

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

**TYPE:**

- Private School
- Public School
- Charter School
- Vocational School
- College/University
- Other \_\_\_\_\_



**PURPOSE:**

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

**NAME OF SCHOOL** Hillcrest Elementary School  
**ADDRESS** 1051 State Rd 60E **CITY** Lake Wales  
**OWNER** PCSB **ZIP** 33853  
**PERSON IN CHARGE** Jennifer Barrow **PHONE** (863) 678-4216

**CENSUS**  
699  
 1000  
 2000  
 3000  
 4000  
 5000  
 6000  
 7000  
 8000  
 9000  
**FEMALES**  
346  
**MALES**  
353

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

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

OUT OF BUSINESS

BEGIN	END
<u>105</u>	<u>205</u>
<input type="checkbox"/> 1:00	<input type="checkbox"/> 1:00
<input type="checkbox"/> 2:05 AM	<input type="checkbox"/> 2:05 AM
<input type="checkbox"/> 3:10 PM	<input type="checkbox"/> 3:10 PM
<input type="checkbox"/> 4:15	<input type="checkbox"/> 4:15
<input type="checkbox"/> 5:20	<input type="checkbox"/> 5:20
<input type="checkbox"/> 6:25	<input type="checkbox"/> 6:25
<input type="checkbox"/> 7:30	<input type="checkbox"/> 7:30
<input type="checkbox"/> 8:35	<input type="checkbox"/> 8:35
<input type="checkbox"/> 9:40	<input type="checkbox"/> 9:40
<input type="checkbox"/> 10:45	<input type="checkbox"/> 10:45
<input type="checkbox"/> 11:50	<input type="checkbox"/> 11:50
<input type="checkbox"/> 12:55	<input type="checkbox"/> 12:55

DATE
<u>010818</u>
<input type="checkbox"/> 05
<input type="checkbox"/> 06
<input type="checkbox"/> 07
<input type="checkbox"/> 08
<input type="checkbox"/> 09
<input type="checkbox"/> 10
<input type="checkbox"/> 11
<input type="checkbox"/> 12
<input type="checkbox"/> 13
<input type="checkbox"/> 14

POSITION #
<u>35264</u>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PERMIT NUMBER
<u>53 - 51 - 00913</u>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

*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.*

<b>SCHOOL SANITATION</b>	<input type="checkbox"/> 1. School Site	<input type="checkbox"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<b>LIQUID/SOLID WASTE</b>	<input type="checkbox"/> 21. Sewage Disposal	<b>SAFETY</b>	<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"/> 17. Shower Water Temp.	<input type="checkbox"/> 22. Solid Waste	<b>VECTOR/VERMIN CONTROL</b>	<b>FOOD</b>	<input type="checkbox"/> 27. Food Insp. Rpt.
<input type="checkbox"/> 3. Athletic Equipment	<b>SANITARY FACILITIES</b>	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 23. Infestation/Control	<input type="checkbox"/> 24. Brush/Trash	<b>OTHER</b>	<input type="checkbox"/> 28. _____
<b>BUILDINGS</b>	<input type="checkbox"/> 10. Provided/Accessible	<input type="checkbox"/> 20. Approved Source	<input type="checkbox"/> 25. Water Collection/Drainage	<input type="checkbox"/> 29. _____			
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 11. Cleanliness & Repair						
<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)
<u>12, 15</u>	<u>No soap in several gang restrooms, but every classroom has soap, paper towels.</u>
<u>5</u>	<u>Bldg 6 + 14 water fountains not working.</u>
	<u>No other violations observed. All toilets flush. Lighting sufficient. No structural/safety hazards. No sign of pests/vermin.</u>

**HEALTH DEPARTMENT INSPECTOR:** Yasmin Khan/Ghazal Khan **PHONE:** (863) 578-2006  
**COPY OF REPORT RECEIVED BY:** Carolann Cerrill Carr **DATE:** 1/8/18

DH 4030, 01/05 (Obsoletes Previous Editions)

**ESTABLISHMENT/FACILITY**

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

TYPE:

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



**PURPOSE:**

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

NAME OF SCHOOL Hillcrest Elementary School  
 ADDRESS 1051 State Rd 60 E CITY Lake Wales  
 OWNER Lake Wales Charter Schools ZIP 33853  
 PERSON IN CHARGE Jennifer Barrow PHONE 863-678-4216

**CENSUS**

**715**

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

**FEMALES**

**366**

**MALES**

**349**

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
05	
06	
07	
08	
09	
10	
11	
12	
13	
14	

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	PERMIT NUMBER
115	4:50 PM	08/28/17	29341	53-51-00913

*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.*

<p><b>SCHOOL SANITATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 1. School Site</li> <li><input type="checkbox"/> 2. Playground Equipment</li> <li><input type="checkbox"/> 3. Athletic Equipment</li> <li><input checked="" type="checkbox"/> 5. Maintenance &amp; Repair</li> <li><input type="checkbox"/> 6. Lighting/Foot-Candles</li> <li><input type="checkbox"/> 7. Heating, Ventilation, A/C</li> </ul>	<p><b>SANITARY FACILITIES</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 8. Natural Ventilation</li> <li><input type="checkbox"/> 9. Mechanical Ventilation</li> <li><input type="checkbox"/> 10. Provided/Accessible</li> <li><input type="checkbox"/> 11. Cleanliness &amp; Repair</li> <li><input type="checkbox"/> 12. Toilet Facilities</li> <li><input type="checkbox"/> 13. Separation of Sexes</li> <li><input type="checkbox"/> 14. Fixture Ratio</li> </ul>	<p><b>LIQUID/SOLID WASTE</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 15. Handwash Facilities</li> <li><input type="checkbox"/> 16. Showers/Fixtures</li> <li><input type="checkbox"/> 17. Shower Water Temp.</li> <li><input type="checkbox"/> 18. Installed/Operated/Maintained</li> <li><input type="checkbox"/> 19. Drinking Fountains</li> <li><input type="checkbox"/> 20. Approved Source</li> </ul>	<p><b>SAFETY</b></p> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> 26. First Aid Kit</li> </ul> <p><b>FOOD</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 27. Food Insp. Rpt.</li> </ul> <p><b>OTHER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> 28. _____</li> <li><input type="checkbox"/> 29. _____</li> </ul>
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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
15	No soap #1-002, #9-002 B+C, 12-109, 12-110, 14-110, Part 1
5	Screen damage port 1, and some other screens appeared ripped in main buildings. No other violations observed. Facility is generally clean and well lit. No sign of pests/vermin. No obvious hazards. First aid kits are well stocked.

HEALTH DEPARTMENT INSPECTOR: Steven Meadows PHONE: 863-678-4216  
 COPY OF REPORT RECEIVED BY: Cheryl Donaldson DATE: 2/8/17  
 OH 4030, 01/05 (Obsoletes Previous Editions) **CHERYL DONALDSON** CHD/HEADQUARTERS

**STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY HEALTH DEPARTMENT**



**PURPOSE:**

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

**FOOD SERVICE  
INSPECTION REPORT**

**NAME OF ESTABLISHMENT** Hillcrest Elementary  
**ADDRESS** 1051 State Road 60E **CITY** Lake Wales  
**OWNER** PCPS **ZIP** 33853  
**PERSON IN CHARGE** Frazer Jones **PHONE** (763) 678-4219

**RESULTS**

Satisfactory  
 Incomplete  
 Unsatisfactory

Correct Violations by  
 Next Inspection  
 8:00 AM on:

DATE	
05	05
06	06
07	07
08	08
09	09
10	10
11	11
12	12
13	13
14	14

OUT OF BUSINESS

BEGIN	END	DATE	POSITION #	CERTIFICATE NUMBER	TYPE
<input type="checkbox"/> 00	<input type="checkbox"/> 00	09/21/16	63986	53-48-00803	<input checked="" type="checkbox"/> School
<input type="checkbox"/> 05 AM	<input type="checkbox"/> 05 PM				<input type="checkbox"/> Hospital
<input type="checkbox"/> 10 AM	<input type="checkbox"/> 01 PM				<input type="checkbox"/> Nursing
<input type="checkbox"/> 15	<input type="checkbox"/> 15				<input type="checkbox"/> Detention
<input type="checkbox"/> 20	<input type="checkbox"/> 20				<input type="checkbox"/> Lounge
<input type="checkbox"/> 25	<input type="checkbox"/> 25				<input type="checkbox"/> Civic
<input type="checkbox"/> 30	<input type="checkbox"/> 30				<input type="checkbox"/> Movie
<input type="checkbox"/> 35	<input type="checkbox"/> 35				<input type="checkbox"/> Residen.
<input type="checkbox"/> 40	<input type="checkbox"/> 40				<input type="checkbox"/> Child
<input type="checkbox"/> 45	<input type="checkbox"/> 45				<input type="checkbox"/> Limited
<input type="checkbox"/> 50	<input type="checkbox"/> 50				<input type="checkbox"/> Other
<input type="checkbox"/> 55	<input type="checkbox"/> 55				

*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.*

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

ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
	cooler 36° Dishwasher 160°F 180°F
	Freezer 10°F
	hot Food max 157°F
	milk 42°F
	<i>Satisfactory</i>
HEALTH DEPARTMENT INSPECTOR <u>Lucinda P. K.</u> PHONE <u>(763) 579-8330</u>	
COPY OF REPORT RECEIVED BY <u>F. J. Slaty</u> DATE _____	