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

PURPOSE:

- [x] ROUTINE
- [ ] CONSTRUCT.
- [ ] COMPLAINT
- [ ] QA SURVEY
- [ ] PREOPENING
- [ ] REINSPECTION
- [ ] CHANGE OF OWNER
- [ ] CONSULTATION
- [ ] EPIDEMIOLOGY
- [ ] OTHER _____

TYPE:

- [x] 12 Private School
- [ ] 13 Public School
- [ ] 22 Charter School
- [ ] 23 Vocational School
- [ ] 24 College/University
- [ ] Other _____

NAME OF SCHOOL: South Icka Middle
ADDRESS: 2310 Edward Dr — CITY: Lakeland
OWNER: Mckee Academy — ZIP: 33803
PERSON IN CHARGE: Joyce Ferrell — PHONE: 510-9044 x.2

CENSUS 1775

1000		
2000		
3000		
100	10	1
200	20	2
300	30	3
400	40	4
500	50	5
600	60	6
700	70	7
800	80	8
900	90	9

FEMALES

MALES

RESULTS

- [ ] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

Correct Violations by
- [ ] Next Inspection
- [ ] 8:00 AM on:

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

- [ ] OUT OF BUSINESS

BEGIN	END
1 00	1 00
2 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			
10	31	11	
0	0	0	05
1	1	1	06
	2	2	07
	3	3	08
	4		09
	5		10
	6		11
	7		12
	8		13
	9		14

POSITION #				
8	0	1	0	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											
53	-	5	1	-	0	8	9	5			
0	0		0	0	0	0	0	0	0	0	
1	1		1	[redacted]	1	1	1	1	1	1	
2	2		2	2	2	2	2	2	2	2	
3	3		3	3	3	3	3	3	3	3	
4	4		4	4	4	4	4	4	4	4	
5	5		[redacted]	5	5	5	5	5	5	5	
6	6		6	6	6	6	6	6	6	6	
7	7		7	7	7	7	7	7	7	7	
8	8		8	8	8	8	8	8	8	8	
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.

SCHOOL SANITATION
- [ ] 1. School Site
- [ ] 2. Playground Equipment
- [ ] 3. Athletic Equipment

BUILDINGS
- [ ] 4. Construction
- [ ] 5. Maintenance & Repair
- [ ] 6. Lighting/Foot-Candles
- [ ] 7. Heating, Ventilation, A/C
- [ ] 8. Natural Ventilation
- [ ] 9. Mechanical Ventilation

SANITARY FACILITIES
- [ ] 10. Provided/Accessible
- [ ] 11. Cleanliness & Repair
- [ ] 12. Toilet Facilities
- [ ] 13. Separation of Sexes
- [ ] 14. Fixture Ratio
- [ ] 15. Handwash Facilities
- [ ] 16. Showers/Fixtures
- [ ] 17. Shower Water Temp.

WATER SUPPLY
- [ ] 18. Installed/Operated/ Maintained
- [ ] 19. Drinking Fountains
- [ ] 20. Approved Source

LIQUID/SOLID WASTE
- [ ] 21. Sewage Disposal
- [ ] 22. Solid Waste

VECTOR/VERMIN CONTROL
- [ ] 23. Infestation/Control
- [ ] 24. Brush/Trash
- [ ] 25. Water Collection/Drainage

SAFETY
- [ ] 26. First Aid Kit

FOOD
- [ ] 27. Food Insp. Rpt.

OTHER
- [ ] 28. _____
- [ ] 29. _____

ITEM NUMBERS | **COMMENTS AND INSTRUCTIONS** (continue on attached sheet)

No violations.

HEALTH DEPARTMENT INSPECTOR: [illegible] *PHONE:* 519-7830 x 1109

COPY OF REPORT RECEIVED BY: Stephanie Cam *DATE:* 10/31/11

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY