

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PRIVATE SCHOOL
INSPECTION REPORT



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 01-51-1515991 Name of Facility: AMI Kids Gainesville Address: 6815 SW Archer Road City, Zip: Gainesville 32608 Type: Private School Owner: AMI Kids Gainesville Person In Charge: Lisa A. Phone: 395-6193	Correct By: None Re-Inspection Date: None
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Inspection Information

Purpose: Routine Inspection Date: 2/6/2017	Begin Time: 11:39 AM End Time: 11:59 AM
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Additional Information

FEMALES 8 MALES 23	CENSUS 31
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Violation Markings

SCHOOL SANITATION <input checked="" type="checkbox"/> 1. School Site <input checked="" type="checkbox"/> 2. Playground <input checked="" type="checkbox"/> 3. Athletic Equipment BUILDING <input checked="" type="checkbox"/> 4. Construction <input checked="" type="checkbox"/> 5. Maintenance & Repair <input checked="" type="checkbox"/> 6. Lighting Standards <input checked="" type="checkbox"/> 7. Heating, Ventilation, A/C Standards <input checked="" type="checkbox"/> 8. Natural Ventilation <input checked="" type="checkbox"/> 9. Mechanical Ventilation SANITARY FACILITIES <input checked="" type="checkbox"/> 10. Provided/Accessible <input checked="" type="checkbox"/> 11. Toilet Floor Drains <input checked="" type="checkbox"/> 12. Toilet Facilities	<input checked="" type="checkbox"/> 13. Disinfectants <input checked="" type="checkbox"/> 14. Handwashing Facilities <input checked="" type="checkbox"/> 15. Soap Dispensers <input checked="" type="checkbox"/> 16. Showers <input checked="" type="checkbox"/> 17. Shower Water Temperature WATER SUPPLY <input checked="" type="checkbox"/> 18. Approved Source <input checked="" type="checkbox"/> 19. Drinking Fountains LIQUID WASTE <input checked="" type="checkbox"/> 20. Sewage Disposal <input checked="" type="checkbox"/> 21. Solid Waste PEST CONTROL <input checked="" type="checkbox"/> 22. Pest Control <input checked="" type="checkbox"/> 23. Brush /Trash <input checked="" type="checkbox"/> 24. Water Collection/Drainage	SAFETY <input checked="" type="checkbox"/> 25. First Aid Kit DIAPER CHANGING STATION <input checked="" type="checkbox"/> 26. Location/Sanitizer <input checked="" type="checkbox"/> 27. Changing Table & Mat <input checked="" type="checkbox"/> 28. Handsink <input checked="" type="checkbox"/> 29. Garbage Can ANIMAL HEALTH AND SAFETY <input checked="" type="checkbox"/> 30. Vaccination <input checked="" type="checkbox"/> 31. Animal Maintenance/ Aggressive animals DORM/RESIDENTIAL FACILITIES <input checked="" type="checkbox"/> 32. Maintenance/Complaints <input checked="" type="checkbox"/> 33. Other
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General Comments

sat Email Address(es): gainesville-Ed@AMIKids.Org; gainesville-bm@amikids.org

Violations Comments

No Violation Comments Available

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
PRIVATE SCHOOL
INSPECTION REPORT



2 of 2

Inspection Conducted By: Maxwell Lloyd (26870)
Inspector Contact Number: Work: (352) 334-7930 ex. 3511
Print Client Name:
Date: 2/6/2017

Inspector Signature:

Handwritten signature of Maxwell Lloyd.

Client Signature:

Handwritten signature of the client.

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 01-48-1309807
Name of Facility: AMI Kids - Gainesville
Address: 6815 SW Archer Road
City, Zip: Gainesville 32608

Correct By: None
Re-inspection Date: None

Type: School (more than 9 months)
Owner: AMI Kids - Gainesville
Person In Charge: Lisa A. Phone: 395-6193

Inspection Information

Purpose: Routine
Inspection Date: 2/6/2017

Begin Time: 11:29 AM
End Time: 11:59 AM

Additional Information

No Additional Information Available

Items marked below violate the requirements of Chapter 64E-11 of the Florida Administrative Code and must be corrected. Continued operation of this facility without making these corrections is a violation of Chapter 64E-11, Florida Administrative Code and Chapters 381 and 386, Florida Statutes. Violations must be corrected by the date and time indicated in the Results section above or an administrative fine or other legal action will be initiated.

Violation Markings

- | | | |
|-------------------------------------|--|-------------------------------------|
| FOOD SUPPLIES | 17. Exclusion of personnel | 34. Plumbing |
| 1. Sources, etc. | 18. Cleanliness | 35. Toilet facilities |
| FOOD PROTECTION | 19. Tobacco use | 36. Handwashing facilities |
| 2. Stored temperature | 20. Handwashing | 37. Garbage disposal |
| 3. No further cooking/Rapid cooling | 21. Handling of dishware | 38. Vermin control |
| 4. Thawing | EQUIPMENT/UTENSILS | OTHER FACILITIES AND OPERATIONS |
| 5. Raw fruits | 22. Refrigeration facilities/Thermometers | 39. Other facilities and operations |
| 6. Pork cooking | 23. Sinks | TEMPORARY FOOD SERVICE EVENTS |
| 7. Poultry cooking | 24. Ice storage/Counter-protector | 40. Temporary food service events |
| 8. Other animal cooking | 25. Ventilation/Storage/Sufficient equipment | VENDING MACHINES |
| 9. Least contact/Reheating | 26. Dishwashing facilities | 41. Vending machines |
| 10. Food container | 27. Design and fabrication | MANAGER CERTIFICATION |
| 11. Buffet requirements | 28. Installation and location | 42. Manager certification |
| 12. Self-service condiments | 29. Cleanliness of equipment | CERTIFICATES AND FEES |
| 13. Reserve of food | 30. Methods of washing | 43. Certificates and fees |
| 14. Sneeze guards | SANITARY FACILITIES AND CONTROLS | INSPECTION/ENFORCEMENT |
| 15. Transportation of food | 31. Water supply | 44. Inspection/Enforcement |
| 16. Poisonous/Toxic materials | 32. Ice | |
| PERSONNEL | 33. Sewage | |

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



2 of 2

General Comments

Satisfactory. Food is catered from Kanapaha Middle.

Email Address(es): gainesville-Ed@AMIKids.Org;
gainesville-bm@amikids.org

Violations Comments

No Violation Comments Available

Inspection Conducted By: Maxwell Lloyd (26870)
Inspector Contact Number: Work: (352) 334-7930 ex. 3511
Print Client Name:
Date: 2/6/2017

Inspector Signature:

Handwritten signature of Maxwell Lloyd.

Client Signature:

Handwritten signature of the client.