

**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 Hill Crest Elementary School
 ADDRESS 1051 State Rd 60 E CITY Lake Wales
 OWNER Lake Wales Charter Schools Inc ZIP 33853
 PERSON IN CHARGE Barbara Jones PHONE 863-421-678-1126

CENSUS
 113
 100
 200
 300
 400
 500
 600
 700
 800
 900
 1000
 FEMALES
 371
 MALES
 319

RESULTS
 Satisfactory
 Incomplete
 Unsatisfactory
 Correct Violations by
 Next Inspection
 8:00 AM on:
 DATE

05	06	07	08	09	10	11	12	13	14
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 OUT OF BUSINESS

REC'D	RND	DATE	POSITION #	PERMIT NUMBER
<input type="checkbox"/>	<input type="checkbox"/>	11/10/11	35844	53-51-00913
<input type="checkbox"/>	<input type="checkbox"/>	01-01-05	01-01-01	01-01-01
<input type="checkbox"/>	<input type="checkbox"/>	02-02-06	02-02-02	02-02-02
<input type="checkbox"/>	<input type="checkbox"/>	03-03-07	03-03-03	03-03-03
<input type="checkbox"/>	<input type="checkbox"/>	04-04-08	04-04-04	04-04-04
<input type="checkbox"/>	<input type="checkbox"/>	05-05-09	05-05-05	05-05-05
<input type="checkbox"/>	<input type="checkbox"/>	06-06-10	06-06-06	06-06-06
<input type="checkbox"/>	<input type="checkbox"/>	07-07-11	07-07-07	07-07-07
<input type="checkbox"/>	<input type="checkbox"/>	08-08-12	08-08-08	08-08-08
<input type="checkbox"/>	<input type="checkbox"/>	09-09-13	09-09-09	09-09-09
<input type="checkbox"/>	<input type="checkbox"/>	10-10-14	10-10-10	10-10-10

As per section 20.095 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.

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>satisfactory no violation observed at inspection time.</u>

HEALTH DEPARTMENT INSPECTOR: M. O'Neil Mazen O'Neil PHONE: 863-519-2330
 COPY OF REPORT RECEIVED BY: Chf. Schell DATE: 11-10-11

DH 4033, 01/05 (Obsolete Previous Editions)

ESTABLISHMENT/FACILITY