

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC/ PRIVATE SCHOOL
INSPECTION REPORT**



PURPOSE:

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

TYPE:

- Private School
- Public School
- Charter School
- Vocational School
- College/University
- Other _____

NAME OF SCHOOL SAND LAKE ELEMENTARY
 ADDRESS 8301 BUENA VISTA WOODS BL CITY OWENSDALE
 OWNER CCPS ZIP 32836
 PERSON IN CHARGE MARY HOOE PHONE 407 105 7400

CENSUS

493

1000	
2000	
3000	
4000	
5000	
6000	
7000	
8000	
9000	

MALES 247

FEMALES 246

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

DATE	
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 05 (AM)	<input type="checkbox"/> 05 (AM)
<input type="checkbox"/> 10 (PM)	<input 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>07</u>	<u>08</u>
<input type="checkbox"/> 00	<input type="checkbox"/> 05
<input type="checkbox"/> 01	<input type="checkbox"/> 06
<input type="checkbox"/> 02	<input type="checkbox"/> 07
<input type="checkbox"/> 03	<input type="checkbox"/> 08
<input type="checkbox"/> 04	<input type="checkbox"/> 09
<input type="checkbox"/> 05	<input type="checkbox"/> 10
<input type="checkbox"/> 06	<input type="checkbox"/> 11
<input type="checkbox"/> 07	<input type="checkbox"/> 12
<input type="checkbox"/> 08	<input type="checkbox"/> 13
<input type="checkbox"/> 09	<input type="checkbox"/> 14

POSITION #	
<u>0711</u>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

PERMIT NUMBER		
<u>48</u>	<u>51</u>	<u>05100</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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> <ul style="list-style-type: none"> <input type="checkbox"/> 1. School Site <input type="checkbox"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment <p>BUILDINGS</p> <ul style="list-style-type: none"> <input type="checkbox"/> 4. Construction <input type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Foot-Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C 	<p>SANITARY FACILITIES</p> <ul style="list-style-type: none"> <input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation <input type="checkbox"/> 10. Provided/Accessible <input type="checkbox"/> 11. Cleanliness & Repair <input type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio 	<p>WATER SUPPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source 	<p>LIQUID/SOLID WASTE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste <p>VECTOR/VERMIN CONTROL</p> <ul style="list-style-type: none"> <input type="checkbox"/> 23. Infestation/Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage 	<p>SAFETY</p> <ul style="list-style-type: none"> <input type="checkbox"/> 26. First Aid Kit <p>FOOD</p> <ul style="list-style-type: none"> <input type="checkbox"/> 27. Food Insp. Rpt. <p>OTHER</p> <ul style="list-style-type: none"> <input type="checkbox"/> 28. _____ <input type="checkbox"/> 29. _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<u>SATISFACTORY AT TIME OF INSPECTION.</u>

HEALTH DEPARTMENT INSPECTOR: George/Bennett Dyack PHONE: 407 625 5462
 COPY OF REPORT RECEIVED BY: Mary Hooe DATE: 7-25-2008