

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 49-51-00232
Name of Facility: New Dimensions School
Address: 4900 Pleasant Hill Road
City, Zip: Kissimmee 34746

Correct By: None
Re-Inspection Date: None

Type: Public School
Owner: Osceola County School District
Person In Charge: Dr. Jackie Grimm Phone: 407-870-9949

Inspection Information

Purpose: Routine
Inspection Date: 2/24/2016

Begin Time: 03:00 PM
End Time: 03:30 PM

Additional Information

FEMALES 115
MALES 112

CENSUS 227

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.

Violation Markings

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

General Comments

Satisfactory during inspection.

Email Address(es): Dr.j.grimm@gmail.com

Violations Comments

No Violation Comments Available

Inspector Signature:

Client Signature:

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Inspection Conducted By: Carlos Cruz (28791)
Work: (407) 742-8606 ex.
Date: 2/24/2016

Inspector Signature:

Handwritten signature of Carlos Cruz in blue ink.

Client Signature:

Handwritten signature of J. Quinn in blue ink.