

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



PURPOSE

- ROUTINE
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- PREOPENING

- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY
- OTHER _____

- TYPE
- Private School
 - Private Charter School
 - Private Vocational School
 - Private College/University

CENSUS
 6 FEMALES
 16 MALES
 22 TOTALS

- RESULTS
- SATISFACTORY
 - INCOMPLETE
 - UNSATISFACTORY
- CORRECT VIOLATIONS BY
- NEXT ROUTINE INSPECTION
 - 8:00 AM on _____ DATE
 - OUT OF BUSINESS

NAME OF SCHOOL ACHIEVEMENT ACADEMY
 ADDRESS 695 E SUMNER LN CITY BARTOW
 OWNER ACHIEVEMENT ACADEMY ZIP 33830
 PERSON IN CHARGE CINDIE PARKER-PHARSON PHONE 813-533-0690
 EMAIL ADDRESS CINDIE@ACHIEVEMENTACADEMY.COM

BEGIN TIME AM/PM	END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	EHD NUMBER
2:00	2:30	11/07/19	029345	53-51-01695

As per section 120.695, Florida Statutes (FS) this form will serve as a "Notice of Non-Compliance" for any violations noted. Items marked below violate one or more of the requirements of section 6A-2.0040, Florida Administrative Code (FAC), Sanitation Standards in K-12 Private Schools, and section 468, Florida Building Code (FBC), Schools, College, 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.

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

<p>SCHOOL SANITATION</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 1. School Site</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 2. Playground</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 3. Athletic Equipment</p> <p>BUILDING</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 4. Construction</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 5. Maintenance & Repair</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 6. Lighting Standards</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 7. Heating, Ventilation, A/C</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 8. Natural Ventilation</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 9. Mechanical Ventilation</p> <p>SANITARY FACILITIES</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 10. Provided/Accessible</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 11. Toilet Floor Drains</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 12. Toilet Facilities</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 13. Disinfectants</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 14. Handwash Facilities</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 15. Soap Dispensers</p> <p><input type="checkbox"/> <input type="checkbox"/> 16. Showers</p>	<p>SANITARY FACILITIES (cont.)</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 17. Shower Water Temp</p> <p>WATER SUPPLY</p> <p><input type="checkbox"/> <input type="checkbox"/> 18. Approved Source</p> <p><input type="checkbox"/> <input type="checkbox"/> 19. Drinking Fountains</p> <p>LIQUID WASTE</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 20. Sewage Disposal</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 21. Solid Waste</p> <p>PEST CONTROL</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 22. Pest Control</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 23. Brush/Trash</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 24. Water Collection/Drainage</p> <p>SAFETY</p> <p><input type="checkbox"/> <input type="checkbox"/> 25. First Aid Kit</p> <p>DIAPER CHANGING STATION</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 26. Location/Sanitizers</p>	<p>DIAPER CHANGING STATION (cont.)</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 27. Changing Station and Mats</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 28. Handsink</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> 29. Garbage Can</p> <p>ANIMAL HEALTH AND SAFETY</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 30. Vaccination</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 31. Animal Maintenance/Aggressive Animals</p> <p>DORM/RESIDENTIAL FACILITIES</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 32. Maintenance/Complaint</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 33. Other _____</p>
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ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
	NO VIOLATIONS OBSERVED. FACILITY IS VERY CLEAN AND WELL MAINTAINED. NO SIGN OF PESTS/VERMIN.

HEALTH DEPARTMENT INSPECTOR: SEAN HANK PHONE: 813-578-7006
 COPY OF REPORT RECEIVED BY: Janet Lynn Tanner Brigger DATE: 11/07/2019
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