

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



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-16190
 Name of Facility: Hialeah Gardens ES- PLC/ Loc.# 2111A
 Address: 9749 NW 127 Lane
 City, Zip: Hialeah 33018

Type: School (more than 9 months)
 Owner: MDCPS
 Person In Charge: M-DCSB Food and Nutrition Phone: (786) 275-0400
 PIC Email: idanielg@dadeschools.net

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 11:50 AM
Inspection Date: 11/4/2024	Number of Repeat Violations (1-57 R): 0	End Time: 01:10 PM
Correct By: Next Inspection	Facility Grade: N/A	
Re-Inspection Date: None	Stop Sale: 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

- NA** 18. Cooking time & temperatures
- NO** 19. Reheating procedures for hot holding
- NA** 20. Cooling time and temperature
- IN** 21. Hot holding temperatures
- IN** 22. Cold holding temperatures
- IN** 23. Date marking and disposition
- IN** 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:

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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
- NA 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
- IN 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

- NA 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- OUT 47. Food & non-food contact surfaces
- 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:

Ice-maker Out-of-Order:

Ice-maker machine is Leaking Water. PC # 1105706. Work Order # 4477252.

Repair and/or replace Ice-maker machine.

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

General Comments

Food Inspection:

Catered Facility (from Hialeah Gardens Elementary School).

Idaniel Gonzalez (Principal).

Jennifer Gonzalez (AP).

Niurka Rojas (Manager), signed and assisted with inspection.

At the time of inspection:

Handwash Sink: Water temperature 114.2°F.

Three (3)-sink compartment: Water temperature 119.1°F

Staff Restroom Handwash Sink: Water temperature 111.1°F.

Refrigerator temperature 38°F.

Freezer temperature 4°F.

Cold-holding: Chocolate milk 41.0°F (from Milk-box).

Hot-holding: Pizza (cheese) temperature 149.0°F.

Hot-holding: Corn dog temperature 160.7°F.

Hot-holding: Curly fries temperature 157.6°F.

Inspector Signature:

Client Signature:

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Inspector Signature:

Handwritten signature of the inspector.

Client Signature:

Handwritten signature of the client.

Form Number: DH 4023 03/18

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Inspection Conducted By: Alberto Reyes (032763)
Inspector Contact Number: Work: (305) 623-3500 ex.
Print Client Name: Niurka Diaz De Rojas (Manager)
Date: 11/4/2024

Inspector Signature:

Handwritten signature of the inspector, Alberto Reyes.

Client Signature:

Handwritten signature of the client, Niurka Diaz De Rojas.

Form Number: DH 4023 03/18

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