

PURPOSE

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



**FLORIDA DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PUBLIC SCHOOL AND PUBLIC CHARTER
SCHOOL INSPECTION REPORT**

- TYPE**
- PUBLIC SCHOOL
 - PUBLIC CHARTER SCHOOL
 - VOCATIONAL SCHOOL
 - COLLEGE
 - UNIVERSITY

CENSUS
289 FEMALE
797 MALE
585 TOTAL

- RESULTS**
- SATISFACTORY
 - INCOMPLETE
 - UNSATISFACTORY
- CORRECT VIOLATIONS BY**
- NEXT ROUTINE INSPECTION
 - OR 8 AM ON _____ (DATE)
 - OUT OF BUSINESS

NAME OF FACILITY McKeel Elementary Academy
 LOCATION ADDRESS 411 N Florida Avenue CITY Lakeland
 STATE FL ZIP CODE 33801 FACILITY OWNER Schools of McKeel Academy, Inc.
 PERSON IN CHARGE (PIC) Dan Backes PHONE 863-499-1287
 PIC E-MAIL ADDRESS _____

| BEGIN TIME AM/PM | END TIME AM/PM | DATE (MM/DD/YY) | POSITION NUMBER | EHD NUMBER |
|------------------|----------------|-----------------|-----------------|-------------|
| 10:15 AM | 10:50 AM | 01/07/19 | 029345 | 53-51-02123 |

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked below violate one or more of the requirements of Rule 6A-2.0010, of the Florida Administrative Code, Chapter 5, section 5 of the State Requirements for Educational Facilities 2014 (SREF); and sections 453 and 468 of the Florida Building Code 6th Edition (2017). Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Marking Key: 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

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|---|---|---|
| <p>SCHOOL SANITATION</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1. School Site</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 2. Playground, Equipment & Athletic Fields</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 3. Athletic and Playground Equipment</p> <p>BUILDING CONSTRUCTION AND MAINTENANCE</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 4. Construction</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 5. Maintenance & Repair</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 6. Lighting Standards</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 7. Heating, Ventilation, A/C Standards</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 8. Natural Ventilation</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 9. Mechanical Ventilation</p> <p>BUILDING CONSTRUCTION AND MAINTENANCE</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 10. Provided/Accessible/Separation</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 11. Group Toilet Rooms</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 12. Toilet Facilities</p> | <p>SANITARY FACILITIES (cont.)</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 13. Handwashing Facilities</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 14. Soap Dispensers</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 15. Shower Facilities</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 16. Showers Water Temp</p> <p>WATER SUPPLY</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 17. Approved Source</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 18. Drinking Fountains</p> <p>LIQUID WASTE & WASTE WATER</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 19. Sewage Disposal</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 20. Solid Waste</p> <p>PEST CONTROL</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 21. Pest Control</p> | <p>SAFETY</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 22. First Aid Kit</p> <p>DIAPER CHANGING STATION</p> <p>In Out NO NA</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 23. Sanitizers</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 24. Changing Station & Mats</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 25. Hand Sink</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 26. Garbage Can</p> <p>ANIMAL HEALTH AND SAFETY</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 27. Animals Maintenance/Aggressive</p> <p>DORM/RESIDENTIAL FACILITIES</p> <p>In Out NO NA</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 28. Maintenance/Complaint</p> <p><input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> 29. Other</p> |
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| ITEM NUMBER | COMMENTS AND INSTRUCTIONS (if needed use a continuation page) |
|-------------|---|
| | No violations observed. |
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INSPECTION CONDUCTED BY: Cheyenne Ray
 COPY OF REPORT RECEIVED BY: Dan Backes
 DH FORM 4030, 12/16 replaces previous editions

PHONE: 863-578-7043
 DATE: 01/07/19
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