

**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 IN

NAME OF SCHOOL Argyle Elementary School
 ADDRESS 2625 Spencer Plantation Blvd CITY OP
 OWNER CLSB ZIP 32073
 PERSON IN CHARGE Mike Nealy PHONE 573-2357

CENSUS
 623
 100
 200
 300
 400
 500
 600
 700
 800
 900
FEMALES
 299
MALES
 324

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
11:15	12:10	10/10/14	45822	10-51-00744
00:00	00:00	05		
01:05 AM	02:05 AM	06		
03:10 AM	04:10 AM	07		
05:20	06:25	08		
07:30	08:35	09		
09:40	10:45	10		
11:50	12:55	11		
		12		
		13		
		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.

<p>SCHOOL SANITATION</p> <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <p>BUILDINGS</p> <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	<p>SANITARY FACILITIES</p> <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <input checked="" 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	<p>LIQUID/SOLID WASTE</p> <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input checked="" type="checkbox"/> 17. Shower Water Temp. <p>WATER SUPPLY</p> <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	<p>VECTOR/VERMIN CONTROL</p> <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage	<p>SAFETY</p> <input type="checkbox"/> 26. First Aid Kit <p>FOOD</p> <input type="checkbox"/> 27. Food Insp. Rpt. <p>OTHER</p> <input checked="" type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#28	Hallways in most buildings has cracks in center. Eventually floors will not be able to be sanitized because of porosity.
	Drainage in playground has been corrected.
	No other violations observed during the inspection

HEALTH DEPARTMENT INSPECTOR: Julia Kimbo PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: M. B. Nealy DATE: 11/10/14

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



TYPE:
 Private School
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 College/University
 Other

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

ENTERED

NAME OF SCHOOL CE Bennett Elementary
ADDRESS 19 Oakridge Ave **CITY** GCS
OWNER CCSB **ZIP** 32043
PERSON IN CHARGE Shelley Lester **PHONE** 904-529-2126

CENSUS
848
 100
 200
 300
 400
 500
 600
 700
 800
 900
FEMALES
419
MALES
429

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
05	00	00
06	00	00
07	00	00
08	00	00
09	00	00
10	00	00
11	00	00
12	00	00
13	00	00
14	00	00

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10:10	11:00	10/27/14	54676	10-51-00031
1:00	2:00			
2:05	2:05			
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			

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 checked="" 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	SANITARY FACILITIES <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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	LIQUID/SOLID WASTE <input checked="" 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 checked="" type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	VECTOR/VERMIN CONTROL <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <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)
#2	Replace 1 sewing seat on 4,5,6 playground (Monitor & replaced as needed)
#15	Provide paper towels to 6 grade gang bathroom,
#19	Adjust water fountain in rms 1414, 1448, & 1638

HEALTH DEPARTMENT INSPECTOR: Alan Davis PHONE: 278-3787
COPY OF REPORT RECEIVED BY: Bruce Foy DATE: 10/27/14
DH 4030, 01/05 (Obsoletes Previous Editions) CHD/HEADQUARTERS

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
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PURPOSE:

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

NAME OF SCHOOL Clay High School
 ADDRESS 2025 SR 16W CITY GCS
 OWNER CCSB ZIP 32043
 PERSON IN CHARGE Pete McCabe PHONE 904-529-2110

CENSUS

1404
 000
 000
 000

RESULTS

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

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10:35	11:15	11/07/14	54674	110-51-00033
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<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"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14

100
 200
 300
 400
 500
 600
 700
 800
 900

FEMALES

683

MALES

721

DATE

<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

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.

<p>SCHOOL SANITATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <p>BUILDINGS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 4. Construction <input checked="" type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C 	<p>SANITARY FACILITIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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 	<p>WATER SUPPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source 	<p>LIQUID/SOLID WASTE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <p>VECTOR/VERMIN CONTROL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage 	<p>SAFETY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 26. First Aid Kit <p>FOOD</p> <ul style="list-style-type: none"> <input type="checkbox"/> 27. Food Insp. Rpt. <p>OTHER</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 28. <u>eye wash</u> <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#15	Repair/Replace carpet at hallway entrance to library turn & bulging.
#28	Repair eye wash #906

HEALTH DEPARTMENT INSPECTOR: Alan Davis

PHONE: 278-3787

COPY OF REPORT RECEIVED BY: Matthew 2. Lewis

DATE: 11/7/14

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

TYPE:

- Private School
- Public School
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PURPOSE:

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

ENTERED

NAME OF SCHOOL Clay Hill Elem
 ADDRESS 6345 CR 218 CITY Jax
 OWNER CCSB ZIP 32234
 PERSON IN CHARGE Tracey Kendrick PHONE 904-259-7954

CENSUS
 437
 FEMALES 218
 MALES 219

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
05	
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14	

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10/20	11/05	12/05/14	54674	110-51-00037
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	01	00	00
45	45	02	00	00
50	50	03	00	00
55	55	04	00	00

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SCHOOL SANITATION <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <input checked="" 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	SANITARY FACILITIES <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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	LIQUID/SOLID WASTE <input checked="" type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp <input checked="" type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	VECTORS/VERMIN CONTROL <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <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)
#15	Provide soap to all hand sinks

HEALTH DEPARTMENT INSPECTOR: Alan Davin PHONE: 278-3787
 COPY OF REPORT RECEIVED BY: X Erin Chia DATE: 12/5/14

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



TYPE:

- Private School
- Public School
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PURPOSE:

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- COMPLAINT
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- PREOPENING
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY
- OTHER _____

ENTERED

NAME OF SCHOOL Coppergate Elementary School
 ADDRESS 2250 CR 209 N CITY MB
 OWNER CLSB ZIP 32068
 PERSON IN CHARGE Ms Holden / Mr Miller PHONE 291-5488

CENSUS

536

400

800

600

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

280

MALES

256

RESULTS

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

DATE

05
06
07
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11
12
13
14

OUT OF BUSINESS

BEGIN	END
1235	130
00:00	00:00
05:00 AM	05:00 AM
10:00 AM	10:00 AM
15:00	15:00
20:00	20:00
25:00	25:00
30:00	30:00
35:00	35:00
40:00	40:00
45:00	45:00
50:00	50:00
55:00	55:00

DATE
11 06 14
05
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13
14

POSITION #
45622
00
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00
00
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00
00
00

PERMIT NUMBER
10-51-00080
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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.

<p>SCHOOL SANITATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <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 	<p>SANITARY FACILITIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <input checked="" type="checkbox"/> 10. Provided/Accessible <input checked="" type="checkbox"/> 11. Cleanliness & Repair <input type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio 	<p>LIQUID/SOLID WASTE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source 	<p>VECTOR/VERMIN CONTROL</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage 	<p>SAFETY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 26. First Aid Kit <input checked="" type="checkbox"/> 27. Food Insp. Rpt. <input type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
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ITEM NUMBERS _____ COMMENTS AND INSTRUCTIONS (continue on attached sheet)

No violations observed during the inspection

HEALTH DEPARTMENT INSPECTOR: Julia Kanibo PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: Charles R. Mills DATE: 11/6/14

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC/ PRIVATE SCHOOL
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TYPE:

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- QA SURVEY
- EPIDEMIOLOGY
- PREOPENING
- OTHER

ENTERED

NAME OF SCHOOL Doctor's Inlet Elementary School
 ADDRESS 2634 CR 220 CITY MBL
 OWNER CLSB ZIP 32068
 PERSON IN CHARGE L. Bartley PHONE 213-3000
Earl Griffin

CENSUS

741
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000

RESULTS

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

DATE		
0	0	05
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

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
11/05	11/10	11/05/14	45622	10-51-00035
1	1	05		
2	2	06		
3	3	07		
4	4	08		
5	5	09		
6	6	10		
7	7	11		
8	8	12		
9	9	13		
10	10	14		

FEMALES

369

MALES

372

OUT OF BUSINESS

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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"/> 21. Sewage Disposal
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input checked="" type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 11. Cleanliness & Repair	WATER SUPPLY	FOOD
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input checked="" type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 28. _____
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input checked="" 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	OTHER
<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)
#19	Adjust pressure on drinking fountains Boys Bldg both fountains east wall of cafeteria, clean water fountain west wall Admin Bldg
#5	2 Wooden table bench outside cafeteria needs to be repainted - cannot be properly sanitized.
#19	Water fountains throughout outside school property need to be checked for low water pressure. Numerous fountains had low pressure and contribute to contamination by mouth

HEALTH DEPARTMENT INSPECTOR: Julia Kambo PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: Earl Griffin DATE: 11/05/14

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

FCB



- TYPE:**
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 - Charter School
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PURPOSE:

- ROUTINE
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- COMPLAINT
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- PREOPENING
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY
- OTHER

ENTRANCE

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 Cromb **PHONE** 278-2020

CENSUS
715
 100
 200
 300
 400
 500
 600
 700
 800
 900
FEMALES
352
MALES
413

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
11:10	11:50	10/17/14	45622	10-51-00036
12:00	12:00	05		
12:05 AM	12:05 AM	06		
12:10 PM	12:10 PM	07		
12:15	12:15	08		
12:20	12:20	09		
12:25	12:25	10		
12:30	12:30	11		
12:35	12:35	12		
12:40	12:40	13		
12:45	12:45	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"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input checked="" type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input checked="" type="checkbox"/> 22. Solid Waste	<input type="checkbox"/> 27. Food Insp. Rpt.
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input checked="" type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 4. Construction	<input checked="" type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 5. Maintenance & Repair	<input checked="" type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 25. Water Collection/Drainage	
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source		
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio			

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#22	Replace broken trash can in SE corner of playground (orange) in rear of school property. cannot be properly closed (orange) and provides entrance for vermin/insects
#2	check swing set seats for sharp edges (large rear playground)
#2	Replace seat on bouncing balance equipment. Trip Hazard Both playgrounds (yellow & orange)
#12	replace vinyl floor in bathroom of R-806 - cannot be properly sanitized.

HEALTH DEPARTMENT INSPECTOR: Jutta Karbo PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: William A. Lewis DATE: 10/17/14

**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 *dfp*

NAME OF SCHOOL Fleming Island HS
 ADDRESS 2233 Village Sq Pkwy CITY FL
 OWNER CCSB ZIP 32003
 PERSON IN CHARGE Thomas Pittman PHONE 541-2100

CENSUS
 7701
 000
 500
 000
 100 000 00
 200 000 00
 300 000 00
 400 000 00
 500 000 00
 600 000 00
 700 000 00
 800 000 00
FEMALES
 1063
MALES
 1138

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1135	1215	11/14/14	54674	10-51-00677
00	00	05	00	00
01	00	06	00	00
02	00	07	00	00
03	00	08	00	00
04	00	09	00	00
05	00	10	00	00
06	00	11	00	00
07	00	12	00	00
08	00	13	00	00
09	00	14	00	00

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"/> 10. Provided/Accessible	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 16. Showers/Fixtures	FOOD
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 13. Separation of Sexes	WATER SUPPLY	OTHER
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 14. Fixture Ratio	<input type="checkbox"/> 18. Installed/Operated/ Maintained	<input checked="" type="checkbox"/> 28. <u>door seal</u>
<input type="checkbox"/> 5. Maintenance & Repair		<input checked="" type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 29. _____
<input type="checkbox"/> 6. Lighting/Foot-Candles		<input type="checkbox"/> 20. Approved Source	
<input type="checkbox"/> 7. Heating, Ventilation, A/C		VECTOR/VERMIN CONTROL	
		<input type="checkbox"/> 21. Sewage Disposal	
		<input type="checkbox"/> 22. Solid Waste	
		<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)
#19	Adjust water fountain outside of #279
#28	provide door sweep/seal at bottom of several doors door 140 east side ext (4th notice)

HEALTH DEPARTMENT INSPECTOR: Alan Davis PHONE: 278-3787
 COPY OF REPORT RECEIVED BY: Michael Arnes DATE: 11/14/14
 DH 4030, 01/05 (Obsoletes Previous Editions) **MICHAEL ARNES**

**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 GCS Junior High
ADDRESS 1220 Bonaventure Ave **CITY** GCS
OWNER CCSB **ZIP** 32043
PERSON IN CHARGE Jeff Umbauch **PHONE** 904-284-6559

CENSUS
782
 100
200
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700
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900

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
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13	
14	

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
9:25	10:20	12/03/14	54674	10-51-00038
1:00	1:00			
2:05 AM	2:05 AM			
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			

FEMALES
398
MALES
384

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	WATER SUPPLY	VECTOR/VERMIN CONTROL	OTHER
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 29. _____
<input checked="" type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio		

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#6	Repair Lights in band room "several not working"
#19	Repair Adjust water fountains outside R104 & Bathrooms 9/03/902

HEALTH DEPARTMENT INSPECTOR: Alan Davin PHONE: 278-3787
 COPY OF REPORT RECEIVED BY: Michael Burns DATE: 12/3/14
 DH 4030, 01/05 (Obsoletes Previous Editions) Michael Burns CHD/HEADQUARTERS

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



W

ENTERED

PURPOSE:

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

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT Grove Park Elementary School
 ADDRESS 1643 Miller Street CITY OP
 OWNER Clay Co. SB ZIP 32078
 PERSON IN CHARGE Mr. Larrab Chambers PHONE 278-2010

RESULTS

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

BEGIN	END
12:05	12:35
1:05 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		
11	04	14
00	00	05
00	00	06
02	02	07
03	03	08
04	04	09
05	05	10
06	06	11
07	07	12
08	08	13
09	09	14

POSITION #
45622
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33333333
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55555555
66666666
77777777
88888888
99999999

CERTIFICATE NUMBER
10-48-00P30
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111111111111
222222222222
333333333333
444444444444
555555555555
666666666666
777777777777
888888888888
999999999999

TYPE
<input type="checkbox"/> Hospital
<input type="checkbox"/> Nursing
<input type="checkbox"/> Detention
<input type="checkbox"/> Lounge
<input type="checkbox"/> Civic
<input type="checkbox"/> Movie
<input checked="" type="checkbox"/> School
<input type="checkbox"/> Residen.
<input type="checkbox"/> Child
<input type="checkbox"/> Limited
<input type="checkbox"/> Other

DATE		
00	00	05
01	01	06
02	02	07
03	03	08
04	04	09
05	05	10
06	06	11
07	07	12
08	08	13
09	09	14
<input type="checkbox"/> OUT OF BUSINESS		

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

FOOD SUPPLIES	<input type="checkbox"/> 14. Sneeze guards	<input type="checkbox"/> 27. Design and fabrication	OTHER FACILITIES
<input type="checkbox"/> 1. Sources, etc.	<input type="checkbox"/> 15. Transportation of food	<input type="checkbox"/> 28. Installation and location	AND OPERATIONS
FOOD PROTECTION	<input type="checkbox"/> 16. Poisonous/Toxic materials	<input type="checkbox"/> 29. Cleanliness of equipment	<input type="checkbox"/> 39. Other facilities and operations
<input type="checkbox"/> 2. Stored temperature	PERSONNEL	<input type="checkbox"/> 30. Methods of washing	TEMPORARY FOOD
<input type="checkbox"/> 3. No further cooking/Rapid cooling	<input type="checkbox"/> 17. Exclusion of personnel	SANITARY FACILITIES	SERVICE EVENTS
<input type="checkbox"/> 4. Thawing	<input type="checkbox"/> 18. Cleanliness	AND CONTROLS	<input type="checkbox"/> 40. Temporary food service events
<input type="checkbox"/> 5. Raw fruits ✓	<input type="checkbox"/> 19. Tobacco use ✓	<input type="checkbox"/> 31. Water supply	VENDING MACHINES
<input type="checkbox"/> 6. Pork cooking ✓	<input type="checkbox"/> 20. Handwashing	<input type="checkbox"/> 32. Ice	<input type="checkbox"/> 41. Vending machines ✓
<input type="checkbox"/> 7. Poultry cooking	<input type="checkbox"/> 21. Handling of dishware	<input type="checkbox"/> 33. Sewage	MANAGER CERTIFICATION
<input type="checkbox"/> 8. Other animal cooking	EQUIPMENT/UTENSILS	<input type="checkbox"/> 34. Plumbing	<input type="checkbox"/> 42. Manager certification
<input type="checkbox"/> 9. Least contact/Reheating	<input type="checkbox"/> 22. Refrigeration facilities/Thermometers	<input type="checkbox"/> 35. Toilet facilities	CERTIFICATES AND FEES
<input type="checkbox"/> 10. Food container	<input type="checkbox"/> 23. Sinks	<input type="checkbox"/> 36. Handwashing facilities	<input type="checkbox"/> 43. Certificates and fees
<input type="checkbox"/> 11. Buffet requirements	<input type="checkbox"/> 24. Ice storage/Counter-protector	<input type="checkbox"/> 37. Garbage disposal	INSPECTION/ENFORCEMENT
<input type="checkbox"/> 12. Self-service condiments	<input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment	<input type="checkbox"/> 38. Vermin control	<input type="checkbox"/> 44. Inspection/Enforcement
<input type="checkbox"/> 13. Reservice of food	<input type="checkbox"/> 26. Dishwashing facilities		

ITEM NUMBERS Freezer 50 COMMENTS AND INSTRUCTIONS (continue on attached sheet)

Grilled Chicken 5. 153° Baked Beans 175° Mac/cheese 186° Green Beans 168° Mixed Fruit peaches 46°

Exp. Date Milk 11/18/14

No violations observed during the inspection

HEALTH DEPARTMENT INSPECTOR: Julia Kay PHONE: 278-3786

COPY OF REPORT RECEIVED BY: X Allie Chan DATE: 11/4/14

**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 KH Elementary
ADDRESS 335 Pecan St **CITY** KH
OWNER CCSB **ZIP** 32696
PERSON IN CHARGE Jackie Cory **PHONE** 352-473-4844

CENSUS
800

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
05	06	07
08	09	10
11	12	13
14	15	16

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1000	1130	10/16/14	54674	10-51-00043
00	00	05	00	00
01	01	06	00	00
02	02	07	00	00
03	03	08	00	00
04	04	09	00	00
05	05	10	00	00
06	06	11	00	00
07	07	12	00	00
08	08	13	00	00
09	09	14	00	00

FEMALES
348

MALES
452

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SCHOOL SANITATION <input type="checkbox"/> 1. School Site <input checked="" 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	SANITARY FACILITIES <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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	LIQUID/SOLID WASTE <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	VECTOR/VERMIN CONTROL <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <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 checked="" type="checkbox"/> 28. <u>Cleaning products</u> <input type="checkbox"/> 29. _____
--	--	---	--	--

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#2	Make repairs to wood playground equipment
#28	Keep cleaning products out of reach of children or lock up.

HEALTH DEPARTMENT INSPECTOR: Alan Davis PHONE: 278-3787
COPY OF REPORT RECEIVED BY: William S. Sprouse DATE: 10/16/14
DH 4030, 01/05 (Obsoletes Previous Editions) William S. Sprouse
CHD/HEADQUARTERS

**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 Keystone Heights Jr/Sr High
 ADDRESS 900 Orchid Ave CITY KH
 OWNER CCSB ZIP 32656
 PERSON IN CHARGE Susan Salton PHONE 352-473-1585

CENSUS
1195

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10:30	12:30	10/23/14	594674	10-51-00044
01:00	01:00			
02:05	02:05 AM			
03:10	03:10			
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			

FEMALES
586

MALES
609

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"/> 10. Provided/Accessible	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 16. Showers/Fixtures	FOOD
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 13. Separation of Sexes	WATER SUPPLY	OTHER
<input checked="" type="checkbox"/> 4. Construction	<input type="checkbox"/> 14. Fixture Ratio	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input checked="" type="checkbox"/> 28. <u>Eyewash</u>
<input checked="" type="checkbox"/> 5. Maintenance & Repair		<input checked="" type="checkbox"/> 19. Drinking Fountains	<input checked="" type="checkbox"/> 29. <u>Side walk</u>
<input type="checkbox"/> 6. Lighting/Foot-Candles		<input type="checkbox"/> 20. Approved Source	
<input type="checkbox"/> 7. Heating, Ventilation, A/C		VECTOR/VERMIN CONTROL	
		<input type="checkbox"/> 21. Sewage Disposal	
		<input type="checkbox"/> 22. Solid Waste	
		<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)
#5	Repair tile at door in portable #12
#19	Repair & Adjust water fountains (Fountain outside 4) 2 Lok
#28	Repair/Replace eyewash Rm 67 Building #2 "missing parts"
#29	Repair eye wash out area along side walk behind band room.

HEALTH DEPARTMENT INSPECTOR: Alan Davis PHONE: 278-3787
 COPY OF REPORT RECEIVED BY: Herb Walls DATE: 10/23/14

**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

FB



PURPOSE:

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

NAME OF SCHOOL Lake Asbury Jr. High
ADDRESS 2821 Sandridge Rd **CITY** GCS
OWNER CCSB **ZIP** 32043
PERSON IN CHARGE Lathy Richardson **PHONE** 291-5582

CENSUS
1042
 100
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FEMALES
484
MALES
553

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
10:20	11:00	10/17/14	67067	10-51-00729
1:00	1:00			
2:05	2:05			
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			

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)
	<u>No Violations Observed during the inspection</u>

HEALTH DEPARTMENT INSPECTOR: Matthew Villalba **PHONE:** 278-4761
COPY OF REPORT RECEIVED BY: Joyce Albridge **DATE:** 10/17/14

**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

NAME OF SCHOOL Lakeside Elementary
 ADDRESS 2752 Moody Ave CITY OP
 OWNER CCSB ZIP 32073
 PERSON IN CHARGE Katrina Allen PHONE 213-2966

CENSUS
804
 100
 200
 300
 400
 500
 600
 700
 800
 900

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
05	06	07
08	09	10
11	12	13
14	15	16

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10:35	11:30	10/23/14	67067	10-51-00046
10:00	10:00			
10:05	10:05			
10:10	10:10			
10:15	10:15			
10:20	10:20			
10:25	10:25			
10:30	10:30			
10:35	10:35			
10:40	10:40			
10:45	10:45			
10:50	10:50			
10:55	10:55			

FEMALES
392

MALES
412

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	SANITARY FACILITIES <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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	LIQUID/SOLID WASTE <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 checked="" type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	<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 checked="" type="checkbox"/> 28. <u>thermometers</u> <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#19	Drinking fountain pressure low near 810 boy's outside bathroom. Adjust accordingly.
#28	Missing thermometers in ESE rooms 46, 45, 49. Replace with new thermometers in all rooms.

HEALTH DEPARTMENT INSPECTOR: Matthew Villyer PHONE: 278-4761
 COPY OF REPORT RECEIVED BY: Jody Pittman DATE: 10/23/14

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

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

INSPECTION REPORT
ENTERED *YLB*

NAME OF SCHOOL Lakeside Jr High School
 ADDRESS 2750 Moody Ave CITY OP
 OWNER CSB ZIP 32073
 PERSON IN CHARGE John Green PHONE 213-1817

CENSUS

839

000
100
200
300
400
500
600
700
800
900

FEMALES
402

MALES
437

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
1000	1120	10/22/14	67067	15-51-00047
0000	0000	00/00/00	00000	00000000000
0100	0100	0100	0100	01000000000
0200	0200	0200	0200	02000000000
0300	0300	0300	0300	03000000000
0400	0400	0400	0400	04000000000
0500	0500	0500	0500	05000000000
0600	0600	0600	0600	06000000000
0700	0700	0700	0700	07000000000
0800	0800	0800	0800	08000000000
0900	0900	0900	0900	09000000000
1000	1000	1000	1000	10000000000
1100	1100	1100	1100	11000000000
1200	1200	1200	1200	12000000000
1300	1300	1300	1300	13000000000
1400	1400	1400	1400	14000000000

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.

<p>SCHOOL SANITATION</p> <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <p>BUILDINGS</p> <input type="checkbox"/> 4. Construction <input type="checkbox"/> 5. Maintenance & Repair <input checked="" type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C	<p>SANITARY FACILITIES</p> <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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	<p>LIQUID/SOLID WASTE</p> <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <p>WATER SUPPLY</p> <input checked="" type="checkbox"/> 18. Installed/Operated/Maintained <input checked="" type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	<p>VECTOR/VERMIN CONTROL</p> <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage	<p>SAFETY</p> <input type="checkbox"/> 26. First Aid Kit <p>FOOD</p> <input type="checkbox"/> 27. Food Insp. Rpt. <p>OTHER</p> <input checked="" type="checkbox"/> 28. <i>Thermometers</i> <input type="checkbox"/> 29. _____
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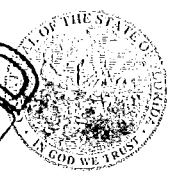
ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#6	Building 7 gang bathroom missing diffusers and lights are not working in boys and girls side. Repair/replace.
#19	Drinking fountain pressure too low near boy's bathroom in band/chorus building. Adjust height
#28	Missing thermometers in ESE rooms 705, 707, 708, 794. Replace as soon as possible.

HEALTH DEPARTMENT INSPECTOR: Matthew Kilgallon PHONE: 218-4761
 COPY OF REPORT RECEIVED BY: X D. Hopp DATE: 10/22/14
 DH 4030, 01/05 (Obsoletes Previous Editions) D. Hopp CHD/HEADQUARTERS

**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

NAME OF SCHOOL McRae Elementary
ADDRESS 6770 CR 315C **CITY** KH
OWNER CCSB **ZIP** 32696
PERSON IN CHARGE Mr Dooley **PHONE** 352-473-5686

CENSUS

492
 000
 100
 200
 300
 400
 500
 600
 700
 800
 900

RESULTS

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

BEGIN	END
1000	1125
1000	1000
1005	1005
1010	1010
1015	1015
1020	1020
1025	1025
1030	1030
1035	1035
1040	1040
1045	1045
1050	1050
1055	1055

DATE
100714
00000005
00000006
00000007
00000008
00000009
00000010
00000011
00000012
00000013
00000014

POSITION #
54674
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000

PERMIT NUMBER
10-51-00048
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000
00000000

FEMALES

239

MALES

253

DATE
00000005
00000006
00000007
00000008
00000009
00000010
00000011
00000012
00000013
00000014

OUT OF BUSINESS

ENTERED

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)
#7	Replace worn swings & chain 2 need to be replaced several will need to be monitored & replaced in near future.
	Remove tires from under seesaw, worn open, "steel belts exposed"
#19	Adjust water fountain outside of portable R405 "water hitting shield"

HEALTH DEPARTMENT INSPECTOR: VJ Barfield PHONE: 278-3787
 COPY OF REPORT RECEIVED BY: Teresa Barfield DATE: 10/9/14
 DH 4030, 01/05 (Obsoletes Previous Editions) CHD/HEADQUARTERS

**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

PJB

NAME OF SCHOOL MBH School
ADDRESS 3750 CR 220 **CITY** MB
OWNER CCSB **ZIP** 37064
PERSON IN CHARGE Mr Feltner **PHONE** 904-791-2181

CENSUS
1718
 1000
 2000
 3000
 4000
 5000
 6000
 7000
 8000
 9000

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
<u>9:35</u>	<u>11:15</u>	<u>11/19/14</u>	<u>54674</u>	<u>10-51-00067</u>
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 01	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 02	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 15	<input type="checkbox"/> 15	<input type="checkbox"/> 03	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 20	<input type="checkbox"/> 20	<input type="checkbox"/> 04	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 25	<input type="checkbox"/> 25	<input type="checkbox"/> 05	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 30	<input type="checkbox"/> 30	<input type="checkbox"/> 06	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 35	<input type="checkbox"/> 35	<input type="checkbox"/> 07	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 40	<input type="checkbox"/> 40	<input type="checkbox"/> 08	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 45	<input type="checkbox"/> 45	<input type="checkbox"/> 09	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 50	<input type="checkbox"/> 50	<input type="checkbox"/> 10	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 55	<input type="checkbox"/> 55	<input type="checkbox"/> 11	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 12	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 13	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 14	<input type="checkbox"/> 00	<input type="checkbox"/> 00

FEMALES
866

MALES
852

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 checked="" 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 checked="" 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)
<u>#15</u>	<u>Provide soap & paper towel in mens locker room</u>
<u>#19</u>	<u>Repair & properly adjust water fountain</u>

HEALTH DEPARTMENT INSPECTOR: *Alan Davin* **PHONE:** 278-3787
 COPY OF REPORT RECEIVED BY: *on. Gonzalez* **DATE:** 11/19/14
 DH 4030, 01/05 (Obsoletes Previous Editions) **CHD/HEADQUARTERS**

**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 Montclair Elem
 ADDRESS 2398 Moody CITY OP
 OWNER CCSB ZIP 92073
 PERSON IN CHARGE Bill Miller PHONE 272-8128

CENSUS

474
 100
200
300
400
500
600
700
800
900

RESULTS

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

DATE		
05	06	07
08	09	10
11	12	13
14	15	16

FEMALES

208

MALES

266

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1045	1125	11/21/14	67067	10-51-00068
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

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.

<p>SCHOOL SANITATION</p> <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <p>BUILDINGS</p> <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	<p>SANITARY FACILITIES</p> <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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	<p>WATER SUPPLY <i>CUA</i></p> <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	<p>LIQUID/SOLID WASTE</p> <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <i>CUA</i> <p>VECTOR/VERMIN CONTROL</p> <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage	<p>SAFETY</p> <input type="checkbox"/> 26. First Aid Kit <p>FOOD</p> <input type="checkbox"/> 27. Food Insp. Rpt. <p>OTHER</p> <input type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<i>No Violations Observed during the inspection</i>

HEALTH DEPARTMENT INSPECTOR *Matthew Kallen* PHONE: 278-4761
 COPY OF REPORT RECEIVED BY: *Dennis L. Brown* DATE: 11/12/14
 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
PAB

NAME OF SCHOOL Oakleaf HS
 ADDRESS 4035 Plantation Oak Blvd CITY OP
 OWNER CCSB ZIP 32065
 PERSON IN CHARGE David Broskie PHONE 213-1900

CENSUS

2126
 1000
 6000
 6000
 100 100 100
 200 200 200
 300 300 300
 400 400 400
 500 500 500
 600 600 600
 700 700 700
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 900 900 900

RESULTS

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

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10:15	11:10	11/07/14	67067	10-51-1288429
11:00	11:00			
12:05	12:05			
1:10 PM	1:10 PM			
2:15	2:15			
3:20	3:20			
4:25	4:25			
5:30	5:30			
6:35	6:35			
7:40	7:40			
8:45	8:45			
9:50	9:50			
10:55	10:55			
11:00	11:00			
12:05	12:05			

FEMALES

1045

MALES

1081

DATE

05
06
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12
13
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.

<p>SCHOOL SANITATION</p> <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <p>BUILDINGS</p> <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	<p>SANITARY FACILITIES</p> <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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	<p>LIQUID/SOLID WASTE</p> <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <p>WATER SUPPLY</p> <input checked="" type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	<p>VECTOR/VERMIN CONTROL</p> <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage	<p>SAFETY</p> <input type="checkbox"/> 26. First Aid Kit <p>FOOD</p> <input type="checkbox"/> 27. Food Insp. Rpt. <p>OTHER</p> <input checked="" type="checkbox"/> 28. Eye Wash Stations <input checked="" type="checkbox"/> 29. Thermometers
---	--	--	--	---

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#28	Flush eye wash stations in science labs monthly to avoid build up.
#29	Missing thermometers in ESE rooms. Replace all necessary thermometers in each refrigerator.

HEALTH DEPARTMENT INSPECTOR: Mather Villalobos PHONE: 278-4761

COPY OF REPORT RECEIVED BY: Alexander Dorey Humenes Bokcent ~~11/11/14~~ 11/7/14

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 Oakleaf JHS
 ADDRESS 4085 Plantation Oaks CITY OP
 OWNER CCSB ZIP 32073
 PERSON IN CHARGE Anthony Williams PHONE 213-5936

CENSUS

1400
 100 200 300 400 500 600 700 800 900

RESULTS

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

BEGIN	END
10:00	11:05
11:05	12:05
12:05	1:05
1:05	2:05
2:05	3:05
3:05	4:05
4:05	5:05
5:05	6:05
6:05	7:05
7:05	8:05
8:05	9:05
9:05	10:05
10:05	11:05
11:05	12:05
12:05	1:05

DATE
10/27/14
10/28/14
10/29/14
10/30/14
10/31/14
11/01/14
11/02/14
11/03/14
11/04/14
11/05/14
11/06/14
11/07/14
11/08/14
11/09/14
11/10/14
11/11/14
11/12/14
11/13/14
11/14/14

POSITION #
67067
67068
67069
67070
67071
67072
67073
67074
67075
67076
67077
67078
67079
67080
67081
67082
67083
67084
67085
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67087
67088
67089
67090

PERMIT NUMBER
10-51-00768
10-51-00769
10-51-00770
10-51-00771
10-51-00772
10-51-00773
10-51-00774
10-51-00775
10-51-00776
10-51-00777
10-51-00778
10-51-00779
10-51-00780
10-51-00781
10-51-00782
10-51-00783
10-51-00784
10-51-00785
10-51-00786
10-51-00787
10-51-00788
10-51-00789
10-51-00790

FEMALES

681

MALES

719

DATE
10/05/14
10/06/14
10/07/14
10/08/14
10/09/14
10/10/14
10/11/14
10/12/14
10/13/14
10/14/14
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	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"/> 21. Sewage Disposal
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	VECTOR/VERMIN CONTROL
BUILDINGS	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash
<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"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio		FOOD
<input type="checkbox"/> 7. Heating, Ventilation, A/C			<input type="checkbox"/> 26. First Aid Kit
			<input type="checkbox"/> 27. Food Insp. Rpt.
			OTHER
			<input checked="" type="checkbox"/> 28. Thermometer
			<input checked="" type="checkbox"/> 29. eye wash station

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#28	Missing thermometer in room 204. Ensure that all ESE rooms have thermometer in refrigerators.
#29	Eye wash station pressure is low in rooms 4085, 2136. Ensure all labs have adequate pressure.

HEALTH DEPARTMENT INSPECTOR: Matthew Villalobos PHONE: 278-388 4761
 COPY OF REPORT RECEIVED BY: Chloe Britt DATE: 10/27/14

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 _____

JP

NAME OF SCHOOL Oakleaf Village Elementary
 ADDRESS 410 Oakleaf Village Pkwy CITY OP
 OWNER CCSB ZIP 32065
 PERSON IN CHARGE Collete Wyatt PHONE 255-7482

CENSUS

946

000
100
200
300
400
500
600
700
800
900

RESULTS

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

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1055	1150	10 06 14	67067	10-51-00835
0000	0000	0000	0000	0000
0005	0005	0000	0000	0000
0010	0010	0000	0000	0000
0015	0015	0000	0000	0000
0020	0020	0000	0000	0000
0025	0025	0000	0000	0000
0030	0030	0000	0000	0000
0035	0035	0000	0000	0000
0040	0040	0000	0000	0000
0045	0045	0000	0000	0000
0050	0050	0000	0000	0000
0055	0055	0000	0000	0000

FEMALES

511

MALES

435

DATE
0000
0001
0002
0003
0004
0005
0006
0007
0008
0009
0010
0011
0012
0013
0014

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
- 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** Cleaning supplies
- 28. supplies
- 29. _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#2	Pre-K swings cracked, replace by next inspection
#28	Cleaning supplies found underneath classroom sinks, continue to monitor and keep out of reach for children

HEALTH DEPARTMENT INSPECTOR: Walter Villa PHONE: 278-4761
 COPY OF REPORT RECEIVED BY: Diana Bellamy DATE: 10/6/14
 DH 4030, 01/05 (Obsoletes Previous Editions) CHD/HEADQUARTERS

**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

pub



PURPOSE:

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

ENTERED

NAME OF SCHOOL Orange Park Jr. HS
ADDRESS 1500 Gano Ave **CITY** OP
OWNER CCSB **ZIP** 32073
PERSON IN CHARGE Joyce Orsi **PHONE** 278-2000

CENSUS
633
 100 200 300 400 500 600 700 800 900

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
1:00	1:45	10/16/14	67067	10-51-00072
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			

FEMALES
274
MALES
359

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 checked="" type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C	SANITARY FACILITIES <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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	LIQUID/SOLID WASTE <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. WATER SUPPLY CWA <input type="checkbox"/> 18. Installed/Operated/Maintained <input checked="" type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	VECTOR/VERMIN CONTROL <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste CWA <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)
#5	Cracked + stained ceiling tile in boys + girl locker rooms. Replace as necessary (MEN) water pressure
#19	Drinking fountain near room 507, H is too low, adjust height

HEALTH DEPARTMENT INSPECTOR: Matthew Valley **PHONE:** 278-4761
COPY OF REPORT RECEIVED BY: X Webb **DATE:** 10/16/14
 DH 4030, 01/05 (Obsoletes Previous Editions) BROWN, WALTER H Sr.
 CHD/HEADQUARTERS

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

TYPE:

- (1) Private School
- (2) Public School
- (3) Charter School
- (4) Vocational School
- (5) College/University
- Other _____



PURPOSE:

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

ENTERED

NAME OF SCHOOL Orange Park HS
ADDRESS 2300 Kingsley Ave **CITY** OP
OWNER CCSB **ZIP** 32073
PERSON IN CHARGE Ms. Picket **PHONE** 272-8115

CENSUS

1573
 100
 200
 300
 400
 500
 600
 700
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 900

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	DATE	POSITION #	PERMIT NUMBER
10:25	12:00	10/24/14	67067	10-51-00071
00	00	05		
05	05	06		
10	10	07		
15	15	08		
20	20	09		
25	25	10		
30	30	11		
35	35	12		
40	40	13		
45	45	14		

FEMALES

789

MALES

784

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#6	Bathroom # 252 missing light cover. Replace as soon as possible.
#5	Consider redoing ceiling throughout vocational building. Insulation is coming through ceiling of welding, wood, and automotive shops.
#15	Bathroom #127 has broken towel dispenser. Portable 63 has sink unattached from wall. Repair/replace
#19	Water fountain pressure low near men's bathroom in gym
#28	Portable 61 and Room 55 missing thermometers. Replace

HEALTH DEPARTMENT INSPECTOR: Matthew Villalobos PHONE: 278-4761

COPY OF REPORT RECEIVED BY: X Tony Daliz DATE: 10/24/14

**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 Plantation Oaks Elementary
ADDRESS 4150 Plantation Oaks Blvd **CITY** OP
OWNER CCSB **ZIP** 32065
PERSON IN CHARGE ~~Lee Cheryl~~ Oliver **PHONE** 214-7474
Cheryl

CENSUS
1088
 000
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FEMALES
540

MALES
548

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
0	0	05
1	0	06
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3	0	08
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6	0	11
7	0	12
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9	0	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10:25	11:20	11/14/14	67067	10-51-00876
1:00	1:00	05		
2:05	2:05	06		
3:00	3:00	07		
4:15	4:15	08		
5:20	5:20	09		
6:25	6:25	10		
7:30	7:30	11		
8:35	8:35	12		
9:40	9:40	13		
10:45	10:45	14		
11:50	11:50			
12:55	12:55			

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"/> 10. Provided/Accessible | <input type="checkbox"/> 15. Handwash Facilities | <input type="checkbox"/> 26. First Aid Kit |
| <input type="checkbox"/> 2. Playground Equipment | <input type="checkbox"/> 11. Cleanliness & Repair | <input type="checkbox"/> 16. Showers/Fixtures | FOOD |
| <input type="checkbox"/> 3. Athletic Equipment | <input type="checkbox"/> 12. Toilet Facilities | <input type="checkbox"/> 17. Shower Water Temp. | <input type="checkbox"/> 27. Food Insp. Rpt. |
| BUILDINGS | <input type="checkbox"/> 13. Separation of Sexes | WATER SUPPLY | OTHER |
| <input type="checkbox"/> 4. Construction | <input type="checkbox"/> 14. Fixture Ratio | <input type="checkbox"/> 18. Installed/Operated/
Maintained | <input type="checkbox"/> 28. _____ |
| <input type="checkbox"/> 5. Maintenance & Repair | | <input type="checkbox"/> 19. Drinking Fountains | <input type="checkbox"/> 29. _____ |
| <input type="checkbox"/> 6. Lighting/Foot-Candles | | <input type="checkbox"/> 20. Approved Source | |
| <input type="checkbox"/> 7. Heating, Ventilation, A/C | | VECTOR/VERMIN CONTROL | |
| | | <input type="checkbox"/> 21. Sewage Disposal | |
| | | <input type="checkbox"/> 22. Solid Waste | |
| | | <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)
	No Violations Observed during the inspection

HEALTH DEPARTMENT INSPECTOR: Matthew Villedor PHONE: 278-4761
 COPY OF REPORT RECEIVED BY: Darin Brown DATE: 11/14/14

**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 Ride Out Elementary School
ADDRESS 3065 Apalachicola Blvd **CITY** MB
OWNER CCSB **ZIP** 32068
PERSON IN CHARGE L. Johnson / V. Wilkinson **PHONE** 291-5432

CENSUS

515

RESULTS

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

BEGIN	END
1005	1055
1100	1100
1105	1105
1110	1110
1115	1115
1120	1120
1125	1125
1130	1130
1135	1135
1140	1140
1145	1145
1150	1150
1155	1155

DATE
11/06/14
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POSITION #
457622
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PERMIT NUMBER
10-51-00592
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500
600
700
800
900

FEMALES

245

MALES

270

DATE
05
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08
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10
11
12
13
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
- 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

LIQUID/SOLID WASTE

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

VECTOR/VERMIN CONTROL

- 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

ref 400

COMMENTS AND INSTRUCTIONS
(continue on attached sheet)

No violations observed during the inspection

HEALTH DEPARTMENT INSPECTOR: Jyalka Kambo

PHONE: 278-3780

COPY OF REPORT RECEIVED BY: X Vickie Wilkins

DATE: 11/6/14

**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 _____

ENTER

NAME OF SCHOOL Ridgeview Elementary
ADDRESS 421 Jefferson Ave **CITY** OP
OWNER ELSB **ZIP** 32065
PERSON IN CHARGE Chuck Pestekfield **PHONE** 272-8175

CENSUS
549
 000
 100
 200
 300
 400
 500
 600
 700
 800
 900
FEMALES
275
MALES
274

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
11:35	12:30	11/12/14	45622	10-51-00074
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			

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	SANITARY FACILITIES <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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	WATER SUPPLY <input checked="" type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <input checked="" 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 checked="" 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. _____
---	--	--	--	--

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	No violations observed during the inspection

HEALTH DEPARTMENT INSPECTOR: Julia Kanbo PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: Chuck Pestekfield DATE: 11/12/14

**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 Ridgeview HS
 ADDRESS 466 Madison Ave CITY OP
 OWNER CCSB ZIP 32065
 PERSON IN CHARGE Debra Segreto PHONE 213-5203

CENSUS
1532
 100
200
300
400
500
600
700
800
900

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
9:00	11:30	11/05/14	67067	10-51-00075
1:00	1:00			
2:00	2:00			
3:00	3:00			
4:00	4:00			
5:00	5:00			
6:00	6:00			
7:00	7:00			
8:00	8:00			
9:00	9:00			
10:00	10:00			
11:00	11:00			
12:00	12:00			
13:00	13:00			
14:00	14:00			

FEMALES
769

MALES
763

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"/> 10. Provided/Accessible	<input type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 16. Showers/Fixtures	FOOD
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 27. Food Insp. Rpt.
BUILDINGS	<input type="checkbox"/> 13. Separation of Sexes	WATER SUPPLY	OTHER
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 14. Fixture Ratio	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input checked="" type="checkbox"/> 28. <u>Thermometers</u>
<input checked="" type="checkbox"/> 5. Maintenance & Repair		<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 29. _____
<input checked="" type="checkbox"/> 6. Lighting/Foot-Candles		<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)
#6	Missing diffusers for lights in wrestling room, replace. Room 658 lights are burnt out, work order already in place. Building 6 Boys bathroom lights are out, replace ballast.
#28	Portable 3 missing thermometer, replace

HEALTH DEPARTMENT INSPECTOR: Matthew Villyer PHONE: 278-4761
 COPY OF REPORT RECEIVED BY: Eugene Pedrin DATE: 11/5/14

**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 S. Bryan Jennings Elementary School
 ADDRESS 215 Corona Drive CITY OP
 OWNER CLSB ZIP 32073
 PERSON IN CHARGE Mr. Keller PHONE 213-3021

CENSUS

513
 100
 200
 300
 400
 500
 600
 700
 800
 900

FEMALES

250

MALES

263

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
1240	125	103014	45622	10-51-00076
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

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"/> 21. Sewage Disposal
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	FOOD
<input checked="" type="checkbox"/> BUILDINGS	<input type="checkbox"/> 11. Cleanliness & Repair	<input checked="" type="checkbox"/> WATER SUPPLY	<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	OTHER
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 19. Drinking Fountains	<input checked="" 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"/> 29. _____
<input type="checkbox"/> 7. Heating, Ventilation, A/C		<input checked="" type="checkbox"/> 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)
#28	All under sink storage cabinets must be locked when not in use
	other No violations observed during the inspection

HEALTH DEPARTMENT INSPECTOR: Julia Kanbo PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: X [Signature] DATE: 10/30/14

**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 Shadowlawn Elementary
ADDRESS 2945 CR 218 **CITY** GCS
OWNER CCSB **ZIP** 32043
PERSON IN CHARGE Nancy Crowder **PHONE** 529-1007

CENSUS
683
 100
200
300
400
500
600
700
800
900
FEMALES
327
MALES
356

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE		
05	05	05
06	06	06
07	07	07
08	08	08
09	09	09
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1015	1100	11/13/14	671067	10-51-00836
01:00	01:00			
02:05	02:05			
03:10	03:10			
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			

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	SANITARY FACILITIES <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <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	LIQUID/SOLID WASTE <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. WATER SUPPLY <u>CCWA</u> <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	VECTOR/VERMIN CONTROL <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <u>CCWA</u> <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)
	<u>No Violations Observed during the inspection</u>

HEALTH DEPARTMENT INSPECTOR: Matthew Vella PHONE: 278-4761
 COPY OF REPORT RECEIVED BY: Dora Hampshire DATE: 11/13/14

**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 Swimming Pen Creek Elementary
 ADDRESS 1630 Woodpecker Lane CITY MLB
 OWNER CLSB ZIP 32068
 PERSON IN CHARGE James Herring PHONE 278-5707

CENSUS
400
 100 200 300 400 500 600 700 800 900
MALES
173
FEMALES
227

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
10/10	10/50	11/05/14	457622	10-51-00708
1:00	1:00	05	00	00
2:05 AM	2:05 AM	06	00	00
3:10 PM	3:10 PM	07	00	00
4:15	4:15	08	00	00
5:20	5:20	09	00	00
6:25	6:25	10	00	00
7:30	7:30	11	00	00
8:35	8:35	12	00	00
9:40	9:40	13	00	00
10:45	10:45	14	00	00

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.

<p>SCHOOL SANITATION</p> <p><input checked="" type="checkbox"/> 1. School Site</p> <p><input checked="" type="checkbox"/> 2. Playground Equipment</p> <p><input type="checkbox"/> 3. Athletic Equipment</p> <p>BUILDINGS</p> <p><input type="checkbox"/> 4. Construction</p> <p><input checked="" type="checkbox"/> 5. Maintenance & Repair</p> <p><input checked="" type="checkbox"/> 6. Lighting/Foot-Candles</p> <p><input type="checkbox"/> 7. Heating, Ventilation, A/C</p>	<p><input type="checkbox"/> 8. Natural Ventilation</p> <p><input type="checkbox"/> 9. Mechanical Ventilation</p> <p>SANITARY FACILITIES</p> <p><input type="checkbox"/> 10. Provided/Accessible</p> <p><input type="checkbox"/> 11. Cleanliness & Repair</p> <p><input type="checkbox"/> 12. Toilet Facilities</p> <p><input type="checkbox"/> 13. Separation of Sexes</p> <p><input type="checkbox"/> 14. Fixture Ratio</p>	<p><input type="checkbox"/> 15. Handwash Facilities</p> <p><input type="checkbox"/> 16. Showers/Fixtures</p> <p><input checked="" type="checkbox"/> 17. Shower Water Temp.</p> <p>WATER SUPPLY</p> <p><input type="checkbox"/> 18. Installed/Operated/Maintained</p> <p><input checked="" type="checkbox"/> 19. Drinking Fountains</p> <p><input type="checkbox"/> 20. Approved Source</p>	<p>LIQUID/SOLID WASTE</p> <p><input type="checkbox"/> 21. Sewage Disposal</p> <p><input type="checkbox"/> 22. Solid Waste</p> <p>VECTOR/VERMIN CONTROL</p> <p><input type="checkbox"/> 23. Infestation/Control</p> <p><input type="checkbox"/> 24. Brush/Trash</p> <p><input type="checkbox"/> 25. Water Collection/Drainage</p>	<p>SAFETY</p> <p><input type="checkbox"/> 26. First Aid Kit</p> <p>FOOD</p> <p><input checked="" type="checkbox"/> 27. Food Insp. Rpt.</p> <p>OTHER</p> <p><input type="checkbox"/> 28. _____</p> <p><input type="checkbox"/> 29. _____</p>
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#19	Two drinking fountains are not working (3rd grade playground)
#5	Blodg's 5 & 6 have cracked hallway floors. (Work order in.)
#2	Remove or repair bench-table (3rd grade playground & Kindergarten playground)
#6	Replace broken lightshields in Girl's Bathroom 638 & Boy's Bathroom 635.

HEALTH DEPARTMENT INSPECTOR: Julia Kaniko PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: James Herring DATE: 11/5/14

**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 Thunderbolt Elem
 ADDRESS 2020 Thunderbolt Rd CITY FI
 OWNER CCSB ZIP 32073
 PERSON IN CHARGE Mrs. Phillips PHONE 278-6630

CENSUS

1010
 100
 200
 300
 400
 500
 600
 700
 800
 900
FEMALES
493
MALES
517

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
05	
06	
07	
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09	
10	
11	
12	
13	
14	

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
9:55	10:50	10/03/14	67067	10-51-00530
10:00	10:00			
10:05	10:05			
10:10	10:10			
10:15	10:15			
10:20	10:20			
10:25	10:25			
10:30	10:30			
10:35	10:35			
10:40	10:40			
10:45	10:45			
10:50	10:50			
10:55	10:55			

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"/> 21. Sewage Disposal
<input checked="" type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input checked="" type="checkbox"/> 22. Solid Waste
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	FOOD
BUILDINGS	<input type="checkbox"/> 11. Cleanliness & Repair	WATER SUPPLY	<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	OTHER
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 19. Drinking Fountains	<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"/> 29. _____
<input type="checkbox"/> 7. Heating, Ventilation, A/C		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)
#2	Pads for shaded area in bad condition; replace S links need to be replaced
#22	Dumpsters missing plugs and has sharp edge on right side for recyclable dumpster. Replace/repair

HEALTH DEPARTMENT INSPECTOR: Walter Villa PHONE: 278-4761
 COPY OF REPORT RECEIVED BY: Richard Collins DATE: 10/13/14

**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 Tynes Elementary
 ADDRESS 1550 Tynes Blvd CITY MB
 OWNER CEBB ZIP 32068
 PERSON IN CHARGE Laura Fogarty PHONE 291-2400

CENSUS

919

1000
2000
3000
4000
5000
6000
7000
8000
9000

FEMALES
437

MALES
482

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10/15	11/05	1-00214	67067	10-51-00079
00	00	05	00	00
01	01	06	01	01
02	02	07	02	02
03	03	08	03	03
04	04	09	04	04
05	05	10	05	05
06	06	11	06	06
07	07	12	07	07
08	08	13	08	08
09	09	14	09	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

- 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

SANITARY FACILITIES

- 10. Provided/Accessible
- 11. Cleanliness & Repair
- 12. Toilet Facilities
- 13. Separation of Sexes
- 14. Fixture Ratio

LIQUID/SOLID WASTE

- 15. Handwash Facilities
- 16. Showers/Fixtures
- 17. Shower Water Temp.
- 21. Sewage Disposal
- 22. Solid Waste

VECTOR/VERMIN CONTROL

- 18. Installed/Operated/Maintained
- 19. Drinking Fountains
- 20. Approved Source
- 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)

#15	Missing hand soap in gang bathroom, provide soap as soon as possible

HEALTH DEPARTMENT INSPECTOR: Matthew Villalobos PHONE: 278-4761
 COPY OF REPORT RECEIVED BY: Robert P. Carterline DATE: 10/2/14

**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:

- | | |
|---|--|
| <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 |

NAME OF SCHOOL WE Cherry Elementary School
 ADDRESS 420 Edson Drive CITY DP
 OWNER LLSB ZIP 32073
 PERSON IN CHARGE Doug Phelps PHONE 278-2050

CENSUS
620
 100
 200
 300
 400
 500
 600
 700
 800
 900
FEMALES
283
MALES
337

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

DATE		
05	06	07
08	09	10
11	12	13
14	15	16

 OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
10:00	11:00	10/30/14	45622	10-51-00080
11:00	12:00			
12:00	1:00			
1:00	2:00			
2:00	3:00			
3:00	4:00			
4:00	5:00			
5:00	6:00			
6:00	7:00			
7:00	8:00			
8:00	9:00			
9:00	10:00			
10:00	11:00			
11:00	12:00			
12:00	1:00			
1:00	2:00			
2:00	3:00			
3:00	4:00			
4:00	5:00			
5:00	6:00			
6:00	7:00			
7:00	8:00			
8:00	9:00			
9:00	10:00			
10:00	11:00			
11:00	12:00			
12:00	1:00			

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"/> 21. Sewage Disposal |
| <input type="checkbox"/> 2. Playground Equipment | <input type="checkbox"/> 9. Mechanical Ventilation | <input type="checkbox"/> 16. Showers/Fixtures | <input type="checkbox"/> 22. Solid Waste |
| <input type="checkbox"/> 3. Athletic Equipment | <input type="checkbox"/> 10. Provided/Accessible | <input checked="" type="checkbox"/> 17. Shower Water Temp. | VECTOR/VERMIN CONTROL |
| <input checked="" type="checkbox"/> BUILDINGS | <input type="checkbox"/> 11. Cleanliness & Repair | <input type="checkbox"/> 18. Installed/Operated/Maintained | <input type="checkbox"/> 23. Infestation/Control |
| <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"/> 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"/> 6. Lighting/Foot-Candles | <input type="checkbox"/> 14. Fixture Ratio | | <input type="checkbox"/> 26. First Aid Kit |
| <input type="checkbox"/> 7. Heating, Ventilation, A/C | | | <input type="checkbox"/> 27. Food Insp. Rpt. |
| | | | <input type="checkbox"/> 28. _____ |
| | | | <input type="checkbox"/> 29. _____ |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
#19	Check water fountains for low water pressure - dd just to avoid cross contamination
#28	Check undersink chemical storage for locks - must be locked when not in use
	No other violations observed during the inspection

HEALTH DEPARTMENT INSPECTOR: Jutta Kambo PHONE: 278-3786
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 10/30/14
 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 _____

NAME OF SCHOOL Wilkinson Elementary
ADDRESS 4969 CR 219 **CITY** MB
OWNER CCSB **ZIP** 32068
PERSON IN CHARGE Angela Gentry **PHONE** 904-291-5420

CENSUS

798
 000
 200
 400
 600
 800
 1000
 1200
 1400
 1600
 1800
 2000

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
10:00	11:00
00	00
05	05
10	10
15	15
20	20
25	25
30	30
35	35
40	40
45	45
50	50
55	55

DATE
12-02-14
05
06
07
08
09
10
11
12
13
14

POSITION #
54674
00
00
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PERMIT NUMBER
10-51-00041
00
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00
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00
00

FEMALES
358

MALES
390

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 <input checked="" 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)
#19	replace fountain in classroom 420 missing guard
	Adjust flow on fountains outside of building 5

HEALTH DEPARTMENT INSPECTOR: Alan Davin **PHONE:** 278-3787
 COPY OF REPORT RECEIVED BY: Joseph Lawler **DATE:** 12-02-14
 DH 4030, 01/05 (Obsoletes Previous Editions) **CHD/HEADQUARTERS**

