

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



Facility Information

RESULT: Satisfactory

Permit Number: 13-48-12893
Name of Facility: South Hialeah Elementary/ Loc.# 5201
Address: 265 E 5 Street
City, Zip: Hialeah 33010

Type: School (more than 9 months)
Owner: MDCPS
Person In Charge: Norma Perez Phone: (305) 856-8282
PIC Email: nperez1@dadeschools.net

Inspection Information

Purpose: Routine	Number of Risk Factors (Items 1-29): 0	Begin Time: 08:30 AM
Inspection Date: 8/19/2025	Number of Repeat Violations (1-57 R): 0	End Time: 10:00 AM
Correct By: None	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

- NO 17. Proper disposal of unsafe food

TIME/TEMPERATURE CONTROL FOR SAFETY

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

CM

Client Signature:

emailed To client 08/19/25

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Good Retail Practices

SAFE FOOD AND WATER

- NA 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
NO 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

- NA 46. Slash resistant/cloth gloves used properly

UTENSILS, EQUIPMENT AND VENDING

- IN 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
OUT 54. Garbage & refuse disposal (**COS**)
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 #54. Garbage & refuse disposal

Observed garbage dumpster lids open. Close dumpster lids to prevent vector harborage. COS. Dumpster lids were closed.

CODE REFERENCE: 64E-11.003(5). Garbage shall be disposed of to prevent vector harborage. Trash cans will be durable, cleanable, leak proof, insect and rodent resistant, and non-absorbent. Outside storage area shall be of a smooth, non-absorbent material and sloped to a drain.

General Comments

Inspection report emailed to Dilon Williams on 08/19/2025.

Duplicate inspection report . Original application was done with incorrect permit number.
Digital thermometer model Thermapen ONE was used during the inspection.

Temperatures taken:

Handwashing sink: 122°F.
Three compartment sink: 123°F.
Mop sink: 124°F.
Employee bathroom sink: 109°F.
Walk-in freezer: 5°F.
Walk-in cooler: 37°F.
Reach-in refrigerator: 37°F.
Ground meat / serving line: 168°F.
Rice / serving line: 145°F.
Mini hamburger / serving line : 138°F.
Sweet potatoes / serving line: 137°F.
Pizza stick / serving line : 142°F.
Milk / Milk box: 38°F.
Sanitize solution (SFS17): 200ppm.

Inspector Signature:

CM

Client Signature:

emailed To client 08/19/25

Form Number: DH 4023 03/18

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Inspection Conducted By: Cesar Martinez (085423)
Inspector Contact Number: Work: (305) 623-3500 ex.
Print Client Name: Norma Perez
Date: 8/20/2025

Inspector Signature:

CM

Client Signature:

emailed To client 08/19/25