

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

**NAME OF SCHOOL** HORIZON CENTER  
**ADDRESS** 2803 NE 9th Ave    **CITY** GULF  
**OWNER** SBC    **ZIP** 32601  
**PERSON IN CHARGE** Judy Langford (owner)    **PHONE** 955-7250  
Stan Muske (maintenance)

**CENSUS**

115
1000
2000
3000
4000
5000
6000
7000
8000
9000
FEMALES
35
MALES
105

**RESULTS**

Satisfactory ✓  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
0	05
1	06
2	07
3	08
4	09
5	10
6	11
7	12
8	13
9	14

OUT OF BUSINESS

BEGIN	END
10:15	10:45
11:00	11:00
12:05 AM	2:05 AM
3:10 PM	3:10 PM
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

**DATE**

0	1	3	0	9
0	0	0	0	05
1	1	1	1	06
2	2	2	2	07
3	3	3	3	08
4	4	4	4	09
5	5	5	5	10
6	6	6	6	11
7	7	7	7	12
8	8	8	8	13
9	9	9	9	14

**POSITION #**

2	6	8	8	2
0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

**PERMIT NUMBER**

0	1	-	5	1	-	0	2	7	3	2
0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9

*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.*

- |   |  |  |  |  |
|---|--|--|--|--|
| <b>SCHOOL SANITATION</b><br><input type="checkbox"/> 1. School Site (open)<br><input type="checkbox"/> 2. Playground Equipment<br><input type="checkbox"/> 3. Athletic Equipment  | <input type="checkbox"/> 8. Natural Ventilation ✓<br><input type="checkbox"/> 9. Mechanical Ventilation ✓  | <input type="checkbox"/> 15. Handwash Facilities<br><input type="checkbox"/> 16. Showers/Fixtures<br><input type="checkbox"/> 17. Shower Water Temp.                                 | <b>LIQUID/SOLID WASTE</b><br><input type="checkbox"/> 21. Sewage Disposal<br><input type="checkbox"/> 22. Solid Waste  | <b>SAFETY</b><br><input type="checkbox"/> 26. First Aid Kit                              |
| <b>BUILDINGS</b><br><input type="checkbox"/> 4. Construction (Exterior)<br><input type="checkbox"/> 5. Maintenance & Repair<br><input type="checkbox"/> 6. Lighting/Foot-Candles<br><input type="checkbox"/> 7. Heating, Ventilation, A/C | <b>SANITARY FACILITIES</b><br><input type="checkbox"/> 10. Provided/Accessible<br><input type="checkbox"/> 11. Cleanliness & Repair (Exterior)<br><input type="checkbox"/> 12. Toilet Facilities<br><input type="checkbox"/> 13. Separation of Sexes<br><input type="checkbox"/> 14. Fixture Ratio | <b>WATER SUPPLY</b><br><input type="checkbox"/> 18. Installed/Operated/Maintained<br><input type="checkbox"/> 19. Drinking Fountains<br><input type="checkbox"/> 20. Approved Source | <b>VECTOR/VERMIN CONTROL</b><br><input type="checkbox"/> 23. Infestation/Control<br><input type="checkbox"/> 24. Brush/Trash<br><input type="checkbox"/> 25. Water Collection/Drainage | <b>FOOD</b><br><input type="checkbox"/> 27. Food Insp. Rpt.                              |
|   |  |  |  | <b>OTHER</b><br><input type="checkbox"/> 28. _____<br><input type="checkbox"/> 29. _____ |

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
* (11)	Handwash facility building structures (5 items) appear in excellent condition.
(11)	Handsoap dispensers are empty in boys bathrooms (both High School and Middle School wings)

**HEALTH DEPARTMENT INSPECTOR:** Lee Taylor    **PHONE:** 955-7250  
**COPY OF REPORT RECEIVED BY:** Judy Langford    **DATE:** 1-13-09