

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
 38 FEMALES
 33 MALES

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

NAME OF FACILITY Resillience Charter School
 LOCATION ADDRESS 1777A NE 9 St CITY OVL
 STATE FL ZIP CODE 32609 FACILITY OWNER SAA B22609
 PERSON IN CHARGE (PIC) Jenny Hill PHONE 352 226-8675
 PIC E-MAIL ADDRESS _____

BEGIN TIME AM/PM	END TIME AM/PM	DATE (MM/DD/YY)	POSITION NUMBER	PERMIT NUMBER
10:30 AM	11:30 AM	2-1-17	01-51-169854	01-51-169854

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 5th Edition (2014). 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

SCHOOL SANITATION

- Out NO NA
- 1. School Site
- 2. Playground, Equipment & Athletic Fields
- 3. Athletic and Playground Equipment

SANITARY FACILITIES (cont.)

- In Out NO NA
- 13. Handwashing Facilities
- 14. Soap Dispensers
- 15. Shower Facilities
- 16. Showers Water Temperatures

SAFETY

- In Out NO NA
- 22. First Aid Kit

BUILDING CONSTRUCTION AND MAINTENANCE

- Out NO NA
- 4. Construction
- 5. Maintenance & Repair
- 6. Lighting Standards
- 7. Heating, Ventilation, A/C Standards
- 8. Natural Ventilation
- 9. Mechanical Ventilation

WATER SUPPLY

- In Out NO NA
- 17. Approved Source
- 18. Drinking Fountains

DIAPER CHANGING STATION

- In Out NO NA
- 23. Sanitizers
- 24. Changing Station & Mats
- 25. Hand Sink
- 26. Garbage Can

SANITARY FACILITIES

- Out NO NA
- 10. Provided/Accessible/Separation
- 11. Group Toilet Rooms
- 12. Toilet Facilities

LIQUID WASTE & WASTE WATER

- In Out NO NA
- 19. Sewage Disposal
- 20. Solid Waste

ANIMAL HEALTH AND SAFETY

- In Out NO NA
- 27. Animals Maintenance/Aggressive

DORM/RESIDENTIAL FACILITIES

- In Out NO NA
- 28. Maintenance/Complaint
- 29. Other

PEST CONTROL

- In Out NO NA
- 21. Pest Control

ITEM NUMBER	COMMENTS AND INSTRUCTIONS (if needed use a continuation page)
29	Clean dusty air vents in hallway
5	Classroom for Art History has couple of stained ceiling tiles
	Sched appears to be well kept and in order

INSPECTION CONDUCTED BY: Aunt's Office

COPY OF REPORT RECEIVED BY: x [Signature]

DH FORM 4030, 12/16 replaces previous editions

PHONE: 352 334 7930

DATE: 2/1/17