

Approval:

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



28.139021/-81.447653

**PURPOSE:**

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

**TYPE:**

PRIVATE     COLLEGE/UNIV  
 PUBLIC     OTHER  
 CHARTER  
 VOCATIONAL

CENSUS	FEMALES	MALES
351	193	158

**NAME** New Dimensions School

**ADDRESS** 4900 Pleasant Hill Road    **CITY** Kissimmee

**OWNER** Osceola County School District    **ZIP** 34746

**PERSON IN CHARGE** Tina Cafiero, PhD.    **PHONE** (407) 870-9949

**E-MAIL** cafiero@newdimensionshs.com

**RESULTS:**

Satisfactory  
 Incomplete  
 Unsatisfactory  
 **OUT OF BUSINESS**

**Correct Violations by**

Next Inspection  
 8:00 AM on

BEGIN TIME	END TIME	DATE ASSESSED	POSITION #	EXISTING FACILITIES - PERMIT NUMBER
09:40	10:35	11/03/2010	49146	49-51-00232

RE-INSPECTION DATE

*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"/> 8. Natural Ventilation	<input type="checkbox"/> 15. Handwash Facilities	<b>LIQUID/SOLID WASTE</b>	<b>SAFETY</b>
<input type="checkbox"/> 1. School Site	<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"/> 2. Playground Equipment	<b>SANITARY FACILITIES</b>	<input type="checkbox"/> 17. Shower Water Temp.	<input type="checkbox"/> 22. Solid Waste	<b>FOOD</b>
<input type="checkbox"/> 3. Athletic Equipment	<input type="checkbox"/> 10. Provided/Accessible	<b>WATER SUPPLY</b>	<b>VECTOR/VERMIN CONTROL</b>	<input type="checkbox"/> 27. Food Insp. Rpt.
<b>BUILDINGS</b>	<input type="checkbox"/> 11. Cleanliness & Repair	<input type="checkbox"/> 18. Installed/Operated/Maintained	<input type="checkbox"/> 23. Infestation/Control	<b>OTHER</b>
<input type="checkbox"/> 4. Construction	<input type="checkbox"/> 12. Toilet Facilities	<input type="checkbox"/> 19. Drinking Fountains	<input type="checkbox"/> 24. Brush/Trash	<input type="checkbox"/> 28.
<input type="checkbox"/> 5. Maintenance & Repair	<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 type="checkbox"/> 6. Lighting/Foot-Candles	<input type="checkbox"/> 14. Fixture Ratio			
<input type="checkbox"/> 7. Heating, Ventilation, A/C				

**COMMENTS AND INSTRUCTIONS**

Satisfactory @ time of inspection.

INSPECTION CONDUCTED BY: Dennis Cumiskey    PHONE: 407-742-8606

INSPECTION COND SIGNATURE: *Dennis Cumiskey*    PHONE: na

COPY OF REPORT RECEIVED BY: *Enid*    DATE: 11/03/2010

STATE OF FLORIDA  
DEPARTMENT OF HEALTH  
COUNTY PUBLIC HEALTH UNIT  
Public/Private School



Name: New Dimensions School

Date: 11/03/2010

Identification No: 49-51-00232

**Comments and Instructions (Continued from Page 1):**

Copy of Report  
Received By:

Inspector Dennis Cumiskey

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