

**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 CARING & SHARING LEARNING CENTER  
 ADDRESS 1951 SE 4th ST CITY GAINESVILLE  
 OWNER SIAM V. VERNA Johnson ZIP 32641  
 PERSON IN CHARGE SIAM Johnson PHONE 352.1004

**INSPECTION**  
 115  
 [Grid of checkboxes for inspection items]

**RESULTS**  
 Satisfactory  
 Incomplete  
 Unsatisfactory  
 Correct Violations by  
 Next Inspection  
 8:00 AM on:  
**DATE**  
 [Grid for date]  
 OUT OF BUSINESS

BEGIN	END	DATE	POSITION	PERMIT NUMBER
3:30	4:00	04/30/09	2497D	51-51-00236
[Grid]	[Grid]	[Grid]	[Grid]	[Grid]

*As per section 120.695 of the Florida Statutes (FS), this form will serve as a "Notice of Non-Compliance" for any violations of the health 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 "Correct Violations" section. 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.*

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

**COMMENTS AND INSTRUCTIONS**  
(continue on attached sheet)

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS
	<u>SATISFACTORY</u>

HEALTH DEPARTMENT INSPECTOR [Signature] PHONE 334 7930 x350  
 COPY OF REPORT RECEIVED BY [Signature] DATE 4/30/09  
 OH 4030, 01/05 (Obsoletes Previous Editions) ESTABLISHMENT/FACILITY \_\_\_\_\_