

**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:**

- 12 Private School
- 13 Public School
- Charter School **Public**
- 23 Vocational School
- 24 College/University
- Other \_\_\_\_\_

NAME OF SCHOOL Achievement Academy  
 ADDRESS 716 E Bella Vista St. CITY Lakeland  
 OWNER Achievement Academy ZIP 33805  
 PERSON IN CHARGE Cindi Parker Pearson PHONE (863) 683-6804

**CENSUS**

156

1000	
2000	
3000	
4000	
5000	
6000	
7000	
8000	
9000	

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
11:25	12:00	04/25/18	35264	53-51-01686
1:00	1:00			
2:05	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**

50

**MALES**

106

*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><b>SCHOOL SANITATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. School Site</li> <li><input type="checkbox"/> 2. Playground Equipment</li> <li><input type="checkbox"/> 3. Athletic Equipment</li> </ul> <p><b>BUILDINGS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 4. Construction</li> <li><input type="checkbox"/> 5. Maintenance &amp; Repair</li> <li><input type="checkbox"/> 6. Lighting/Foot-Candles</li> <li><input type="checkbox"/> 7. Heating, Ventilation, A/C</li> </ul>	<p><b>SANITARY FACILITIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 8. Natural Ventilation</li> <li><input type="checkbox"/> 9. Mechanical Ventilation</li> <li><input type="checkbox"/> 10. Provided/Accessible</li> <li><input type="checkbox"/> 11. Cleanliness &amp; Repair</li> <li><input type="checkbox"/> 12. Toilet Facilities</li> <li><input type="checkbox"/> 13. Separation of Sexes</li> <li><input type="checkbox"/> 14. Fixture Ratio</li> </ul>	<p><b>LIQUID/SOLID WASTE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 15. Handwash Facilities</li> <li><input type="checkbox"/> 16. Showers/Fixtures</li> <li><input type="checkbox"/> 17. Shower Water Temp.</li> <li><input type="checkbox"/> 18. Installed/Operated/Maintained</li> <li><input type="checkbox"/> 19. Drinking Fountains</li> <li><input type="checkbox"/> 20. Approved Source</li> </ul>	<p><b>SAFETY</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 21. Sewage Disposal</li> <li><input type="checkbox"/> 22. Solid Waste</li> <li><input type="checkbox"/> 23. Infestation/Control</li> <li><input type="checkbox"/> 24. Brush/Trash</li> <li><input type="checkbox"/> 25. Water Collection/Drainage</li> </ul> <p><b>FOOD</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 26. First Aid Kit</li> <li><input type="checkbox"/> 27. Food Insp. Rpt.</li> </ul> <p><b>OTHER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 28. _____</li> <li><input type="checkbox"/> 29. _____</li> </ul>
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	No violations observed. Facility clean. No safety/structural hazards. All restrooms have soap, paper towels, toilets flush. No sign of pests/vermin. Lighting sufficient in classrooms.
	Inspector did not have correct form at the time of inspection, therefore no <sup>facility</sup> signature below. <sup>Inspection report</sup> form will be sent (e-mailed) to Cindi Parker - Pearson.

HEALTH DEPARTMENT INSPECTOR: Yasmin Khan / Yasmeen Kha PHONE: (863) 578-2006  
 COPY OF REPORT RECEIVED BY: See comments above DATE: 4/25/18