

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



PURPOSE:

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

TYPE:

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

NAME OF SCHOOL McKeel Academy
 ADDRESS 1810 W. Parker St. CITY Lakeland
 OWNER PCSB ZIP 33815
 PERSON IN CHARGE John Massung PHONE (863) 499-2888

CENSUS

1000 _____
 2000 _____
 3000 _____
 4000 _____
 5000 _____
 6000 _____
 7000 _____
 8000 _____
 9000 _____

FEMALES

MALES

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory

Correct Violations by
 Next Inspection
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END
11:15	12:00
<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input checked="" type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM
<input type="checkbox"/> 15	<input type="checkbox"/> 15
<input type="checkbox"/> 20	<input type="checkbox"/> 20
<input type="checkbox"/> 25	<input type="checkbox"/> 25
<input type="checkbox"/> 30	<input type="checkbox"/> 30
<input type="checkbox"/> 35	<input type="checkbox"/> 35
<input type="checkbox"/> 40	<input type="checkbox"/> 40
<input type="checkbox"/> 45	<input type="checkbox"/> 45
<input type="checkbox"/> 50	<input type="checkbox"/> 50
<input type="checkbox"/> 55	<input type="checkbox"/> 55

DATE		
09	11	18
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09
<input type="checkbox"/> 10	<input type="checkbox"/> 10	<input type="checkbox"/> 10
<input type="checkbox"/> 11	<input type="checkbox"/> 11	<input type="checkbox"/> 11
<input type="checkbox"/> 12	<input type="checkbox"/> 12	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 13	<input type="checkbox"/> 13
<input type="checkbox"/> 14	<input type="checkbox"/> 14	<input type="checkbox"/> 14

POSITION #		
35264		
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09

PERMIT NUMBER		
53-51-00894		
<input type="checkbox"/> 00	<input type="checkbox"/> 00	<input type="checkbox"/> 00
<input type="checkbox"/> 01	<input type="checkbox"/> 01	<input type="checkbox"/> 01
<input type="checkbox"/> 02	<input type="checkbox"/> 02	<input type="checkbox"/> 02
<input type="checkbox"/> 03	<input type="checkbox"/> 03	<input type="checkbox"/> 03
<input type="checkbox"/> 04	<input type="checkbox"/> 04	<input type="checkbox"/> 04
<input type="checkbox"/> 05	<input type="checkbox"/> 05	<input type="checkbox"/> 05
<input type="checkbox"/> 06	<input type="checkbox"/> 06	<input type="checkbox"/> 06
<input type="checkbox"/> 07	<input type="checkbox"/> 07	<input type="checkbox"/> 07
<input type="checkbox"/> 08	<input type="checkbox"/> 08	<input type="checkbox"/> 08
<input type="checkbox"/> 09	<input type="checkbox"/> 09	<input type="checkbox"/> 09

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
5	Custodial closet PVC pipe from AC unit broken/off; Little water leaking into drain. Please fix. Work order placed.
	No other violations observed. Facility clean. No sign of pests/vermin. No safety/structural hazards. All restrooms have soap, paper towels/hand driers, toilets flush. Lighting sufficient in classrooms.

HEALTH DEPARTMENT INSPECTOR: Wasmuth/Khan / Gauri Khan PHONE: (863) 578-2006
 COPY OF REPORT RECEIVED BY: John Massung / John Massung DATE: 9/11/18