

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 53-51-01676
Name of Facility: Achievement Academy
Address: 2211 28th Street NW
City, Zip: Winter Haven 33881

**Correct By: None
Re-Inspection Date: None**

Type: Private Charter School
Owner: Academy, Achievement
Person In Charge: Sullivan, Paula Phone: (863) 965-7586

Inspection Information

Purpose: Routine
Inspection Date: 4/24/2019

Begin Time: 02:20 PM
End Time: 02:50 PM

Additional Information

FEMALES 9 CENSUS 21
MALES 12

As per section 120.695, Florida Statutes (FS) this form will serve as a "Notice of Non-Compliance" for any violation noted. Items marked below violate one or more of the requirements of Chapter 6A-2.0040 Florida Administrative Code (FAC). Sanitation Standards in K-12 Private Schools and section 468. Florida Building Code (FBC), Schools, Colleges, and Universities. Violations 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 section 6A-2.0040, FAC, and section 468 FBC. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violation Markings

- | | | |
|--|---|---|
| SCHOOL SANITATION | IN 13. Disinfectants | SAFETY |
| IN 1. School Site | IN 14. Handwash Facilities | IN 25. First Aid Kit |
| IN 2. Playground | IN 15. Soap Dispensers | DIAPER CHANGING STATION |
| IN 3. Athletic Equipment | IN 16. Showers | IN 26. Location/Sanitizers |
| BUILDING | IN 17. Shower Water Temperature | IN 27. Changing Station & Mats |
| IN 4. Construction | WATER SUPPLY | IN 28. Handsink |
| IN 5. Maintenance & Repair | IN 18. Approved Source | IN 29. Garbage Can |
| IN 6. Lighting Standards | IN 19. Drinking Fountains | ANIMAL HEALTH AND SAFETY |
| IN 7. Heating, Ventilation, A/C | LIQUID WASTE | IN 30. Vaccination |
| IN 8. Natural Ventilation | IN 20. Sewage Disposal | IN 31. Animal Maintenance/Aggressive Animals |
| IN 9. Mechanical Ventilation | IN 21. Solid Waste | DORM/RESIDENTIAL FACILITIES |
| SANITARY FACILITIES | PEST CONTROL | IN 32. Maintenance/Complaint |
| IN 10. Provided/Accessible | IN 22. Pest Control | IN 33. Other |
| IN 11. Toilet Floor Drains | IN 23. Brush /Trash | |
| IN 12. Toilet Facilities | IN 24. Water Collection/Drainage | |

IN = the act or item was observed to meet standards; OUT = the act or item was observed not to meet standards; NO = the act or item was not observed to be occurring at the time of inspection; NA = the act or item is not performed by the facility or not part of the operation

General Comments

Facility is satisfactory

Email Address(es): cindi@achievementacademy.com

Inspector Signature:

Client Signature:

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Violations Comments

No Violation Comments Available

Inspection Conducted By: Abigail Gederian (29413)
Inspector Contact Number: Work: (863) 519-8330 ex.
Print Client Name: Patty Miller
Date: 4/24/2019

Inspector Signature:

Handwritten signature of Abigail Gederian.

Client Signature:

Handwritten signature of Patty Miller.