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 NEW GENERATION SCHOOL
ADDRESS 608 SW MARVIN BURNETT **CITY** LAKE CITY
OWNER PAULA GORMAN **ZIP** 32025
PERSON IN CHARGE SAME **PHONE** 758-4710

CENSUS 200

FEMALES 94

MALES 106

RESULTS
- [x] Satisfactory
- [ ] Incomplete
- [ ] Unsatisfactory

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

BEGIN	END	DATE	POSITION #	PERMIT NUMBER	DATE
1050A	1140A	09 19 14	27298	12-51-00242	

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
- [x] 5. Maintenance & Repair
- [x] 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)

5. Air vents in rooms need to be cleaned and dust free.

Classroom E1 needs a general room cleanup
Clean bathroom in first grade room. Make sure all restrooms are stocked with paper towels.
Repair ceiling hole and wall holes in building Admin. W.
Remove/stack tires next to Admin. Building.

6. Replace light bulbs in H-1, E-3 and Admin. W. Cover light in Admin W. building.

HEALTH DEPARTMENT INSPECTOR: Sally Ford *PHONE:* 386-758-1058
COPY OF REPORT RECEIVED BY: Jessica Tallott *DATE:* 9-19-14

DH 4030, 01/05 (Obsoletes Previous Editions)

ESTABLISHMENT/FACILITY