



STATE OF FLORIDA
DEPARTMENT OF HEALTH
Sanitation Certificate

Food Hygiene - School (more than 9 months)

Issued To: **Janie Howard Wilson Elementary**
306 Florida Avenue
Lake Wales, FL 33853

Audit Control: **53-BID-1734830**
Permit Number: **53-48-00875**
County: **Polk**
Amount Paid: **\$200.00**
Date Paid: **09/06/2011**
Issue Date: **10/01/2011**
Permit Expires On: **09/30/2012**

Mailed To: **Janie Howard Wilson Elementary**
306 Florida Avenue
Lake Wales, FL 33853

Polk County Health Department
2090 E Clower Street
Bartow, FL 33830

(Non-Transferable)

ORIGINAL - CUSTOMER

DISPLAY CERTIFICATE IN A CONSPICUOUS PLACE

**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
- CONSTRUCT.
- COMPLAINT
- QA SURVEY
- PREOPENING
- REINSPECTION
- CHANGE OF OWNER
- CONSULTATION
- EPIDEMIOLOGY
- OTHER _____

554

NAME OF SCHOOL Janie Howard Wilson Elem. Sch.

ADDRESS 306 Florida Avenue CITY Lake Wales

OWNER Polk County School Board ZIP 33853

PERSON IN CHARGE Beverly Lynne PHONE (863)678-4211

CENSUS

530

1000
2000
3000
4000
5000
6000
7000
8000
9000

FEMALES

309

MALES

245

RESULTS

Satisfactory

Incomplete

Unsatisfactory

Correct Violations by

Next Inspection

8:00 AM on:

DATE	
00	05
01	06
02	07
03	08
04	09
05	10
06	11
07	12
08	13
09	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<u>09</u> <u>23</u> <u>11</u>	<u>3</u> <u>5</u> <u>8</u> <u>4</u> <u>4</u>	<u>5</u> <u>3</u> <u>-</u> <u>5</u> <u>1</u> <u>-</u> <u>0</u> <u>0</u> <u>9</u> <u>1</u> <u>5</u>
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00

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> <p><input type="checkbox"/> 1. School Site</p> <p><input type="checkbox"/> 2. Playground Equipment</p> <p><input type="checkbox"/> 3. Athletic Equipment</p> <p>BUILDINGS</p> <p><input type="checkbox"/> 4. Construction</p> <p><input type="checkbox"/> 5. Maintenance & Repair</p> <p><input type="checkbox"/> 6. Lighting/Foot-Candles</p> <p><input type="checkbox"/> 7. Heating, Ventilation, A/C</p>	<p><input type="checkbox"/> 8. Natural Ventilation</p> <p><input type="checkbox"/> 9. Mechanical Ventilation</p> <p>SANITARY FACILITIES</p> <p><input type="checkbox"/> 10. Provided/Accessible</p> <p><input type="checkbox"/> 11. Cleanliness & Repair</p> <p><input type="checkbox"/> 12. Toilet Facilities</p> <p><input type="checkbox"/> 13. Separation of Sexes</p> <p><input type="checkbox"/> 14. Fixture Ratio</p>	<p><input type="checkbox"/> 15. Handwash Facilities</p> <p><input type="checkbox"/> 16. Showers/Fixtures</p> <p><input type="checkbox"/> 17. Shower Water Temp.</p> <p>WATER SUPPLY</p> <p><input type="checkbox"/> 18. Installed/Operated/Maintained</p> <p><input type="checkbox"/> 19. Drinking Fountains</p> <p><input type="checkbox"/> 20. Approved Source</p>	<p>LIQUID/SOLID WASTE</p> <p><input type="checkbox"/> 21. Sewage Disposal</p> <p><input type="checkbox"/> 22. Solid Waste</p> <p>VECTOR/VERMIN CONTROL</p> <p><input type="checkbox"/> 23. Infestation/Control</p> <p><input type="checkbox"/> 24. Brush/Trash</p> <p><input type="checkbox"/> 25. Water Collection/Drainage</p>	<p>SAFETY</p> <p><input type="checkbox"/> 26. First Aid Kit</p> <p>FOOD</p> <p><input type="checkbox"/> 27. Food Insp. Rpt.</p> <p>OTHER</p> <p><input type="checkbox"/> 28. _____</p> <p><input type="checkbox"/> 29. _____</p>
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
14	Needs to repair the urinal at Boys Bathroom at Building 2. Correct the violation by next inspection.

HEALTH DEPARTMENT INSPECTOR: Mazen Omari PHONE: (863) 519-8330

COPY OF REPORT RECEIVED BY: Kamela K...man DATE: 9-23-11

DH 4030, 01/05 (Obsoletes Previous Editions)

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT**



PURPOSE:

- ROUTINE REINSPECTION
- CONSTRUCT. CHANGE OF OWNER
- COMPLAINT CONSULTATION
- QA SURVEY OTHER
- OTHER _____

**FOOD SERVICE
INSPECTION REPORT**

NAME OF ESTABLISHMENT <u>Janie Howard Wilson Elementary School</u>	
ADDRESS <u>306 Florida Ave.</u>	CITY <u>Lake Wales</u>
OWNER <u>Polk County School Board</u>	ZIP <u>33853</u>
PERSON IN CHARGE <u>Holly Waters</u>	PHONE <u>863-678-4211</u>

RESULTS	
<input checked="" type="checkbox"/> Satisfactory	
<input type="checkbox"/> Incomplete	
<input type="checkbox"/> Unsatisfactory	
Correct Violations by	
<input type="checkbox"/> Next Inspection	
<input type="checkbox"/> 8:00 AM on:	
DATE	
00	05
11	06
22	07
33	08
44	09
55	10
66	11
77	12
88	13
99	14
<input type="checkbox"/> OUT OF BUSINESS	

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
1:00	1:00	090711	35844	53-48-00875	<input type="checkbox"/> Hospital
2:05 AM	2:05 AM	000005	000000	000000	<input type="checkbox"/> Nursing
3:10 PM	3:10 PM	111106	111111	111111	<input type="checkbox"/> Detention
4:15	4:15	22207	222222	222222	<input type="checkbox"/> Lounge
6:25	6:25	33308	333333	333333	<input type="checkbox"/> Civic
7:30	7:30	44409	444444	444444	<input type="checkbox"/> Movie
8:35	8:35	55510	555555	555555	<input checked="" type="checkbox"/> School
9:40	9:40	66611	666666	666666	<input type="checkbox"/> Residen.
10:45	10:45	77712	777777	777777	<input type="checkbox"/> Child
11:50	11:50	88813	888888	888888	<input type="checkbox"/> Limited
12:55	12:55	99914	999999	999999	<input type="checkbox"/> Other

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381, and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

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| <p>FOOD SUPPLIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 1. Sources, etc. <p>FOOD PROTECTION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 2. Stored temperature <input type="checkbox"/> 3. No further cooking/Rapid cooling <input type="checkbox"/> 4. Thawing <input type="checkbox"/> 5. Raw fruits <input type="checkbox"/> 6. Pork cooking <input type="checkbox"/> 7. Poultry cooking <input type="checkbox"/> 8. Other animal cooking <input type="checkbox"/> 9. Least contact/Reheating <input type="checkbox"/> 10. Food container <input type="checkbox"/> 11. Buffet requirements <input type="checkbox"/> 12. Self-service condiments <input type="checkbox"/> 13. Reservice of food | <ul style="list-style-type: none"> <input type="checkbox"/> 14. Sneez guards <input type="checkbox"/> 15. Transportation of food <input type="checkbox"/> 16. Poisonous/Toxic materials <p>PERSONNEL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 17. Exclusion of personnel <input type="checkbox"/> 18. Cleanliness <input type="checkbox"/> 19. Tobacco use <input type="checkbox"/> 20. Handwashing <input type="checkbox"/> 21. Handling of dishware <p>EQUIPMENT/UTENSILS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 22. Refrigeration facilities/Thermometers <input type="checkbox"/> 23. Sinks <input type="checkbox"/> 24. Ice storage/Counter-protector <input type="checkbox"/> 25. Ventilation/Storage/Sufficient equipment <input type="checkbox"/> 26. Dishwashing facilities | <ul style="list-style-type: none"> <input type="checkbox"/> 27. Design and fabrication <input type="checkbox"/> 28. Installation and location <input type="checkbox"/> 29. Cleanliness of equipment <input type="checkbox"/> 30. Methods of washing <p>SANITARY FACILITIES AND CONTROLS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 31. Water supply <input type="checkbox"/> 32. Ice <input type="checkbox"/> 33. Sewage <input type="checkbox"/> 34. Plumbing <input type="checkbox"/> 35. Toilet facilities <input type="checkbox"/> 36. Handwashing facilities <input type="checkbox"/> 37. Garbage disposal <input type="checkbox"/> 38. Vermin control | <p>OTHER FACILITIES AND OPERATIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 39. Other facilities and operations <p>TEMPORARY FOOD SERVICE EVENTS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 40. Temporary food service events <p>VENDING MACHINES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 41. Vending machines <p>MANAGER CERTIFICATION</p> <ul style="list-style-type: none"> <input type="checkbox"/> 42. Manager certification <p>CERTIFICATES AND FEES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 43. Certificates and fees <p>INSPECTION/ENFORCEMENT</p> <ul style="list-style-type: none"> <input type="checkbox"/> 44. Inspection/Enforcement |
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	No Food Cooked at the Cafeteria all Food Delivered From Lake Wales High school.
	The Food Temperature the Hot at 140° and Milk and Chocolate milk at 140° and it is a satisfactory condition.

HEALTH DEPARTMENT INSPECTOR: M. O. Mazi Mazen Omani PHONE: 863-679-4588

COPY OF REPORT RECEIVED BY: Holly Waters DATE: 9-7-11

DH Form 4023, 1/05 (Obsoletes Previous Editions)