broken floor tiles and boards; loose moldings; loose hanging fixtures, pipes, and electric wires; and broken plaster. Furnishings and equipment shall be kept clean and in good repair, free of missing parts and hazards such as sharp edges, splinters, and protruding or rusty nails.

19. Drinking Fountains

Adjust water fountain access from 15A

Drinking Fountains 64E-13.004(7)(b). Drinking fountains of an approved, sanitary slant jet type shall be provided in the ratio specified in the local building code or Chapter 64E-10, F.A.C. In no case shall fountains be located in any toilet room.

Inspection Conducted By: Alan Davis (54674)

Phone: (904) 278-3787 ex.

Received By: Signed

Date: 2/17/2016

Inspector Signature:

Alan Davis

Client Signature:

Kuscha Tipton

Form Number: DH 4030 01/05



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



2 of 2

2. Playground Equipment

Rope off chain walkway until repaired. Remove tire swing under wood play area.

Playground Equipment 64E-13.004(2)(a)(c). Playgrounds shall be constructed and maintained to permit maximum utilization of sites with elimination of sanitary and health hazards including mudholes, fragments of glass, stone and similar obstructions. Fixed playground equipment shall be anchored with substantial foundations so maximum safety is obtained. Cushioning materials such as mats, wood chips, or sand shall be used under climbing equipment, slides, and swings.

5. Maintenance & Repair

Portable 701 repair/replace carpet. carpet bulging up

Maintenance & Repair 64E-13.004(3)(b)(c). Buildings shall be kept clean and in good repair, free from hazardous conditions, such as loose or broken floor tiles and boards; loose moldings; loose hanging fixtures, pipes, and electric wires; and broken plaster. Furnishings and equipment shall be kept clean and in good repair, free of missing parts and hazards such as sharp edges, splinters, and protruding or rusty nails.

Inspection Conducted By: Alan Davis (54674)

Phone: (904) 278-3787 ex.

Received By: Signed

Date: 3/22/2016

Inspector Signature:

Alan Davis

Client Signature:

William S. Spence



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



2 of 2

28. Eye wash stations

Science lab 8096's eye wash station had iron build up, recommended stations to be flushed routinely to maintenance.

Inspection Conducted By: Mathew Villaflor (67067)

Phone: (904) 278-4761 ex.

Received By: Signed

Date: 4/13/2016

Inspector Signature:

Math Villaflor

Client Signature:

Bell Bryant



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



2 of 2

16. Showers/Fixtures

Paint walls in main boys shower room and repair showers.

Showers/Fixtures 64E-13.004(6)(c). Shower facilities shall be provided in all secondary schools where physical education is a required subject. Shower rooms & stalls shall have floors, partitions & walls to a minimum height of six (6) feet finished with dense non-absorbent & non-corrosive materials having a smooth impervious surface. One (1) shower head shall be provided for each five (5) pupils. Floors shall be drained in such a manner that waste water from any shower head will not pass over areas occupied by other bathers. Showers must be kept clean & free of mildew. Foot baths are not allowed.

Inspection Conducted By: Alan Davis (54674)
Phone: (904) 278-3787 ex.
Received By: Signed
Date: 3/17/2016

Inspector Signature:

Alan Davis

Client Signature:

Henry DeB...



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



2 of 2

28. Thermometers

Thermometer missing in ESE rooms 604 and 602, replace by next inspection.

Inspection Conducted By: Mathew Villaflor (67067)
Phone: (904) 278-4761 ex.
Received By: Signed
Date: 4/25/2016

Inspector Signature:

Handwritten signature of Mathew Villaflor in black ink.

Form Number: DH 4030 01/05

Client Signature:

Handwritten signature in black ink, appearing to be "Dada".



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



2 of 2

4. Construction

Hole in wall for dark room (art class), repair by next inspection.

Inspection Conducted By: Mathew Villaflor (67067)
Phone: (904) 278-4761 ex.
Received By: Signed
Date: 3/15/2016

Inspector Signature:

Mathew Villaflor

Client Signature:

E. Vignar



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

✓
RAS



Facility Information Section

Satisfactory

Permit Number: 10-51-00836
 Type: Public School
 Owner: Clay County School Board
 Person In Charge: Mrs. Crowder Phone: 529-1007
 Name of Facility: Shadowlawn Elementary School
 Address: 2945 County Road 218
 City, Zip: Green Cove Springs 32043

Inspection Results Information Section

Purpose: Routine	Begin Time: 10:45 AM	Correct By: None
Inspection Date: 4/14/2016	End Time: 11:35 AM	Re-Inspection Date: None

Additional Information Section

CENSUS	723
FEMALES	350
MALES	373

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.

Violation Markings Section

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

General Comments Section

Room 505's water fountain pressure low, adjust by next inspection.

Violations Comments Section

No Violation Comments Available

Inspector Signature:

Matthew Walsh

Client Signature:

ASR



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



2 of 2

Inspection Conducted By: Mathew Villaflor (67067)
Phone: (904) 278-4761 ex.
Received By: Signed
Date: 4/14/2016

Inspector Signature:

Mathew Villaflor

Client Signature:

ASR



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



2 of 2

19. Drinking Fountains

Adjust water fountains outside 409,509

Drinking Fountains 64E-13.004(7)(b). Drinking fountains of an approved, sanitary slant jet type shall be provided in the ratio specified in the local building code or Chapter 64E-10, F.A.C. In no case shall fountains be located in any toilet room.

Inspection Conducted By: Alan Davis (54674)
Phone: (904) 278-3787 ex.
Received By: Signed
Date: 2/22/2016

Inspector Signature:

Alan Davis

Client Signature:

M.C. Bennett

Form Number: DH 4030 01/05



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



2 of 2

2. Playground Equipment

Repair/replace worn swings as needed, two need replace at current time.

Playground Equipment 64E-13.004(2)(a)(c). Playgrounds shall be constructed and maintained to permit maximum utilization of sites with elimination of sanitary and health hazards including mudholes, fragments of glass, stone and similar obstructions. Fixed playground equipment shall be anchored with substantial foundations so maximum safety is obtained. Cushioning materials such as mats, wood chips, or sand shall be used under climbing equipment, slides, and swings.

Inspection Conducted By: Alan Davis (54674)
Phone: (904) 278-3787 ex.
Received By: Signed
Date: 2/19/2016

Inspector Signature:

Alan Davis

Client Signature:

Dee Hall

Form Number: DH 4030 01/05

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

ENTERED
3/3/2016



PURPOSE:

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

TYPE:

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

NAME OF SCHOOL Fleming Island Elementary School
 ADDRESS 4425 Lakeshore Drive CITY Fleming Island
 OWNER Clay Co. School Board ZIP 32003
 PERSON IN CHARGE Allyn Crooms PHONE 278-2020
Asst. Principal Kim Manis

CENSUS

762

1000
2000
3000
4000
5000
6000
7000
8000
9000

FEMALES

304

MALES

398

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory

Correct Violations by

- Next Inspection
- 8:00 AM on:

DATE

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OUT OF BUSINESS

BEGIN	END
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POSITION #
27240
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PERMIT NUMBER
10-51-00036
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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
- 4. Construction
- 5. Maintenance & Repair
- 6. Lighting/Foot-Candles
- 7. Heating, Ventilation, A/C
- 8. Natural Ventilation
- 9. Mechanical Ventilation
- 10. Provided/Accessible
- 11. Cleanliness & Repair
- 12. Toilet Facilities
- 13. Separation of Sexes
- 14. Fixture Ratio

BUILDINGS

SANITARY FACILITIES

WATER SUPPLY

- 15. Handwash Facilities
- 16. Showers/Fixtures
- 17. Shower Water Temp.
- 18. Installed/Operated/Maintained
- 19. Drinking Fountains
- 20. Approved Source

LIQUID/SOLID WASTE

- 21. Sewage Disposal
- 22. Solid Waste
- 23. Infestation/Control
- 24. Brush/Trash
- 25. Water Collection/Drainage

VECTOR/VERMIN CONTROL

SAFETY

- 26. First Aid Kit
- 27. Food Insp. Rpt.
- 28. _____
- 29. _____

FOOD

OTHER

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

(5)	Bathrooms 903A + 903B - broken tile by doors Twisty slide - monitor steps - beginning to deteriorate large swing set - sharp edges on swings - to be replaced Small playground - 3 slide apparatus - stain have holes + coating coming off. Recommend taking out of service
(28)	If no sanitary napkins boxes - must have trashcans w/ lids For bathrooms used by 4 th grade + above

HEALTH DEPARTMENT INSPECTOR: Tracy Lewis C. Barnett

PHONE: 278-3789

COPY OF REPORT RECEIVED BY: X Kim Manis

DATE: 3/3/16

DH 4030, 01/05 (Obsoletes Previous Editions)

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

AP

PURPOSE:

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

ENTERED
3/4/2016

NAME OF SCHOOL Keystone Heights Jr/Sr. High
 ADDRESS 900 Orchid Ave CITY Keystone Heights
 OWNER CCSB ZIP 32656
 PERSON IN CHARGE Angela Gentry PHONE 352-473-1535

CENSUS

1213

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory
- Correct Violations by
- Next Inspection
- 8:00 AM on:

DATE	
05	06
07	08
09	10
11	12
13	14

BEGIN	END
11:05	12:45
1:00	1:00
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3:10	3:10
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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
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POSITION #
54674
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PERMIT NUMBER
10-51-00044
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FEMALES

600

MALES

613

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
- 4. Construction
- 5. Maintenance & Repair
- 6. Lighting/Foot-Candles
- 7. Heating, Ventilation, A/C
- 8. Natural Ventilation
- 9. Mechanical Ventilation
- 10. Provided/Accessible
- 11. Cleanliness & Repair
- 12. Toilet Facilities
- 13. Separation of Sexes
- 14. Fixture Ratio

BUILDINGS

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.
- 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)

- #4 "Repair/Replace ramp board on portable #64 rotted."
- #19 Adjust water fountain building #5 (water level too low)

HEALTH DEPARTMENT INSPECTOR:

Alan Davis
Herb walls

PHONE:

278-3787

COPY OF REPORT RECEIVED BY:

DATE:

3/3/16

DH 4030, 01/05 (Obsoletes Previous Editions)

CHD/HEADQUARTERS

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



PURPOSE:

- | | |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION |
| <input type="checkbox"/> CONSTRUCT. | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT | <input type="checkbox"/> CONSULTATION |
| <input type="checkbox"/> QA SURVEY | <input type="checkbox"/> EPIDEMIOLOGY |
| <input type="checkbox"/> PREOPENING | <input type="checkbox"/> OTHER _____ |

TYPE:

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

ENTERED

NAME OF SCHOOL Orange Park Elementary School
 ADDRESS 1401 Plainfield Ave. CITY Orange Park
 OWNER Clay County ZIP 32073
 PERSON IN CHARGE Amy Rugen PHONE 278-2040

CENSUS

473

100
200
300
400
500
600
700
800
900

FEMALES

231

MALES

242

RESULTS

- Satisfactory
 Incomplete
 Unsatisfactory
- Correct Violations by
 Next Inspection
 8:00 AM on:
- | DATE | |
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- OUT OF BUSINESS

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POSITION #
45622
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PERMIT NUMBER
10-51-00070
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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"/> 8. Natural Ventilation |
| <input type="checkbox"/> 2. Playground Equipment | <input type="checkbox"/> 9. Mechanical Ventilation |
| <input type="checkbox"/> 3. Athletic Equipment | <input type="checkbox"/> 10. Provided/Accessible |
| <input type="checkbox"/> 4. Construction | <input type="checkbox"/> 11. Cleanliness & Repair |
| <input type="checkbox"/> 5. Maintenance & Repair | <input type="checkbox"/> 12. Toilet Facilities |
| <input type="checkbox"/> 6. Lighting/Foot-Candles | <input type="checkbox"/> 13. Separation of Sexes |
| <input type="checkbox"/> 7. Heating, Ventilation, A/C | <input type="checkbox"/> 14. Fixture Ratio |

SANITARY FACILITIES

WATER SUPPLY

15. Handwash Facilities
 16. Showers/Fixtures
 17. Shower Water Temp.
 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)

	<u>No violations observed.</u>

HEALTH DEPARTMENT INSPECTOR: Robert J. [Signature] PHONE: 278-3786

COPY OF REPORT RECEIVED BY: Amy Rugen DATE: 3/7/16

DH 4030, 01/05 (Obsoletes Previous Editions)

**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 _____

ENTERED

NAME OF SCHOOL R.M. Patterson Elem. School
 ADDRESS 5400 Pine Ave. CITY Fleming Island
 OWNER Clay County ZIP 32003
 PERSON IN CHARGE John O'Brien PHONE 336-2575

CENSUS

942

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100
200
300
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500
600
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FEMALES

431

MALES

511

RESULTS

- Satisfactory
- Incomplete
- Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE

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OUT OF BUSINESS

BEGIN	END
11:15	12:30
01:00	01:00
02:05 AM	02:05 AM
03:10 PM	03:10 PM
04:15	04:15
05:20	05:20
06:25	06:25
07:30	07:30
08:35	08:35
09:40	09:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
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POSITION #
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PERMIT NUMBER
10-51-00073
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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	WATER SUPPLY	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"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste	FOOD
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control	OTHER
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input checked="" type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio			
<input type="checkbox"/> 7. Heating, Ventilation, A/C				

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
19	Repair or replace drinking fountains with missing parts.

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 3/10/16

DH 4030, 01/05 (Obsoletes Previous Editions)

**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

ENTERED

NAME OF SCHOOL Ride Out Elem. School
 ADDRESS 3560 Apalachicola Blvd. CITY Middleburg
 OWNER Clay County ZIP 32068
 PERSON IN CHARGE Joyce Orsi PHONE 291-5430

CENSUS

466
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
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RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
11:30	12:00	032216	45622	10 - 51 - 00592
00	00	05	00	00
05	05	06	00	00
10	10	07	00	00
15	15	08	00	00
20	20	09	00	00
25	25	10	00	00
30	30	11	00	00
35	35	12	00	00
40	40	13	00	00
45	45	14	00	00

FEMALES

232

MALES

234

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"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 22. Solid Waste	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/ Maintained	<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		<input 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)
	<u>No violations observed</u>

HEALTH DEPARTMENT INSPECTOR: Robert D. [Signature] PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: Vicki Wilkins DATE: 3/22/16

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

ENTERED

NAME OF SCHOOL S. Bryan Jennings Elem. School
 ADDRESS 215 Corona Drive CITY Orange Park
 OWNER Clay County ZIP 32073
 PERSON IN CHARGE Tiffany Outman PHONE 213-3021

CENSUS
491

RESULTS

- Satisfactory
 - Incomplete
 - Unsatisfactory
- Correct Violations by
 Next Inspection
 8:00 AM on:

BEGIN	END
1210	1240
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

DATE
03 09 16
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

POSITION #
45622
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PERMIT NUMBER
10 - 51 - 00076
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

FEMALES
248

MALES
243

DATE
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

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	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"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input 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/Maintained	<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		<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	

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<i>No violations observed.</i>

HEALTH DEPARTMENT INSPECTOR: Robert J. [Signature] PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 3/9/16

DH 4030, 01/05 (Obsoletes Previous Editions)

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



TYPE:

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

PURPOSE:

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

ENTERED

NAME OF SCHOOL Thunderbolt Elem. School
 ADDRESS 2020 Thunderbolt Rd. CITY Fleming Island
 OWNER Clay County ZIP 32003
 PERSON IN CHARGE Richard Collins PHONE _____

CENSUS
994
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000
FEMALES
493
MALES
502

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
05	06
07	08
09	10
11	12
13	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1:30	2:30	03/10/16	45622	10-51-00530
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 05	<input type="checkbox"/> 05	<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"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14

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.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>No violations observed</u>

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 3/10/16

DH 4030, 01/05 (Obsoletes Previous Editions)

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

ENTERED

NAME OF SCHOOL W.E. Cherry Elementary School
 ADDRESS 420 Edson Drive CITY Orange Park
 OWNER Clay County ZIP 32073
 PERSON IN CHARGE Angie Whidden PHONE 278-2050

CENSUS
 651
 0000
 0000
 0000
 100 100 100
 200 200 200
 300 300 300
 400 400 400
 500 500 500
 600 600 600
 700 700 700
 800 800 800
 900 900 900
FEMALES
 309
MALES
 342

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END
12:20	12:50
1:00	1:00
2:05	2:05
3:10	3:10
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
03 08 16	45622	10-51-00080
0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

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
- 4. Construction
- 5. Maintenance & Repair
- 6. Lighting/Foot-Candles
- 7. Heating, Ventilation, A/C
- 8. Natural Ventilation
- 9. Mechanical Ventilation
- 10. Provided/Accessible
- 11. Cleanliness & Repair
- 12. Toilet Facilities
- 13. Separation of Sexes
- 14. Fixture Ratio

SANITARY FACILITIES

- 15. Handwash Facilities
- 16. Showers/Fixtures
- 17. Shower Water Temp.
- 18. Installed/Operated/Maintained
- 19. Drinking Fountains
- 20. Approved Source

LIQUID/SOLID WASTE

- 21. Sewage Disposal
- 22. Solid Waste
- 23. Infestation/Control
- 24. Brush/Trash
- 25. Water Collection/Drainage

SAFETY

- 26. First Aid Kit
- 27. Food Insp. Rpt.
- 28. _____
- 29. _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

	<u>No violations observed</u>

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 3/8/16

DH 4030, 01/05 (Obsoletes Previous Editions)