

**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 695 E Summerlin CITY Bartow
 OWNER Achievement Academy Inc ZIP 33830
 PERSON IN CHARGE Cindi Parker Person PHONE 863-533-8699

CENSUS
 23
 1000
800
600
400
200
100
0
FEMALES
 4
MALES
 19

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE

05
06
07
08
09
10
11
12
13
14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1:30		12 13 16	29 34 1	53 - 51 - 01695
1:00	1:00	0 0 0 0 05	0 0 0 0 0	0 0 0 0 0 0
2:05 AM	2:05 AM	1 1 1 1 06	1 1 1 1 1	1 1 1 1 1 1
3:10 PM	3:10 PM	2 2 2 2 07	2 2 2 2 2	2 2 2 2 2 2
4:15	4:15	3 3 3 3 08	3 3 3 3 3	3 3 3 3 3 3
5:20	5:20	4 4 4 4 09	4 4 4 4 4	4 4 4 4 4 4
6:25	6:25	5 5 5 5 10	5 5 5 5 5	5 5 5 5 5 5
7:30	7:30	6 6 6 6 11	6 6 6 6 6	6 6 6 6 6 6
8:35	8:35	7 7 7 7 12	7 7 7 7 7	7 7 7 7 7 7
9:40	9:40	8 8 8 8 13	8 8 8 8 8	8 8 8 8 8 8
10:45	10:45	9 9 9 9 14	9 9 9 9 9	9 9 9 9 9 9
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 35, FS. Failure to correct violations may result in an administrative fine or other legal action being initiated or continued.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	No violations observed. Extremely clean facility. The play ground was free of hazards. Well lit. Medicines packed away appropriately.

HEALTH DEPARTMENT INSPECTOR: Steven Meadows *[Signature]* PHONE: 863-519-8330 x 2024
 COPY OF REPORT RECEIVED BY: Tammy Bringger *[Signature]* DATE: 12/13/16

DH 4030, 01/05 (Obsoletes Previous Editions)