

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



1 of 2

Facility Information

RESULT: Satisfactory

Permit Number: 35-51-01134
Name of Facility: Mascotte Elementary Charter
Address: 460 Midway Avenue
City, Zip: Mascotte 34753

Correct By: None
Re-Inspection Date: None

Type: Charter School
Owner: Mascotte Elementary Charter
Person In Charge: Cockcroft, Wayne Phone: (352) 429-2294

Inspection Information

Purpose: Routine
Inspection Date: 2/9/2017

Begin Time: 01:00 PM
End Time: 02:00 PM

Additional Information

FEMALES 413
MALES 438

CENSUS 851

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 inspection

Email Address(es): townsendj@lake.k12.fl.us;
johnsonr@lake.k12.fl.us

Inspector Signature:

Client Signature:

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Violations Comments

No Violation Comments Available

Inspection Conducted By: Johanna Gambrell (85220)
Inspector Contact Number: Work: (352) 253-6130 ex. 6106
Print Client Name: Principal
Date: 2/9/2017

Inspector Signature:

Handwritten signature of Johanna Gambrell.

Client Signature:

Handwritten signature of Radean Johnson.