

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

User ID: CabanJA

Approval:

PURPOSE:

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

TYPE:

- HOSPITAL GMC CHILD
 NURSING MOVIE LIMITED
 DETENTION SCHOOL OTHER
 LOUNGE RESIDENTIAL



RESULTS:

- Satisfactory
 Incomplete
 Unsatisfactory
 OUT OF BUSINESS

Correct Violations by

- Next Inspection
 8:00 AM on

NAME PM Wells Elementary Charter School
ADDRESS 2426 Remington Boulevard **CITY** Kissimmee
PHONE (407) 344-1705 **ZIP** 34744
PERSON IN CHARGE John Bushey
EMAIL Jbushey@pmwellscharter.org

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	RE-INSPECTION DATE
14:00	1435	02/03/2010	84997	49-48-00174	

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.

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

COMMENTS AND INSTRUCTIONS

No violations observed.

INSPECTION CONDUCTED BY: Julio Caban PHONE: 407-742-8606
 INSPECTION COND. SIGNATURE: [Signature] PHONE: na
 COPY OF REPORT RECEIVED BY: [Signature] DATE: 02/03/2010

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

User: CabanJA

Approval:

PURPOSE:
 ROUTINE
 CONSTRUCT
 COMPLAINT
 CASURVEY
 OTHER

TYPE:
 REFLECTION
 CHARGE OF OWNER
 CONSULTATION
 EPIDEMIOLOGY
 PREVENTIVE

PRIVATE
 PUBLIC
 CHARTER
 VOCATIONAL

COLLEGE BURN
 OTHER

CENSUS	FEMales	MALES
611	412	379

RESULTS:

Satisfactory
 Incomplete
 Citation Issued
 Stop Use Order
 Unsatisfactory
 OUT OF BUSINESS

Correct Violations by
 Next Inspection
 8:00 AM on

NAME: PM Walls Elementary Charter School
ADDRESS: 2430 Remington Blvd **CITY:** Kissimmee
OWNER: PM Walls Elementary Charter School **ZIP:** 34743
PERSON IN CHARGE: Ms. Sup DeMay **PHONE:** 344-1705
E-MAIL: 321-697-1024

START TIME	END TIME	DATE ARRIVED	JOB/TASK	BUILDING FACILITY	PERMIT NUMBER
11:00	11:55	10/19/2009	B4997	49-51-10914	

RE-INSPECTION DATE

As per section 120.603 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-12 and 64E-11 of the Florida Administrative Code (FAC) and must be corrected within the time period indicated in this "Results" section below. 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"/> 2. Playground Equipment <input type="checkbox"/> 3. Athletic Equipment BUILDINGS <input type="checkbox"/> 4. Construction <input checked="" type="checkbox"/> 5. Maintenance & Repair <input type="checkbox"/> 6. Lighting/Food Candles <input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 8. Natural Ventilation <input type="checkbox"/> 9. Mechanical Ventilation SANITARY FACILITIES <input type="checkbox"/> 10. Provided Accessible <input type="checkbox"/> 11. Cleanliness & Repair <input type="checkbox"/> 12. Toilet Facilities <input type="checkbox"/> 13. Separation of Sexes <input type="checkbox"/> 14. Fixture Ratio	<input type="checkbox"/> 15. Handwash Facilities <input type="checkbox"/> 16. Showers/Fixtures <input type="checkbox"/> 17. Shower Water Temp. WATER SUPPLY <input type="checkbox"/> 18. Installed/Operated/Maintained <input type="checkbox"/> 19. Drinking Fountains <input type="checkbox"/> 20. Approved Source	LIQUID/SOLID WASTE <input type="checkbox"/> 21. Sewage Disposal <input type="checkbox"/> 22. Solid Waste VECTOR/VERMIN CONTROL <input type="checkbox"/> 23. Infestation Control <input type="checkbox"/> 24. Brush/Trash <input type="checkbox"/> 25. Water Collection/Drainage	SAFETY <input type="checkbox"/> 26. First Aid Kit FOOD <input type="checkbox"/> 27. Food Insp. Rpt. OTHER <input type="checkbox"/> 28. <input type="checkbox"/> 29.
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COMMENTS AND RESTRICTIONS

Violation: Replace water stained ceiling tile @ room 304. [FAC] 5. Maintenance & Repair 64E-11.004(3)(b)(c). Buildings shall be kept clean and in good repair, free from hazardous conditions, such as loose or broken floor tiles and boards; loose moldings; loose hanging fixtures, pipes, and electric wires; and broken plaster. Furnishings and equipment shall be kept clean and in good repair, free of missing parts; and hazards such as sharp edges, splinters, and protruding or rusty nails.

INSPECTION CONDUCTED BY: Julie Caban **PHONE:** 407-742-8605
INSPECTION COND. SIGNATURE: *[Signature]* **PHONE:** 09
COPY OF REPORT RECEIVED BY: *[Signature]* **DATE:** 10/19/2009

PUBLIC/PRIVATE SCHOOL

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



PURPOSE:

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

TYPE:

- PRIVATE COLLEGE/UNIV
 PUBLIC OTHER
 CHARTER
 VOCATIONAL

CENSUS	FEMALES	MALES

RESULTS:

- Satisfactory
 Incomplete
 Citation Issued
 Stop Use Order
 Unsatisfactory
 OUT OF BUSINESS

Correct Violations by

- Next Inspection
 8:00 AM on

NAME PM Wells Elementary Charter School
ADDRESS 2430 Remington Blvd **CITY** Kissimmee
OWNER PM Wells Elementary Charter School **ZIP** 34743
PERSON IN CHARGE Ms. Sue DeMay **PHONE** 344-1705

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	EH PLAN FOLLOW UP
1035	1130	2/17/2009	84997	49-51-00314	

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

8. Natural Ventilation
 9. Mechanical Ventilation
SANITARY FACILITIES
 10. Provided/Accessible

15. Handwash Facilities
 16. Showers/Fixtures
 17. Shower Water Temp.

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

- SAFETY**
 26. First Aid Kit
FOOD
 27. Food Insp. Rpt

BUILDINGS

4. Construction
 5. Maintenance & Repair
 6. Lighting/Foot-Candles
 7. Heating, Ventilation, A/C

11. Cleanliness & Repair
 12. Toilet Facilities
 13. Separation of Sexes
 14. Fixture Ratio

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

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

- OTHER**
 28.
 29.

COMMENTS AND INSTRUCTIONS

No violatins observed during inspection.

INSPECTION CONDUCTED BY: Julio Caban PHONE: 407-742-8606
 INSPECTION COND SIGNATURE: Julio Caban PHONE: _____
 COPY OF REPORT RECEIVED BY: Sue DeMay PHONE: 344-1705

PUBLIC/PRIVATE SCHOOL

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



ENT'D OCT 16 2008

PURPOSE:
 ROUTINE REINSPECTION
 CONSTRUCT. CHANGE OF OWNER
 COMPLAINT CONSULTATION
 QA SURVEY EPIDEMIOLOGY
 OTHER

TYPE:
 PRIVATE COLLEGE/UNIV
 PUBLIC OTHER
 CHARTER
 VOCATIONAL

CENSUS	FEMALES	MALES

RESULTS:
 Satisfactory
 Incomplete
 Citation Issued
 Stop Use Order
 Unsatisfactory
 OUT OF BUSINESS

Correct Violations by
 Next Inspection
 8:00 AM on

NAME PM Wells Elementary Charter School
ADDRESS 2430 Remington Blvd **CITY** Kissimmee
OWNER PM Wells Elementary Charter School **ZIP** 34743
PERSON IN CHARGE Ms. Sue DeMay **PHONE** 344-1705

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER	EH PLAN FOLLOW UP
11:45:35 AM	1250	10/2/2008	84997	49-51-00314	

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.

<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input checked="" type="checkbox"/> 15. Handwash Facilities	LIQUID/SOLID WASTE	SAFETY
<input type="checkbox"/> 2. Playground Equipment	<input type="checkbox"/> 9. Mechanical Ventilation	<input type="checkbox"/> 16. Showers/Fixtures	<input type="checkbox"/> 21. Sewage Disposal	<input type="checkbox"/> 26. First Aid Kit
<input type="checkbox"/> 3. Athletic Equipment	SANITARY FACILITIES	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 22. Solid Waste	FOOD
BUILDINGS	<input type="checkbox"/> 10. Provided/Accessible	WATER SUPPLY	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control	OTHER
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities	<input checked="" type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 28.
<input checked="" type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29.
<input checked="" type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio			

COMMENTS AND INSTRUCTIONS

[Findings]: Repair or replace ceiling light where needed. [FAC]: 6. Lighting/Foot-Candles 64E-13.004(4)(a-d). Illumination in all instructional spaces shall be designed to provide a minimum of forty (40) foot-candles glare free at normal task level. Fixtures shall be so located that there will be uniform (within ten (10) foot-candles) illumination suitable for the activities conducted therein. All required illumination shall be designed so that the failure of any single unit, such as the burning out of an electric bulb will not leave any occupied area or means of egress in darkness. Illumination of chalkboards and other visual aids shall be designed to eliminate glare and shadows.

[Findings]: Clean air vents at room 214 and where needed [FAC]: 7. Heating, Ventilation, A/C 64E-13.004(5)(a)(c). Permanent type school buildings and additions to school buildings shall be provided with heating facilities. Heating facilities shall be designed to heat to a temperature of not less than 70°F., instructional rooms, locker rooms and cafeterias; and 65°F., toilets and activities rooms, such as gymnasiums and shops.

[Findings]: Adjust water pressure at drinking water fountain room 214 [FAC]: 19. Drinking Fountains 64E-13.004(7)(b). Drinking fountains of an approved, sanitary slant jet type shall be provided in the ratio specified in the local building code or Chapter 64E-10, F.A.C. In no case

INSPECTION CONDUCTED BY: Julio Caban PHONE: 407-343-2079
 INSPECTION COND SIGNATURE: Julio Caban PHONE: _____
 COPY OF REPORT RECEIVED BY: John Romano DATE: 10/2/2008

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



PURPOSE:

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

TYPE:

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

NAME OF SCHOOL Dm Wells Elementary
 ADDRESS 2430 Remington Blvd CITY Kissimmee
 OWNER FFOE ZIP 34744
 PERSON IN CHARGE Craig Warner PHONE 407-697-112

CENSUS

732
 1000
 2000
 3000
 400 40 4
 500 50 5
 600 60 6
 700 70 7
 800 80 8
 900 90 9
 FEMALES
 384
 MALES
 348

RESULTS

Satisfactory
 Incomplete
 Unsatisfactory
 Correct Violations by
 Next Inspection
 8:00 AM on:
 DATE

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

 OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
<input type="checkbox"/> 00	<input type="checkbox"/> 00	05 01 08	84997	44-51-00014
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 AM	0 0 0 0 05	0 0 0 0 0	0 0 0 0 0 0 0
<input type="checkbox"/> 10 PM	<input type="checkbox"/> 10 PM	0 0 0 0 06	0 0 0 0 0	0 0 0 0 0 0 0
<input type="checkbox"/> 15	<input type="checkbox"/> 15	0 0 0 0 07	0 0 0 0 0	0 0 0 0 0 0 0
<input type="checkbox"/> 20	<input type="checkbox"/> 20	0 0 0 0 08	0 0 0 0 0	0 0 0 0 0 0 0
<input type="checkbox"/> 25	<input type="checkbox"/> 25	0 0 0 0 09	0 0 0 0 0	0 0 0 0 0 0 0
<input type="checkbox"/> 30	<input type="checkbox"/> 30	0 0 0 0 10	0 0 0 0 0	0 0 0 0 0 0 0
<input type="checkbox"/> 35	<input type="checkbox"/> 35	0 0 0 0 11	0 0 0 0 0	0 0 0 0 0 0 0
<input type="checkbox"/> 40	<input type="checkbox"/> 40	0 0 0 0 12	0 0 0 0 0	0 0 0 0 0 0 0
<input type="checkbox"/> 45	<input type="checkbox"/> 45	0 0 0 0 13	0 0 0 0 0	0 0 0 0 0 0 0
<input type="checkbox"/> 50	<input type="checkbox"/> 50	0 0 0 0 14	0 0 0 0 0	0 0 0 0 0 0 0
<input type="checkbox"/> 55	<input type="checkbox"/> 55			

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	VECTOR/VERMIN CONTROL	<input type="checkbox"/> 27. Food Insp. Rpt.	FOOD	<input type="checkbox"/> 28. _____
<input type="checkbox"/> 3. Athletic Equipment	SANITARY FACILITIES	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 29. _____	OTHER	<input type="checkbox"/> 29. _____
BUILDINGS	<input type="checkbox"/> 10. Provided/Accessible	WATER SUPPLY	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 25. Water Collection/Drainage			
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 20. Approved Source				
<input type="checkbox"/> 5. Maintenance & Repair	<input type="checkbox"/> 12. Toilet Facilities						
<input type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 13. Separation of Sexes						
<input type="checkbox"/> 7. Heating, Ventilation, A/C	<input type="checkbox"/> 14. Fixture Ratio						

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
5	Air vents need to be cleaned 302-303-313 304-305-314
6	Repair or replace ceiling light 310-301
Note	Boys & Girls bathroom need to be labeled

HEALTH DEPARTMENT INSPECTOR: Julia Capas PHONE: 407-343-2079
 COPY OF REPORT RECEIVED BY: Craig Warner DATE: 5-1-08