

**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 28th St, NW CITY White Haven
 OWNER Achievement Academy ZIP 33551
 PERSON IN CHARGE Curti Parker-Pearson PHONE (862) 965-7384

CENSUS

22
 1000
 2000
 3000
 400 400 4
 500 500 5
 600 600 6
 700 700 7
 800 800 8
 900 900 9
FEMALES
10
MALES
12

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
<u>12:35</u>	<u>1:05</u>
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input checked="" type="checkbox"/> 05 AM	<input checked="" type="checkbox"/> 05 AM
<input checked="" type="checkbox"/> 10 AM	<input checked="" type="checkbox"/> 10 PM
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE	
<u>01</u>	<u>05</u>
<input type="checkbox"/> 0	<input type="checkbox"/> 05
<input type="checkbox"/> 1	<input type="checkbox"/> 06
<input type="checkbox"/> 2	<input type="checkbox"/> 07
<input type="checkbox"/> 3	<input type="checkbox"/> 08
<input type="checkbox"/> 4	<input type="checkbox"/> 09
<input type="checkbox"/> 5	<input type="checkbox"/> 10
<input type="checkbox"/> 6	<input type="checkbox"/> 11
<input type="checkbox"/> 7	<input type="checkbox"/> 12
<input type="checkbox"/> 8	<input type="checkbox"/> 13
<input type="checkbox"/> 9	<input type="checkbox"/> 14

POSITION #	
<u>35264</u>	
<input type="checkbox"/> 0	
<input type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	
<input type="checkbox"/> 4	
<input type="checkbox"/> 5	
<input type="checkbox"/> 6	
<input type="checkbox"/> 7	
<input type="checkbox"/> 8	
<input type="checkbox"/> 9	

PERMIT NUMBER	
<u>53 - 51 - 01676</u>	
<input type="checkbox"/> 0	
<input type="checkbox"/> 1	
<input type="checkbox"/> 2	
<input type="checkbox"/> 3	
<input type="checkbox"/> 4	
<input type="checkbox"/> 5	
<input type="checkbox"/> 6	
<input type="checkbox"/> 7	
<input type="checkbox"/> 8	
<input type="checkbox"/> 9	

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.

SCHOOL SANITATION

- 1. School Site
- 2. Playground Equipment
- 3. Athletic Equipment
- 4. Construction
- 5. Maintenance & Repair
- 6. Lighting/Foot-Candles
- 7. Heating, Ventilation, A/C
- 8. Natural Ventilation
- 9. Mechanical Ventilation

SANITARY FACILITIES

- 10. Provided/Accessible
- 11. Cleanliness & Repair
- 12. Toilet Facilities
- 13. Separation of Sexes
- 14. Fixture Ratio

WATER SUPPLY

- 15. Handwash Facilities
- 16. Showers/Fixtures
- 17. Shower Water Temp.
- 18. Installed/Operated/Maintained
- 19. Drinking Fountains
- 20. Approved Source

LIQUID/SOLID WASTE

- 21. Sewage Disposal
- 22. Solid Waste

VECTOR/VERMIN CONTROL

- 23. Infestation/Control
- 24. Brush/Trash
- 25. Water Collection/Drainage

SAFETY

- 26. First Aid Kit

FOOD

- 27. Food Insp. Rpt.

OTHER

- 28. _____
- 29. _____

ITEM NUMBERS

COMMENTS AND INSTRUCTIONS

(continue on attached sheet)

	<u>No violations observed. Clean. No sign of pests/vermin. Lighting sufficient. No structural/safety hazards.</u>

HEALTH DEPARTMENT INSPECTOR: Wesley Khan / Wesley Khan PHONE: (803) 578-2006
 COPY OF REPORT RECEIVED BY: Robin Popovichal / Robin Popovichal DATE: 1/5/18