

# STATE OF FLORIDA DEPARTMENT OF HEALTH COUNTY HEALTH DEPARTMENT

## PRIVATE SCHOOL INSPECTION REPORT

**PURPOSE:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> ROUTINE | <input type="checkbox"/> REINSPECTION    |
| <input type="checkbox"/> CONSTRUCT.         | <input type="checkbox"/> CHANGE OF OWNER |
| <input type="checkbox"/> COMPLAINT          | <input type="checkbox"/> CONSULTATION    |
| <input type="checkbox"/> QA SURVEY          | <input type="checkbox"/> EPIDEMIOLOGY    |
| <input type="checkbox"/> PREOPENING         | <input type="checkbox"/> OTHER _____     |

- |  |
|--|
| <input type="checkbox"/> Private School                    |
| <input checked="" type="checkbox"/> Private Charter School |
| <input type="checkbox"/> Private Vocational School         |
| <input type="checkbox"/> Private College/University        |

**NAME OF SCHOOL** Academy at the Farm

**ADDRESS** 9500 Alex Lange Way **CITY** Dade City

**OWNER** Ray Polk **ZIP** 33525

**PERSON IN CHARGE** Linda Forrester **PHONE** 352-588-9737

<b>CENSUS</b>
588
<b>FEMALES</b>
292
<b>MALES</b>
296

**RESULTS**

- |  |      |
|--|------|
| <input checked="" type="checkbox"/> Satisfactory   |      |
| <input type="checkbox"/> Incomplete  |      |
| <input type="checkbox"/> Unsatisfactory  |      |
| <b>Correct Violations by</b>   |      |
| <input type="checkbox"/> Next Inspection   |      |
| <input type="checkbox"/> 8:00 AM on  |      |
| <table border="1" style="width: 100px; height: 30px;"><tr><td style="text-align: center;">DATE</td></tr></table> | DATE |
| DATE   |      |
| <input type="checkbox"/> OUT OF BUSINESS   |      |

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
1145	1245	09/17, 18	904	51-51-01460

*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, 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.*

**SCHOOL SANITATION**

- |                                     |                          |                          |                          |                       |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------|
| IN                                  | OUT                      | NO                       | NA                       |                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. School Site        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Playground         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Athletic Equipment |

**BUILDING**

- |                                     |                          |                          |                          |                              |
|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Construction              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Maintenance & Repair      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Lighting Standards        |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Heating, Ventilation, A/C |

- |                                     |                          |                          |                          |                           |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Natural Ventilation    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Mechanical Ventilation |

**SANITARY FACILITIES**

- |                                     |                          |                          |                          |                         |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| IN                                  | OUT                      | NO                       | NA                       |                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Provided/Accessible |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Toilet Floor Drains |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. Toilet Facilities   |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. Disinfectants       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 14. Handwash Facilities |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 15. Soap Dispensers     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 16. Showers             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 17. Shower Water Temp   |

**WATER SUPPLY**

- |                                     |                          |                          |                          |                        |
|-------------------------------------|--------------------------|--------------------------|--------------------------|------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 18. Approved Source    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 19. Drinking Fountains |

**LIQUID WASTE**

- |                                     |                          |                          |                          |                     |
|-------------------------------------|--------------------------|--------------------------|--------------------------|---------------------|
| IN                                  | OUT                      | NO                       | NA                       |                     |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 20. Sewage Disposal |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 21. Solid Waste     |

**PEST CONTROL**

- |                                     |                          |                          |                          |                                |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 22. Pest Control               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Brush/Trash                |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Water Collection/ Drainage |

**SAFETY**

- |                                     |                          |                          |                          |                   |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. First Aid Kit |
|-------------------------------------|--------------------------|--------------------------|--------------------------|-------------------|

**DIAPER CHANGING STATION**

- |                          |                          |                                     |                          |                               |
|--------------------------|--------------------------|-------------------------------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 26. Location/Sanitizers       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 27. Changing Station and Mats |

**DIAPER CHANGING CONTINUED**

- |                          |                          |                          |                                     |                 |
|--------------------------|--------------------------|--------------------------|-------------------------------------|-----------------|
| IN                       | OUT                      | NO                       | NA                                  |                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 28. Handsink    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | 29. Garbage Can |

**ANIMAL HEALTH AND SAFETY**

- |                                     |                          |                          |                          |  |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Vaccination                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Animal Maintenance/ Aggressive Animals |

**DORM/RESIDENTIAL FACILITIES**

- |                          |                          |                                     |                          |                           |
|--------------------------|--------------------------|-------------------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 32. Maintenance/Complaint |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 33. Other _____           |

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS <small>(continue on attached sheet)</small>
	Escorted with Linda Forrester.
	Satisfactory at this time.

HEALTH DEPARTMENT INSPECTOR: Ken Jones

PHONE: 352-521-1450 ext 6161

COPY OF REPORT RECEIVED BY: *Linda Forrester*

DATE: 17 Sept 18