

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-06082
 Name of Facility: Hialeah Gardens Elementary/ Loc.# 2111
 Address: 9702 NW 130 Street
 City, Zip: Hialeah Gardens 33018

 Type: School (more than 9 months)
 Owner: MDCPS
 Person In Charge: MDCSB-Food & Nutrition Phone: (305) 573-2184
 PIC Email: idanielg@dadeschools.net

Inspection Information

| | | |
|---------------------------------|---|----------------------|
| Purpose: Routine | Number of Risk Factors (Items 1-29): 0 | Begin Time: 01:00 PM |
| Inspection Date: 8/20/2024 | Number of Repeat Violations (1-57 R): 1 | End Time: 01:30 PM |
| Correct By: Next Inspection | FacilityGrade: N/A | |
| Re-Inspection Date: None | StopSale: No | |

Marking Key: IN=the act or item was observed to be in compliance; OUT=the act or item was observed to be out of compliance; NO=the act or item was not observed to be occurring at the time of inspection; NA=the act or item is not performed by the facility; COS=violation corrected on site; R=repeat violation from previous inspection

FoodBorne Illness Risk Factors And Public Health Interventions

SUPERVISION

- IN** 1. Demonstration of Knowledge/Training
- IN** 2. Certified Manager/Person in charge present

EMPLOYEE HEALTH

- IN** 3. Knowledge, responsibilities and reporting
- IN** 4. Proper use of restriction and exclusion
- IN** 5. Responding to vomiting & diarrheal events

GOOD HYGIENIC PRACTICES

- IN** 6. Proper eating, tasting, drinking, or tobacco use
- IN** 7. No discharge from eyes, nose, and mouth

PREVENTING CONTAMINATION BY HANDS

- IN** 8. Hands clean & properly washed
- IN** 9. No bare hand contact with RTE food
- IN** 10. Handwashing sinks, accessible & supplies

APPROVED SOURCE

- IN** 11. Food obtained from approved source
- NO** 12. Food received at proper temperature
- IN** 13. Food in good condition, safe, & unadulterated
- NA** 14. Shellstock tags & parasite destruction

PROTECTION FROM CONTAMINATION

- IN** 15. Food separated & protected; Single-use gloves

- IN** 16. Food-contact surfaces; cleaned & sanitized

- IN** 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

- NO** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NO** 20. Cooling time and temperature
- NO** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- NO** 24. Time as PHC; procedures & records

CONSUMER ADVISORY

- NA** 25. Advisory for raw/undercooked food

HIGHLY SUSCEPTIBLE POPULATIONS

- IN** 26. Pasteurized foods used; No prohibited foods

ADDITIVES AND TOXIC SUBSTANCES

- IN** 27. Food additives: approved & properly used
- IN** 28. Toxic substances identified, stored, & used

APPROVED PROCEDURES

- NA** 29. Variance/specialized process/HACCP

Inspector Signature:

Client Signature:

**STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT**



Good Retail Practices

SAFE FOOD AND WATER

- IN** 30. Pasteurized eggs used where required
- IN** 31. Water & ice from approved source
- NA** 32. Variance obtained for special processing

FOOD TEMPERATURE CONTROL

- IN** 33. Proper cooling methods; adequate equipment
- NA** 34. Plant food properly cooked for hot holding
- NO** 35. Approved thawing methods
- IN** 36. Thermometers provided & accurate

FOOD IDENTIFICATION

- IN** 37. Food properly labeled; original container

PREVENTION OF FOOD CONTAMINATION

- IN** 38. Insects, rodents, & animals not present
- IN** 39. No Contamination (preparation, storage, display)
- IN** 40. Personal cleanliness
- IN** 41. Wiping cloths: properly used & stored
- NO** 42. Washing fruits & vegetables

PROPER USE OF UTENSILS

- IN** 43. In-use utensils: properly stored
- IN** 44. Equipment & linens: stored, dried, & handled
- IN** 45. Single-use/single-service articles: stored & used

- NO** 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- OUT** 47. Food & non-food contact surfaces (**R**)
- IN** 48. Ware washing: installed, maintained, & used; test strips
- IN** 49. Non-food contact surfaces clean

PHYSICAL FACILITIES

- IN** 50. Hot & cold water available; adequate pressure
- IN** 51. Plumbing installed; proper backflow devices
- IN** 52. Sewage & waste water properly disposed
- IN** 53. Toilet facilities: supplied, & cleaned
- IN** 54. Garbage & refuse disposal
- IN** 55. Facilities installed, maintained, & clean
- IN** 56. Ventilation & lighting
- IN** 57. Permit; Fees; Application; Plans

This form serves as a "Notice of Non-Compliance" pursuant to section 120.695, Florida Statutes. Items marked as "out" violate one or more of the requirements of Chapter 64E-11, the Florida Administrative Code or Chapter 381.0072, Florida Statutes. Violations must be corrected within the time period indicated above. Continued operation of this facility without making these corrections is a violation. Failure to correct violations in the time frame specified may result in enforcement action being initiated by the Department of Health.

Violations Comments

Violation #47. Food & non-food contact surfaces
Observations:
1. Milk-Box # 1. Tag # 1005846. Unit is Not Cooling Properly.
Work order # 4418093.
Repair and/or replace Milk-Box Unit # 1.

CODE REFERENCE: 64E-11.003(4). Equipment and utensils must be properly designed, constructed, and in good repair.

General Comments

Food Inspection:
Idaniel Gonzalez (Principal).
Jennifer Gonzalez (AP).
Niurka Diaz De Rojas (Cafeteria Manager) signed and assisted with inspection.
Handwash Sink: Temperature 114.9°F.
Three (3)-sink compartment: Water temperature 114.9°F.
Mop Sink: Water temperature 121.7°F.
Staff Restroom: Water temperature 112.1°F.
Walk-in-Cooler: Temperature 37°F.
Walk-in-Freezer: Temperature 6°F.
Refrigerator temperature 36°F.
Freezer temperature -5°F.
Cold-holding: Milk temperature 37.8°F (from Refrigerator).
No food served (at the time of inspection).

Inspector Signature:

Client Signature:

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Email Address(es): 323357@dadeschools.net;
idanielg@dadeschools.net;
mwertz@dadeschools.net;
wcabrera@dadeschools.net;
ipalacio@dadeschools.net;
jengonzalez@dadeschools.net;
315410@dadeschools.net;

Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.

Form Number: DH 4023 03/18

13-48-06082 Hialeah Gardens Elementary/ Loc.# 2111

STATE OF FLORIDA
DEPARTMENT OF HEALTH
COUNTY HEALTH DEPARTMENT
FOOD SERVICE
INSPECTION REPORT



Inspection Conducted By: Alberto Reyes (032763)
Inspector Contact Number: Work: (305) 623-3500 ex.
Print Client Name: Niurka Diaz De Rojas (Manager).
Date: 8/20/2024

Inspector Signature:

Handwritten signature of Alberto Reyes.

Client Signature:

Handwritten signature of Niurka Diaz De Rojas.

Form Number: DH 4023 03/18

13-48-06082 Hialeah Gardens Elementary/ Loc.# 2111