

**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

NAME OF SCHOOL Heritage Academy
 ADDRESS 303 W. Moody Blvd. CITY Cummett
 OWNER SAA ZIP 32110
 PERSON IN CHARGE Arturisa Sabatino PHONE (386) 586-7500
Nicole Richards

ENROLLMENT
 200
 FEMALES
 100
 MALES
 100

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

BEGIN	END	DATE	POSITION	PERMIT NUMBER
1:00	2:00	07/19/11	68832	18-51-00205
2:05	2:05			
3:10	3:10			
4:15	4:15			
5:20	5:20			
6:25	6:25			
7:30	7:30			
8:35	8:35			
9:40	9:40			
10:45	10:45			
11:50	11:50			
12:55	12:55			

In the section 100.095 of the Florida Statutes (FS), this form will serve as a 'Notice of Non-Compliance' for any violations noted. It is to be filed with the requirements of Chapter 64E-13 and 64E-14 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 taking these corrections is a violation of Chapter 64E-13 and 64E-14 of the FAC and Chapter 321, F.S. Failure to comply with this report 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"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 22. Solid Waste	<input type="checkbox"/> 27. Food Insp. Rpt.
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 4. Construction	<input checked="" type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 29. _____
<input checked="" type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 25. Water Collection/Drainage	
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source		
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio			

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
5)	Repair water damaged ceiling tile in single bathroom near room #5 classrooms 8 & 11.
	Replace broken ceiling tile + light shields in classroom #2
	Clean vents in High School History Room
	Repair carpet in Elective room at High School - tripping hazard.
11)	Replace floor molding in boys group bathroom.
	Re-caulk handwash sink to wall in bathroom of HS Swirector.
	Repair broken tile in floor of FSE Room bathroom.
	Note: Remodeling of cafeteria taking place. Ensure construction complies w/ submitted plans (attached).

HEALTH DEPARTMENT INSPECTOR: [Signature] PHONE: (386) 932-2300
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 7/18/11