

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



**PURPOSE:**

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

**TYPE:**

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

NAME OF SCHOOL: EXPANSION LEARNING ARIS ACADEMY  
 ADDRESS: 5408 SW 13th ST CITY: GAINESVILLE  
 OWNER: PAUL DUNN / KENNETH LAA ZIP: 32608  
 PERSON IN CHARGE: CHRISTY VALENTI PHONE: 352 372 5222

CENSUS	
MALES	88
FEMALES	44
TOTAL	44

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	TIME
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	DATE	POSITION #	PERMIT NUMBER
01:00	11:00	02/22/11	34870	01-51-01830
02:05 AM	2:05 PM	05	0-0-0-0-0	0-0-0-0-0
03:10 AM	3:10 PM	06	1-1-1-1-1	1-1-1-1-1
04:15	4:15	07	2-2-2-2-2	2-2-2-2-2
05:20	5:20	08	3-3-3-3-3	3-3-3-3-3
06:25	6:25	09	4-4-4-4-4	4-4-4-4-4
07:30	7:30	10	5-5-5-5-5	5-5-5-5-5
08:35	8:35	11	6-6-6-6-6	6-6-6-6-6
09:40	9:40	12	7-7-7-7-7	7-7-7-7-7
10:45	10:45	13	8-8-8-8-8	8-8-8-8-8
11:50	11:50	14	9-9-9-9-9	9-9-9-9-9

Section 380.09 of the Florida Statutes (FS) and Form 1-1000 of the Florida Administrative Code (FAC) require that this form be completed and filed with the Department of Health, Division of Field Operations, within 30 days of the inspection. Failure to comply with these requirements may result in an administrative fine or other legal action being initiated or continued.

<b>SCHOOL SANITATION</b>	<b>SANITARY FACILITIES</b>	<b>LIQUID/SOLID WASTE</b>	<b>SAFETY</b>
<input checked="" type="checkbox"/> 1. School Site <i>ok</i>	<input checked="" type="checkbox"/> 8. Natural Ventilation	<input checked="" type="checkbox"/> 15. Handwash Facilities	<input type="checkbox"/> 21. Sewage Disposal <i>ok</i>
<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"/> 3. Athletic Equipment	<input checked="" type="checkbox"/> 10. Provided/Accessible <i>ok</i>	<input type="checkbox"/> 17. Shower Water Temp.	<b>VECTOR/VERMIN CONTROL</b>
<b>BUILDINGS</b> <i>ok</i>	<input type="checkbox"/> 11. Cleanliness & Repair	<input checked="" type="checkbox"/> 18. Installed/Operated/Maintained <i>ok</i>	<input type="checkbox"/> 23. Infestation/Control
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash
<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"/> 6. Lighting/Foot Candles	<input type="checkbox"/> 14. Fixture Ratio		<b>FOOD</b> <i>MA</i>
<input type="checkbox"/> 7. Heating, Ventilation, A/C			<input type="checkbox"/> 26. First Aid Kit
			<input type="checkbox"/> 27. Food Insp. Rpt.
			<b>OTHER</b>
			<input type="checkbox"/> 28. _____
			<input type="checkbox"/> 29. _____

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	<i>SATISFACTORY</i>

HEALTH DEPARTMENT INSPECTOR: \_\_\_\_\_ PHONE: 334 2930 X 554  
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 2-22-11

H 4030, 01/05 (Obsoletes Previous Editions)