

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



**PURPOSE:**

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

**TYPE:**

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

**NAME OF SCHOOL** Achievement Academy  
**ADDRESS** 716 E Bella Vista St. **CITY** Lakeland  
**OWNER** Achievement Academy Tr **ZIP** 33805  
**PERSON IN CHARGE** Cindi Parker - Pearson **PHONE** 863-683-6504

**CENSUS**

111

1000  
2000  
3000

100 101 102  
200 201 202  
300 301 303  
400 401 404  
500 501 505  
600 601 606  
700 701 707  
800 801 808  
900 901 909

**MALES**

74

**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

OUT OF BUSINESS

BEGIN	END
1:51	2:15
1:00	1:00
2:05 AM	2:05 AM
3:10 PM	3:10 PM
4:15	4:15
5:20	5:20
6:25	6:25
7:30	7:30
8:35	8:35
9:40	9:40
10:45	10:45
11:50	11:50
12:55	12:55

DATE
040617
05
06
07
08
09
10
11
12
13
14

POSITION #
29341
00
01
02
03
04
05
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13
14

PERMIT NUMBER
53 - 51 - 01686
00
01
02
03
04
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10
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.*

<b>SCHOOL SANITATION</b> <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <b>BUILDINGS</b> <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	<b>SANITARY FACILITIES</b> <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	<b>LIQUID/SOLID WASTE</b> <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <b>WATER SUPPLY</b> <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	<b>VECTOR/VERMIN CONTROL</b> <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	<b>SAFETY</b> <input type="checkbox"/> 26. First Aid Kit <b>FOOD</b> <input type="checkbox"/> 27. Food Insp. Rpt. <b>OTHER</b> <input type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	No violations observed. Facility is very clean and well lit. No obvious hazards. No sign of pests/vermin. Handwashing supplies found in all bathrooms.

**HEALTH DEPARTMENT INSPECTOR:** Steven Meadows *Steve Meadows* **PHONE:** 863-519-8330 x 2027  
**COPY OF REPORT RECEIVED BY:** Cindi Parker - Pearson *Cindi Parker* **DATE:** 4/6/17