

**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 Believers Academy INC
 ADDRESS 5840 Corporate Way, Suites ^{100, 114} CITY West Palm Beach
 OWNER Believers Academy, INC ZIP 33407
 PERSON IN CHARGE Mark Manners PHONE 561 340 2507

CENSUS

Males
 Females
 Other

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
10:05 AM	11:00 AM	07/20/16	02079	50-51-03660
1:00 PM	2:05 PM			
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			

As per section 120.693 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"/> 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/Foot-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 checked="" 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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ITEM NUMBERS	COMMENTS AND INSTRUCTIONS (continue on attached sheet)
# 5	Dripping water from air conditioner ^{vent} in ceiling in hands-on in suite 114; must correct - Corrected 7-21-16
# 5	Broken faucet handle in bathroom next to Biology classroom; suite 114; must correct corrected 7-20-16
# 11	Dusty air conditioner vent (in ceiling) in hands-on room; Corrected on-site Lighting from 52F.C to 114F.C Inside temperature: 77°F First Aid kit on-site

HEALTH DEPARTMENT INSPECTOR: Diana Wilson PHONE: 561-837-5957
 COPY OF REPORT RECEIVED BY: WK DATE: 07/20/2016