

**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 Achievement Academy
 ADDRESS 2211 R 28th NW St CITY Winter Haven
 OWNER Achievement Academy ZIP 33881
 PERSON IN CHARGE Cindi Parker Pearson PHONE 863-2965-7586
DM

CENSUS
23
 1000
 800
 600
 400
 200
 100
 0
FEMALES
9
MALES
14

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
10:00 AM	10:10 AM
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
010917
00000005
010106
020207
030308
040409
050510
060611
070712
080813
090914

POSITION #
29341
00000000
010101
020202
030303
040404
050505
060606
070707
080808
090909

PERMIT NUMBER
53-51-01676
00000000
010101
020202
030303
040404
050505
060606
070707
080808
090909

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 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 type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	No violations observed. Playground equipment was removed. Facility is still quite clean and well lit.

HEALTH DEPARTMENT INSPECTOR: Steven Meadows *[Signature]* PHONE: 863-519-8330 x 2027
 COPY OF REPORT RECEIVED BY: X Fran Phillips *[Signature]* DATE: 1/9/17