

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: 09:30 AM |
| Inspection Date: 12/2/2025 | Number of Repeat Violations (1-57 R): 0 | End Time: 10:20 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

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

Inspector Signature:

Client Signature:

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

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Good Retail Practices

| | |
|---|--|
| <p>SAFE FOOD AND WATER</p> <p>NA 30. Pasteurized eggs used where required</p> <p>IN 31. Water & ice from approved source</p> <p>NA 32. Variance obtained for special processing</p> <p>FOOD TEMPERATURE CONTROL</p> <p>IN 33. Proper cooling methods; adequate equipment</p> <p>IN 34. Plant food properly cooked for hot holding</p> <p>IN 35. Approved thawing methods</p> <p>IN 36. Thermometers provided & accurate</p> <p>FOOD IDENTIFICATION</p> <p>IN 37. Food properly labeled; original container</p> <p>PREVENTION OF FOOD CONTAMINATION</p> <p>IN 38. Insects, rodents, & animals not present</p> <p>IN 39. No Contamination (preparation, storage, display)</p> <p>IN 40. Personal cleanliness</p> <p>IN 41. Wiping cloths: properly used & stored</p> <p>NO 42. Washing fruits & vegetables</p> <p>PROPER USE OF UTENSILS</p> <p>IN 43. In-use utensils: properly stored</p> <p>IN 44. Equipment & linens: stored, dried, & handled</p> <p>IN 45. Single-use/single-service articles: stored & used</p> | <p>NA 46. Slash resistant/cloth gloves used properly</p> <p>UTENSILS, EQUIPMENT AND VENDING</p> <p>IN 47. Food & non-food contact surfaces</p> <p>IN 48. Ware washing: installed, maintained, & used; test strips</p> <p>IN 49. Non-food contact surfaces clean</p> <p>PHYSICAL FACILITIES</p> <p>IN 50. Hot & cold water available; adequate pressure</p> <p>IN 51. Plumbing installed; proper backflow devices</p> <p>IN 52. Sewage & waste water properly disposed</p> <p>IN 53. Toilet facilities: supplied, & cleaned</p> <p>IN 54. Garbage & refuse disposal</p> <p>IN 55. Facilities installed, maintained, & clean</p> <p>IN 56. Ventilation & lighting</p> <p>IN 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: Bread 140 degrees F

Cold Hold: Chopped Salad 36 degrees F
Apple Sauce 40 degrees F
Fruit Medley 38 degrees F
Milk 40 degrees F
Walk In Cooler Ambient 41
Walk In Freezer Ambient -7

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: 12/2/2025

Inspector Signature:

Handwritten signature of Daniel Morris.

Form Number: DH 4023 03/18

Client Signature:

Handwritten signature of the client.

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