

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



**Facility Information**

RESULT: Satisfactory

Permit Number: 14-48-00013  
Name of Facility: Desoto Middle School  
Address: 420 E Gibson Street  
City, Zip: Arcadia 34266

Type: School (more than 9 months)  
Owner: DeSoto County School Board  
Person In Charge: DeSoto County School Board Phone: (941) 494-4222 ex. 123  
PIC Email:

**Inspection Information**

Purpose: Routine Number of Risk Factors (Items 1-29): 0 Begin Time: 10:15 AM  
Inspection Date: 2/13/2026 Number of Repeat Violations (1-57 R): 0 End Time: 11:20 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**

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| <p><b>SUPERVISION</b></p> <p>IN 1. Demonstration of Knowledge/Training</p> <p>IN 2. Certified Manager/Person in charge present</p> <p><b>EMPLOYEE HEALTH</b></p> <p>IN 3. Knowledge, responsibilities and reporting</p> <p>IN 4. Proper use of restriction and exclusion</p> <p>IN 5. Responding to vomiting &amp; diarrheal events</p> <p><b>GOOD HYGIENIC PRACTICES</b></p> <p>IN 6. Proper eating, tasting, drinking, or tobacco use</p> <p>IN 7. No discharge from eyes, nose, and mouth</p> <p><b>PREVENTING CONTAMINATION BY HANDS</b></p> <p>IN 8. Hands clean &amp; properly washed</p> <p>IN 9. No bare hand contact with RTE food</p> <p>IN 10. Handwashing sinks, accessible &amp; supplies</p> <p><b>APPROVED SOURCE</b></p> <p>IN 11. Food obtained from approved source</p> <p>NO 12. Food received at proper temperature</p> <p>IN 13. Food in good condition, safe, &amp; unadulterated</p> <p>NA 14. Shellstock tags &amp; parasite destruction</p> <p><b>PROTECTION FROM CONTAMINATION</b></p> <p>IN 15. Food separated &amp; protected; Single-use gloves</p> | <p>IN 16. Food-contact surfaces; cleaned &amp; sanitized</p> <p>IN 17. Proper disposal of unsafe food</p> <p><b>TIME/TEMPERATURE CONTROL FOR SAFETY</b></p> <p>NO 18. Cooking time &amp; temperatures</p> <p>NO 19. Reheating procedures for hot holding</p> <p>IN 20. Cooling time and temperature</p> <p>IN 21. Hot holding temperatures</p> <p>IN 22. Cold holding temperatures</p> <p>IN 23. Date marking and disposition</p> <p>NA 24. Time as PHC, procedures &amp; records</p> <p><b>CONSUMER ADVISORY</b></p> <p>NA 25. Advisory for raw/undercooked food</p> <p><b>HIGHLY SUSCEPTIBLE POPULATIONS</b></p> <p>NA 26. Pasteurized foods used; No prohibited foods</p> <p><b>ADDITIVES AND TOXIC SUBSTANCES</b></p> <p>NA 27. Food additives; approved &amp; properly used</p> <p>IN 28. Toxic substances identified, stored, &amp; used</p> <p><b>APPROVED PROCEDURES</b></p> <p>NA 29. Variance/specialized process/HACCP</p> |
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Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18 14-48-00013 Desoto Middle School

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**Good Retail Practices**

<p><b>SAFE FOOD AND WATER</b></p> <p><b>NA</b> 30. Pasteurized eggs used where required</p> <p><b>IN</b> 31. Water &amp; ice from approved source</p> <p><b>NA</b> 32. Variance obtained for special processing</p> <p><b>FOOD TEMPERATURE CONTROL</b></p> <p><b>IN</b> 33. Proper cooling methods; adequate equipment</p> <p><b>IN</b> 34. Plant food properly cooked for hot holding</p> <p><b>IN</b> 35. Approved thawing methods</p> <p><b>IN</b> 36. Thermometers provided &amp; accurate</p> <p><b>FOOD IDENTIFICATION</b></p> <p><b>IN</b> 37. Food properly labeled; original container</p> <p><b>PREVENTION OF FOOD CONTAMINATION</b></p> <p><b>IN</b> 38. Insects, rodents, &amp; animals not present</p> <p><b>IN</b> 39. No Contamination (preparation, storage, display)</p> <p><b>IN</b> 40. Personal cleanliness</p> <p><b>IN</b> 41. Wiping cloths: properly used &amp; stored</p> <p><b>IN</b> 42. Washing fruits &amp; vegetables</p> <p><b>PROPER USE OF UTENSILS</b></p> <p><b>IN</b> 43. In-use utensils: properly stored</p> <p><b>IN</b> 44. Equipment &amp; linens: stored, dried, &amp; handled</p> <p><b>IN</b> 45. Single-use/single-service articles: stored &amp; used</p>	<p><b>NA</b> 46. Slash resistant/cloth gloves used properly</p> <p><b>UTENSILS, EQUIPMENT AND VENDING</b></p> <p><b>IN</b> 47. Food &amp; non-food contact surfaces</p> <p><b>IN</b> 48. Ware washing: installed, maintained, &amp; used; test strips</p> <p><b>IN</b> 49. Non-food contact surfaces clean</p> <p><b>PHYSICAL FACILITIES</b></p> <p><b>IN</b> 50. Hot &amp; cold water available; adequate pressure</p> <p><b>IN</b> 51. Plumbing installed; proper backflow devices</p> <p><b>IN</b> 52. Sewage &amp; waste water properly disposed</p> <p><b>IN</b> 53. Toilet facilities: supplied, &amp; cleaned</p> <p><b>IN</b> 54. Garbage &amp; refuse disposal</p> <p><b>IN</b> 55. Facilities installed, maintained, &amp; clean</p> <p><b>IN</b> 56. Ventilation &amp; lighting</p> <p><b>IN</b> 57. Permit; Fees; Application; Plans</p>
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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**

No Violation Comments Available

Inspector Signature:

Client Signature:

Form Number: DH 4023 03/18

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**General Comments**

Satisfactory  
Hot Holding: Egg Roll 153 degrees F

Cold Hold: Chopped Salad 39 degrees F  
Pear Slices 41 degrees F  
Orange Slices 40 degrees F  
Milk 38 degrees F  
Walk In Cooler Ambient 40  
Walk In Freezer Ambient -2

Email Address(es): No Email Addresses Available

Inspection Conducted By: Daniel Morris (027075)  
Inspector Contact Number: Work: (863) 231-6481 ex.  
Print Client Name:  
Date: 2/13/2026

Inspector Signature:

Handwritten signature of Daniel Morris.

Form Number: DH 4023 03/18

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Client Signature:

Handwritten signature of the client.